Analysis of Demographic & Reproductive Health Indicators

This 2012 Yearbook is the thirty-eighth volume presenting demographic and family planning data for Island of Mauritius and for Island of Rodrigues. The 60 tables and 19 charts are grouped under the following headings: population, vital statistics, family planning and health service points.

Island of Mauritius

Age structure of the population

Table A.1 shows the population distribution of the Island of Mauritius at census dates. The average annual population growth rate was 0.84% during the intercensal period of 2000-2011: The censuses enumerated 1,248,126 inhabitants in 2011 compared to 1,143,069 inhabitants in 2000. In 2011, the sex ratio was 971 males per 1000 females.

Table A.2 shows the estimated mid-year resident population according to age group and sex in 2011 and 2012. The figures show that between 2011 and 2012 the proportion of population aged under 15 has decreased slightly from 20.8% to 20.3% and the proportion of the elderly population (aged 60 and above) has increased from 11.8% to 12.3%. Moreover, the median age of the population, the age at which 50% of the population is older and 50% is younger than that age, has increased from 33.3 years in 2011 to 33.7 years in 2012.
Table A.7 summarises the changes in the age structure of the Mauritian population from 1962 to 2052. The total size of the medium variant projected population is estimated to decline by 5.2% between 2012 and 2052. The proportion of people aged under 15 will decline from 20.3% in 2012 to 13.3% in 2052 and the proportion of people aged 60 and above will increase from 12.3% in 2012 to 30.2% in 2052. In absolute numbers, the elderly population will increase from 154,369 in 2012 to 358,887 in 2052, thus exhibiting an increase of slightly below threefold.

Chart 2 portrays the age-sex profiles of the population of Island of Mauritius. In 1962, there were larger percentages of the population in the younger age group as shown by the expansive population pyramid compared with the one in 2012. In 2052, the population pyramid shows larger percentages of the population in the older age group. Table A.7 shows that the median age of the population is projected to increase from 33.7 years in 2012 to 47.3 years in 2052.

Life expectancy at birth has improved considerably over the years. Table B.8 shows that life expectancy at birth was 77.15 years for females and 70.13 years for males in 2011. By 2052, life expectancy at birth is projected to be 80.09 years for females and 75.21 years for males (Table A.6).

Table B.1 indicates that the population growth rate in 2012 was 0.37% and if this rate is maintained annually, it will take about 189 years for the 2012 population to double in size.

**Vital Rates**

The last thirty years has been characterised by a cyclical trend in the crude birth rate: a steady decline from 22.1 in 1982 to 18.3 in 1986 and after an increase from 19.1 in 1987 to 21.1 in 1992, the crude birth rate decreased steadily to 11.0 in 2012. Moreover, the average crude birth rate in the last 5-year period has declined
compared with the preceding 5-year period, from 14.6 for the period of 2003-2007 to 11.6 for the period of 2008-12.

The crude death rate was 7.3 in 2012. In fact, the crude death rate has fluctuated between 6.5 and 7.3 during the last 30 years, i.e 1982-2012.

There have been significant improvements in the survival of infants over the past three decades. The infant mortality rate has decreased from 29.4 in 1982 to 13.4 in 2012 showing a decrease of 54.4%.

Table B.3 shows that the still birth rate has dropped from 20.2 in 1982 to 9.5 in 2012.

From 1980 to 2010, the maternal mortality rate dropped from 1.1 maternal death per 1000 live births to 0.28 (28 maternal deaths per 100,000 live births). The maternal mortality rate was 0.36 in 2011 and 0.65 in 2012.

The perinatal mortality rate has declined from 34.5 in 1982 to 16.2 in 2012 representing a decrease of about 53%.

The early neonatal mortality rate dropped from 14.6 in 1982 to 6.8 in 2012, thus indicating a decrease of 53.4%. It should be noted that early neonatal deaths contributed to about 50% of all infant deaths in 2012.

**Vital rates by geographical distribution**

Tables B.4 to B.7 show the trends in vital rates by district in 1972, 1983, 1990, 2000 and from 2005 to 2012. Black River had the highest crude birth rate (14.4) in 2012, while Plaines Wilhems had the lowest crude birth rate (9.6). Overall, four districts had higher crude birth rates than the national level of 11.0.
In 2012, Port Louis had the highest crude death rate (8.9) and Flacq had the lowest crude death rate (6.1). Overall, three districts had higher crude death rates than the national level of 7.3.

In 2012, Pamplemousses had the lowest still birth rate (6.7) and Port Louis had the highest still birth rate (13.6). Overall, six districts had higher still birth rates than the national level of 9.5.

In 2012, Savanne had the lowest infant mortality rate (8.2) and Pamplemousses had the highest infant mortality rate (20.3). Two districts had higher infant mortality rates than the national level of 13.4.

**Fertility Rates**

Tables B.9 to B.12 show the trends in fertility rates. There has been a downward shift in the general fertility rate from 181.4 in 1962 to 59.44 in 2000 and a further decrease to reach 40.32 in 2012.

The total fertility rate decreased from 5.86 in 1962 to 1.94 in 1986, but increased to 1.97 in 2000. Thereafter, the total fertility rate showed a significant decrease to reach 1.41 in 2012, which was the lowest rate ever recorded in the Island of Mauritius. Hence, Island of Mauritius continues to experience below replacement fertility level (replacement level equals to 2.1 children per woman).

The net reproduction rate decreased from 2.51 in 1962 to 0.90 in 1986 but increased to 0.93 in 2000. In 2012, the net reproduction rate was 0.67, which was the lowest rate ever recorded in the Island of Mauritius.

Table B.9a shows that between 2005 to 2012, the fertility rates declined in all the five-year age groups except in the age group 45-49. In 2012, the age-specific fertility
rates showed that women aged 25-29 had the highest fertility rate (89.2) followed by women aged 20-24 (70.3). It is noted that between 2011 and 2012, the fertility rates of women aged 30-34 years and 40-44 years has increased from 59.0 to 61.7 and from 5.7 to 5.8 respectively.

Adolescent fertility rate (age group 15-19) decreased from 33.5 in 2005 to 28.2 in 2012, thus showing a decrease of 15.8%. In 2012, there were 14 live births pertaining to mothers aged under 15 years.

In 2012, there were 2,205 births of third and higher orders, which accounted for 16.0% of the 13,785 total live births occurred in the Island of Mauritius. Table B.11 shows that 10.2% of the total live births were to mothers aged under 20 years, thus representing 1,410 live births of which 20 were of third and higher orders.

The censuses reveal that the mean age of childbearing has increased from 26.3 years in 1983 to 26.9 years in 2000 and to 27.5 in 2011.

**Nuptiality**

Postponement of marriage has played a crucial role in fertility reduction in Mauritius as revealed by censuses data. Table A.4 shows that the proportion of currently married women in the age group 15-19 has declined from 27.80% in 1962 to 10.50% in 1983 and 6.24% in 2011.

Chart 7 shows a downward trend in the marriage rate from 21.4 in 1992 to 16.3 in 2012. In 2012, 10,197 marriages were registered in the Island of Mauritius.

The 2011 census figures show that the mean age at first marriage was 29.0 years for males and 23.9 years for females.
In 2012, 2,003 divorces were granted in the Republic of Mauritius compared with 1,788 in 2011 and 65.1% of all couples granted divorce in 2012 had at least one dependent child. Chart 8 shows that the divorce rate was 3.1 in 2012 for the Republic of Mauritius.

**Family Planning**

**New Acceptors**

In 2012, there were a total of 6,700 new acceptors in the Island of Mauritius at Government Family Planning Clinics, Mauritius Family Planning & Welfare Association (MFPWA) and Action Familiale (A.F.). This total also includes 493 new acceptors of tubal ligation reported at Government hospitals. Pill was the most preferred method among new acceptors accounting for 28.3% followed by male condom (22.3%), sympto-thermal (22.2%), 3-month injectable (13.4%), tubal ligation (7.4%), monthly injectable (3.0%), implant (1.7%) and intra-uterine device (1.6%).

**Current Users**

Table C.10 shows that there were a total of 68,825 current users as at 31st December 2012 in the Island of Mauritius at Government Family Planning Clinics, A.F. and MFPWA. This total also includes the 12,920 clients who have undergone tubal ligation, but were registered at Government hospitals. Among the total current users, 41.36% were on sympto-thermal, 21.32% were on tubal ligation, 13.52% were on pill, 12.73% were on male condom, 4.72% were on 3-month injectable, 3.44% were on intra-uterine device, 1.97% were on implant and 0.91% on monthly injectable.

The service statistics of Government and NGOs show that 20.1% of women in the reproductive age group and 32.9% of married women in the reproductive age group were contraceptive users in 2012.
Family Planning Service Points

The Ministry of Health and Quality of Life has established 5 operational health regions covering the whole Island of Mauritius and within each health region, there are service points that provide family planning services and information. Presently, there are 166 service points throughout Island of Mauritius: 1 Community Hospital, 3 Medi-Clinics, 22 Area Health Centres, 117 Community Health Centres, 3 Family Health Clinics, 2 Family Planning Clinics, 1 Family Planning Supply Centre and 17 Industrial Family Planning Supply Centres. Moreover, about 2,060 women in the reproductive age group are served per point.

Table E.3 show that there was an attendance of 84,101 family planning clients at the service points for the Island of Mauritius in 2012.

In 2012, 9 family planning clinics provided services after working hours, on Sundays and on public holidays.
Island of Rodrigues

Tables F.1 to F.6 show vital rates and family planning statistics in Rodrigues. In the past three decades, the crude birth rate dropped significantly from 38.4 in 1982 to 19.1 in 2012.

Fertility levels in Rodrigues, also measured by the total fertility rate, have declined from 5.16 in 1983 to 2.38 in 2012.

In 2012, women in the age group 30-34 had the highest fertility rate (97.0) followed by women aged 20-24 (96.8). The adolescent fertility rate (age group 15-19) was 63.0.

Rodrigues has witnessed remarkable improvement in the survival of infants. The infant mortality rate dropped from 56.7 in 1982 to 20.6 in 2012, thus representing a decrease of 63.7%.

The still birth rate dropped from 21.8 in 1982 to 10.9 in 2012, thus representing a decrease of 50.0%.

In 2011, 397 new acceptors were recorded in the family planning clinics in Rodrigues: 178 were on pill, 141 were on 3-month injectable, 28 were on sympto-thermal, 20 were on male condom, 26 were on implant and 4 were on intra-uterine device.

By the 31st of December 2012, 5,718 current users were recorded in the family planning clinics: 39.8% were on pill, 23.2% were on sympto-thermal, 17.9% were on 3-month injectable, 9.3% were on male condom, 4.4% were on tubal ligation, 2.9% on implant and 2.2 % were on intra-uterine device.
The service statistics of Government and NGOs show that 59.2% of women in the reproductive age group were contraceptive users in 2012.

**Family Planning Service Points**

In 2012, there were 17 family planning service points in the Island of Rodrigues and about 568 females in the reproductive age group were served per point.