

Country Factsheet

Seychelles

Sexual and Reproductive
Health and Rights



Country context

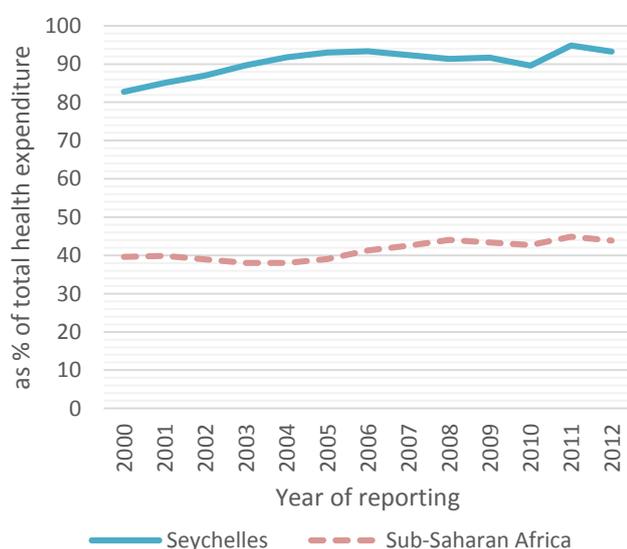
Situation and trends

There is a low burden of disease but trend-indicating health statistics are weakened by ambiguities around actual numbers of people living with HIV. Government officials attribute this to individuals seeking treatment in the late stages of AIDS, treatment defaulting, and a lack of funding and human resources to generate comprehensive information on the scale and nature of the HIV epidemic. There is very low maternal mortality aided by complete coverage of skilled birth attendants, low and declining overall fertility, from 7 in 1966, to 4.2 in 1980, to 2.1 in 2008¹ (women aged 15 to 49 years), and a low burden of disease overall.

Healthcare infrastructure and access

Sound public health services provide free health care for all citizens and, in particular, comprehensive sexual and reproductive health (SRH) services including: pregnancy testing, contraception, and antenatal care.² The Seychelles has well-resourced and easily accessible health services: for a population of 85,000, there are 17 primary health care facilities, five secondary level hospitals and one centrally based tertiary level hospital. The government's health budget in 2012 amounted to 12% of the national budget, representing the highest proportional allocation to date (it was 7-9% in the mid-2000s).³ It should be noted though, that there seems to be a paucity of data on current expenditure. Barriers to access for key populations have not been explored or addressed despite a high degree of societal stigma, discrimination, and the risk of disease introduction to the general population this poses.

Public health expenditure



Health Statistics

Demographic statistics

Total population	89173 (2013) ⁴
Urban population % of total	53.23% (2013) ⁵
Net official development assistance received (current US\$)	35,330,000 (2012) ⁶
Public health expenditure as total of health expenditure	93.27% (2012) ⁷
Income share held by the lowest 10%	0.98% (2010) ⁸
HDI score (unavailable by gender)	0.756 (2013) ⁹

SRHR statistics

Maternal mortality (out of 13,300 births total)	1 (2013) ¹⁰
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	17.73 (2013) ¹¹
Child mortality rate (per 1000 live births, in the first five years)	14.2 (2013) ¹²
Proportion of Births Attended by Skilled Birth Attendants	100% (2012) ¹³
Antenatal care coverage (at least one visit)	Not available
Total fertility rate	2.21 (2012) ¹⁴
Adolescent birth rate (births per 1000 girls aged 15-19)	56.26 (2012) ¹⁵
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	49% (2012) ¹⁶
Unmet need for family planning (% of women of reproductive age (aged 15-49)	Not available
HIV and AIDS (UNAIDS 2013)	
Number of people living with HIV	376 (2013) ¹⁷
Adults aged 15 to 49 prevalence rate	2.5% (2014) ¹⁸
Women Living with HIV as proportion of total	42% (2014) ¹⁹
Young women (15-24) prevalence	Not available
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	95% (2014) ²⁰

Challenges in SRHR

Young people

There exists a three year gap between the minimum legal age for sexual consent (15 years) and to access to sexual health services without parental consent (18 years). Health workers who offer sexual health services to minors could face punishment. This may contribute to the proportionately high and steady trend in adolescent birth rate against a backdrop of relatively low and declining overall fertility (31% of pregnancies occur amongst 15-19 year olds).²¹ In an effort to lower the high rate of teenage pregnancy, family life and sex education programmes have been integrated into the school curricula. Despite this, there are an increasing number of women under 24 years old seeking care due to complications from 'back street' abortions suggesting unwanted teenage pregnancy persists but may increasingly be under-represented by adolescent birth rates.²² A change in the country's education regulations in 2002, allows girls to return to school following childbirth, but a minority of girls actually do due to societal stigma related to early motherhood.²³

Key populations

Criminalisation, stigma and discrimination limits access to SRH services for men who have sex with men (MSM) (13.2% HIV prevalence *GARPR IBBS/RDS 2011*), injecting drug users (IDUs) (5.8% HIV prevalence), and female sex workers (FSWs) (no IBSS conducted). This is due to a fear of exposure and retribution, and a denial of services by healthcare workers.²⁴ For example, 68% of IDUs reported being refused a service in the past 12 months because of their injecting drug use and just over 50% of IDUs had been arrested in the past.

Both MSM and IDUs report significant employment of FSWs. This behaviour is therefore seen to risk moving the concentrated HIV epidemic seen in Seychelles currently, to a wider population epidemic. Some efforts have been made to sensitise FSWs to HIV prevention.²⁵

Abortion

Seychelles experiences a high rate of abortion (453 abortions in 2008 out of a total population of less than 45,000 women). 86% of all unsafe abortions are accessed by young women under the age of 20 years. It seems likely, therefore, the two year disparity between the age of sexual consent and access to SRH (without parental consent) plays a role in the rate of abortion. It is estimated that 75% of abortions are unsafe and conducted in non-medical environments.²⁶ Abortions have been legal since 1994 on restrictive grounds, but there are bureaucratic barriers to access. Recently, government officials report that more approved abortions are occurring through an informal agreement between the judiciary and health ministry circumvents, to some degree, the legal and bureaucratic barriers.

Instruments of response

Key laws, policies and strategies

Legal constraints affecting key populations' access to SRH and women's access to abortion by choice stand out amidst Seychelles broader body of human rights-oriented and gender sensitive legislation, health policies and programmes, and commitment to SRH generally²⁷, conditions of employment²⁸, and HIV and AIDS in the workplace²⁹.

The Termination of Pregnancy Act of 1994 allows for termination up to twelve weeks gestational age on health grounds and the regulations restrict adolescents and adults' use of this option. However, government officials reported that more approved abortions are occurring through an informal agreement between the judiciary and health ministry

Dangerous Drugs Act which was amended in 2014, but continues to prevent the institution of a needle exchange programme and drug replacement therapies for IDUs

The National AIDS Act 2013 reconstituted the National AIDS Council in the same year, making it a statutory body and giving it more power, credibility and resources to coordinate, communicate, monitor and evaluate national programmes

National AIDS Trust Fund is made up of government provided funds to which both state and non-state actors can apply for funding for their programmes and projects.

National Strategic Framework 2012-2016 has further prioritised the needs of key populations at higher risk of HIV exposure, in response to the limited prioritisation within the previous national plan of the specific needs of affected populations such as young people, MSM, people who inject drugs, sex workers and migrants.

The Family Violence (Protection of Victims) Act 2000 gave the Family Tribunal, established in 1998 under the Children Act, power as a paralegal entity to address the issue of gender-based violence and other forms of family violence.

National Policy for the Prevention and Control of HIV & AIDS and other STIs 2011 provides for access to appropriate and quality care for people living with HIV, and furthermore states that special focus will also be placed on ensuring that all seropositive persons' sexual and reproductive health rights shall be upheld

Key International treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	Ratified 1992/04/13
<i>United Nations Convention on the Rights of the Child (commonly abbreviated as the CRC, CROC, or UNCRC)</i>	Accession 1990/10/07
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	Ratified 1992/06/04
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	Ratified 2006/03/09
<i>African Charter on Democracy, Elections and Governance</i>	Not signed

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