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A comparative analysis of the community-based care and program for the elderly in the Seychelles and Mauritius Islands

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Introduction

The World Health Organization describes an elderly person as someone who is aged 60 years and older and further predicts that by 2030, the number of older people will rise by 1.4 billion (WHO, 2017). This phenomenon has not spared the Small Island Developing States (SIDS); according to the United Nations (2023), they anticipated growth from 6.5 to 14.0 million older persons between 2021 and 2050. Undoubtedly, these figures are indicative of significant growth in the aging population across the world, and this is merely the chronological age; needless to say, numerous physical, psychological, and environmental factors can impede longevity and healthy aging. That being said, one must think about how increased life expectancy might influence the functions of the institutional frameworks currently in place: will the medical care system be able to effectively respond to the holistic needs of the aging population? Are community-based care systems filling the existing gap in the health care system? If so, how is it addressing their needs and demands to guarantee integrated and comprehensive, person-centered care for the elderly population?

Aim and Objectives

The study aimed at exploring and contrasting community-based care and programs for the elderly in the Seychelles and Mauritius islands. The objectives were to identify various types of community-based care programs available for the elderly in these two countries and then compare them. Lastly, to provide recommendations with regards to community-based care and programs.

Methodology

The study was literature-based; several databases were accessed, such as Google Scholar, ResearchGate, PubMed, PLOS ONE, the Journal of Geriatrics, the Iranian Journal of Public Health, the Journal of the American Board of Family Practice, and the King's Fund, to obtain relevant journals and articles. Government websites and reports were accessed to acquire information about community-based programs in these two specific countries. Key words such as "community-based care," "community programs for the elderly," "recreational and physical activities," "social care," "healthy aging," and "community-based workers' were used for the literature review.

Results

The findings showed that the Republic of Seychelles makes provision for all its citizens to have equal access to free primary care in government institutions. The Health Care Agency under the Ministry of Health manages primary, secondary, and tertiary health care facilities and covers prevention, treatment, and rehabilitation services. The services are offered in the communities, in the resident houses, and through community-based clinics (Ministry of Health, 2020). Additionally, the Health Promotion Unit actively promotes healthy living through various campaigns. Moreover, the Home Care Agency, under the Seychelles Home Care Agency Act (2022), is responsible for the home services given to the elderly; the home carer program is means-tested, and if eligible, they are assisted by either half-day or full-day carers. The private sector is also offering community-based care programs through home care nursing. Moreover, the Elderly and Disabled Division under the Ministry for Youth, Sports, and Family is mandated to offer programs to assist healthy aging and social and physical engagement for the elderly. The programs range from senior festivals to sporting events and social gatherings. Additionally, the Senior Citizen Association runs "Lakaz Rosa," which

provides an area where the elderly can congregate and hold events aimed at preserving and advancing Seychelles culture. The senior citizens club manages the citizens clubs in the communities with the goal of promoting healthy aging by means of sporting events, culture, spirituality, and other vigorous and nutritious lifestyle practices (National Policy of Ageing, 2016). Also, non-governmental organisations, for instance, the Scouts Association, actively engage with the elderly population.

In Mauritius, the Ministry of Health has set up an organizational structure of neighbourhood and community clinics so that every residence can have access to free medical services. Free home visits are also provided for people who are aged 75 and older and bedridden, and the health workers also provide monthly home consultations for anyone aged 90 and above (AarpInternational, 2018). Additionally, the state ran "Caravane de la Santé," a mobile clinic service, in five health care facilities. The mobile bus offers a variety of activities, including "screening for diabetes, obesity, high blood pressure, vision defects, breast and cervical cancer, and dispensing health education" (National Integrated Care for Older People, 2022:13).

The programs for health promotion and sensitization are held in town halls, community centers, and the social welfare center. Also, there are residential leisure programs for seniors available all around the island; the program is available all year and is supported by the government. Mauritius also has an extensive number of community centers, many of which have smaller daycare facilities for the elderly. These community-based facilities are designed to support the elderly population by preventing loneliness and social isolation.

Aside from the government, nongovernmental groups are working with the elderly population; for instance, a France-based NGO named FIAPA Last but not least, Curepipe, Mauritius' fourth-largest city, has a senior wellness club.

Conclusion

The study's findings do provide a wealth of knowledge about the community-based care and programs in place in the Seychelles and Mauritius, even though both countries have been impacted by the global shift in the longevity of the aging population.

The data collected is a testament to their effort to promote and encourage active and healthy ageing. Even so, it is rather apparent from the above data that there is a significant difference

between Seychelles and Mauritius in terms of the existing community-based care and programs.

It must be noted, though, that the implementation and efficiency of the program itself cannot be investigated due to the nature of the research, thus paving the way for future study.

Lastly, despite the societal, cultural, and economic differences between the two island nations, they are both driven towards promoting healthy aging and enhancing the wellbeing of the elderly in their communities. It is recommended that both the Seychelles and Mauritius develop more community-based programs to cater specifically for the psychological and mental health of the elderly population and continue to invest more in community-based care and program, so that they are easily accessible for all the elderly. In the case of the Seychelles, more research should be done about community-based programs for the aging population, and there should be more evidence-based documentation.

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