

Country Factsheet

Mauritius

Sexual and Reproductive
Health and Rights



Country context

Situation and trends

HIV prevalence in Mauritius has remained around 1% of the population since 2004 and the general HIV incidence rate has decreased since 2010¹. Research in 2012 suggests a dramatic and widening gap in both prevalence and incidence between general and key populations with a 51.6% HIV prevalence amongst Injecting Drug Users (IDUs) (from just 2% in 2000) and incidence reports indicating 73% of all new infections occur amongst IDUs.^{2,3}

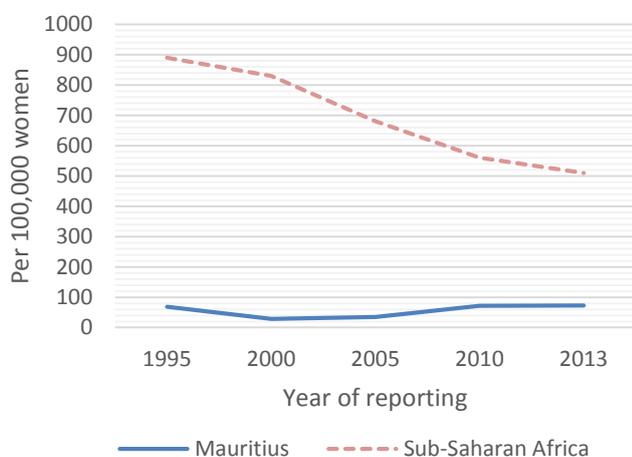
Maternal and infant mortality rates are relatively low and have been decreasing over time - though there has been a very recent spike in maternal mortalities⁴. There are increasing numbers of teenage pregnancies, and hospitals are dealing with an average of 2,000 cases per year of complications arising from unsafe abortions⁵.

Healthcare infrastructure and access

In 2012, Mauritius has a well-developed health system with government expenditure on health at 10% of total government expenditure.⁶ Mauritians have access to free antiretroviral therapy and free general health care.⁷ Primary Health Care (PHC) services are within 3kms of residents and a wide range of PHC services are provided.

Given comparatively strong health indicators in areas of common focus in southern Africa, the Mauritian government is concentrating on key populations in view of evidence that concerted interventions in this direction will reduce HIV incidence substantially overall.

Maternal mortality trends



Health Statistics

Demographic statistics

Total population	1,296,303 (2013) ⁸
Urban population % of total	40% (2013) ⁹
Net official development assistance received (current US\$)	177,890,000 (2012) ¹⁰
Public health expenditure as total of health expenditure	48.9% (2012) ¹¹
Income share held by the lowest 10%	3.01% (2012) ¹²
HDI score female	0.75 (2013) ¹³
HDI score male	0.776 (2013) ¹⁴

SRHR statistics

Maternal mortality ratio (out of 100,000)	73 (2013) (adjusted) ¹⁵
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	13 (2013) ¹⁶
Child mortality rate (per 1000 live births, in the first five years)	14 (2013) ¹⁷
Proportion of Births Attended by Skilled Birth Attendants	99.5% (2013) ¹⁸
Antenatal care coverage (at least one visit)	93% (2000) ¹⁹
Total fertility rate	1.5 (2012) ²⁰
Adolescent birth rate (births per 1000 girls aged 15-19)	31 (2006-2011) ²¹
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	76% (2007-2012) ²²
Unmet need for family planning (% of women of reproductive age (aged 15-49))	4% (2002) ²³

HIV and AIDS

Number of people living with HIV	9,600 (2013) ²⁴
Adults aged 15 to 49 prevalence rate	1.1% (2013) ²⁵
Women Living with HIV as proportion of total prevalence	28% (2014) ²⁶
Young women (15-24) prevalence	9.85% (2013) ²⁷
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	96% (2014) ²⁸

Challenges in SRHR

Young people

There exists a two year service gap between the legal minimum age for sexual consent (16) and access to sexual health services without parental consent (18). Furthermore, access to sex education is unavailable in government schools and only taught in some private schools. These structural circumstances surround rising rates of teenage pregnancy, complications resulting from unsafe abortion, and the use of 'natural' (incl. thermo-sympto) non-barrier methods of contraception that do not protect against STIs, HIV/AIDS or offer the reliability of modern methods ('natural methods account for 24% contraception used').²⁹

Injecting Drug Users

Despite an evidence-based decision to focus on IDUs as a key population, progress is hampered by limitations within interventions. In one intervention, it was found the length of a two week induction to methadone treatment created a barrier for women to attend if they had childcare needs.^{30,31} Furthermore, persistent stigma and discrimination at treatment centres and in wider society is found to discourage attendance and keep drug injecting activity underground.³² IDUs are liable to harassment by police using the Dangerous Drugs Act if found in possession of syringes and needles. This is not conducive to reducing the alarmingly high rate of non-sterile needles used amongst IDUs (50% of total needles used, 2012).³³ These factors undermine interventions for harm reduction and treatment among IDUs.

Abortion

Abortion under restrictive conditions was made legal and enacted in 2013 but, reportedly, a year on the new legislation had yet to be applied substantively.³⁴ Although the amendment to the criminal code allows doctors a degree of discretion in carrying out a greater number of abortions, it falls far short of abortion by choice and, under the penal code, any person procuring an abortion or supplying the means to procure an abortion outside of the criteria of eligibility is subject to imprisonment for up to ten years. Further legal reform is purportedly unlikely to occur in the medium term with abortion remaining a contentious subject despite the recent changes in legislation and the government expressing particular concern over maternal mortality and morbidity resulting from unsafe abortion.³⁵

Instruments of response

Key laws, policies and strategies

There are contradictions and limitations with regard to SRH legislation, policy and practice. For example, there exists no specific or overt law that makes marital rape a crime, but Mauritius otherwise possesses a strong body of human rights-oriented legislation which supports its strategies and programmes.

HIV Act of 2007 overrides legislation which is contrary to the ethos and purpose of the country's HIV/AIDS policies and strategies but, reportedly, IDUs continue to be harassed by police and charged under the Dangerous Drugs Act if found in possession of syringes and needles.

Protection of Human Rights Act 1998 is supported by the existence of a Human Rights Commission to ensure better protection of human rights guaranteed by the Constitution of Mauritius and to conduct investigation into complaints against members of the police force.

Equal Opportunities Act 2012 supports the existing Employment Rights Act by overtly outlawing discrimination of people living with HIV.

Legal AID (amendment) Act 2012 improves access of people to the courts and in particular people living with HIV who had experienced discrimination

'**National Action Plan to Combat Domestic Violence**' implemented between 2007 and 2011 by the Ministry of Gender Equality, Child Development and Welfare

National Multi-Sectoral HIV and AIDS Strategic Framework 2013-2016 (NSF) includes a specific focus on youth (15-24 year olds), but on the basis of concern about the threat to public health inherent in particular health indicators amongst designated key populations.

Criminal Code (Amendment) Bill 2012 legalises abortion in specific instances but had yet to be enacted in 2013 and, reportedly from informants, had been applied to a limited extent in 2014

Key international Treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	Ratified 1992/06/19
<i>United Nations Convention on the Rights of the Child (UNCRC)</i>	Acceded 1990/09/02
<i>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</i>	Acceded 1984/08/08
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	Ratified 2004/10/26
<i>African Charter on Democracy, Elections and Governance</i>	Signed 2007/12/14

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