



Ministry of Health

# EPIDEMIOLOGICAL BULLETIN SEYCHELLES



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## Editorial

Reproductive health is an important area of health. Our focus in this issue helps not only to highlight this, but also to illustrate a number of points related to how we provide services and how they are utilised.

In previous issues we have pointed out the problems of incomplete and inconsistent data collection. It is difficult to evaluate the family planning services because records have not been kept consistently over the years and do not account for services in the private sector, which has grown in magnitude in recent years. While services are freely available and, in theory, easily accessible, there are questions about utilisation. Abortions represent one aspect of unmet needs. While it is difficult to obtain enough information to categorise cases, the increasing number of admissions suggest an increase in illegal abortions.

It is not sufficient to measure numbers: in themselves, the number of PAP smear performed do not offer useful information. The programme needs to be evaluated from the perspective of early detection of cervical cancer and improved outcomes for women and whether there are groups of women who are not benefiting from the programme.

The Youth Health Centre illustrates how targeted health programmes that take into account the specific needs of the clients/patients improve access and utilisation. A large number of young people use the Centre. Despite this success, the fact that boys are less likely to use the Centre needs to be addressed. Sexuality is among the most frequent reasons for attendance at the Centre. It is difficult to obtain accurate information about sexual activity, and even more so about sexual abuse, but it is obvious that these issues need more attention.

We believe that, in addition to providing information on specific health issues, the role of the Bulletin is to encourage better data collection and dissemination of information. In each issue, we only scratch the surface. We invite you to use the many avenues available (be they professional meetings, reports or journals) to dig deeper, review more thoroughly and report on your work.

**Conrad Shamlaye**  
Special Adviser to the Minister of Health



There are approximately one billion adolescents in the world. Nearly 10% of the global burden of diseases, in terms of disability-adjusted life years lost, is borne by young people between 10 and 19 years of age. Adolescence is a time when several people start to engage in sexual activity. Although in several countries the age at marriage is rising, the age at first intercourse is falling.

In Seychelles in the year 2003, first live births were recorded at 15% for women in the age group < 20 years old and 17% in the age group 20-24 years old.

Sexual activity is often not planned and many young people do not use contraceptives. As a result, approximately 14 million adolescents worldwide give birth every year. It is estimated that between one to two thirds of these births are unplanned, resulting in abortions in 23% of cases and often performed under unsafe conditions.

In Seychelles, abortions also represent an important public health problem. Since 1995 up to 2003 there was a 7% increase in the number of all recorded abortions, while during the same period pregnancies have increased by only 3%. Over the past years, the Ministry of Health has expressed concern over the increasing number of illegal and unsafe abortions.

Maternal mortality constitutes a silent emergency in the world. Approximately 529,000 women die annually from pregnancy and childbirth related conditions. Nearly half of these deaths occur in Africa, a continent that constitutes only 13.5% of the world's population. According to WHO the maternal mortality in Africa is the highest in the world (1,000 deaths per 100,000 live births).

In Seychelles, six maternal deaths due to direct obstetric causes were recorded between 1993 and December 2003. The Maternal Mortality Rate stands at 35 per 100,000 live births. Noticeable progress has been made in reducing the maternal mortality ratio through rigorous antenatal care and deliveries attended by trained personnel.

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# Family planning - a gateway for health promotion



## Global situation

According to WHO, there are 123 million women around the world who are not using contraception, mostly in developing countries, in spite of an expressed desire to space or limit the number of their pregnancies. As a result an estimated 38% of all pregnancies occurring around the world every year are unintended.

The main reasons why Family Planning (FP) needs are often not met are: lack of information, poor access to quality services, a limited choice of methods, concerns about safety or side effects and partner disapproval.

## Family Planning in Seychelles

In Seychelles, FP is an essential component of health care of women in particular and of the family in general. All health centers offer maternal, child services and FP as part of integrated health services. Through this, opportunities arise to promote better health such as control of communicable and non-communicable diseases.

According to WHO the rate of contraceptive use is approximately 13% in the African region compared to over 70% in developed countries. In Seychelles, the contraceptive prevalence rate for modern contraceptive methods used among all women aged 15-49 years old, stood at over 60% in 1996, compared to 38% in the years 2000 and 2002 and 42% in 2003. It is unclear that it represents a real decline, since private practitioners data is not included and there have been difficulties in maintaining statistics.

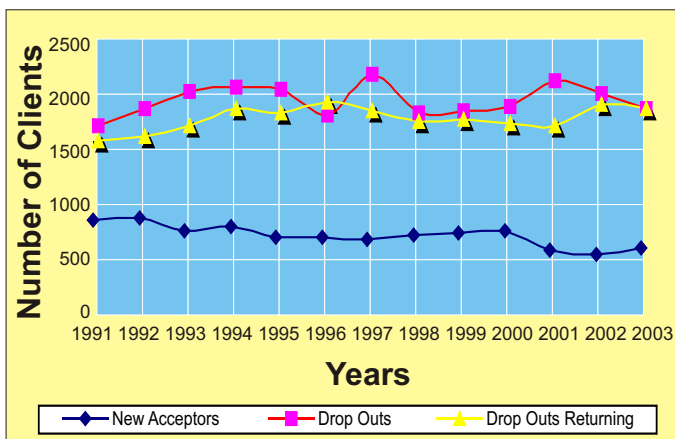


Figure 1: New acceptors, drop outs and drop outs returning for the FP program (1991-2003).

Figure 1, presents the trends in the new acceptors compared with drop outs and drop outs returning in the FP program. Since 2001 the number of drop outs has been decreasing and there is a slight increase in returning drop outs. However, the new family planning acceptors has remained the same. A better understanding of reasons for discontinuing contraceptives usage could provide important information for the design of a more user-friendly FP services, particularly for adolescents.

One of the most important challenges facing the reproductive health program in Seychelles is to address the needs of adolescents as they become sexually active and are exposed to risks of unwanted pregnancies and infections.

Figure 2 presents the most common contraceptive methods used by attendants of the FP services in Seychelles.

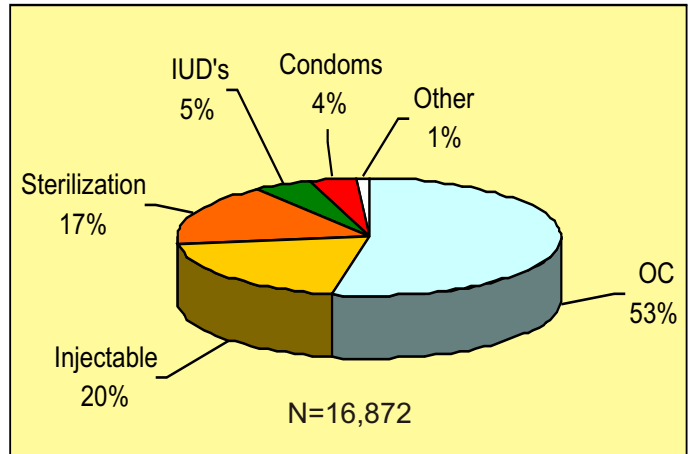


Figure 2. Methods used by FP users (July 2002- June 2003).

The five most used contraceptive methods during the period of July 2002 up to June 2003 were oral contraceptives (53%), followed by injectable contraceptives (20%), female sterilization (17%), the intra-uterine device (IUD) at 5% and condoms (4%). Abstinence, barrier methods and spermicides accounted only for 1%.

Currently, the population policy is in a draft form. There is a need to expedite the procedure to have the policy in place as soon as possible which will allow the formulation of the family planning policy.

## Cervical Cancer Screening

Figure 3, presents the total number of pap smear tests performed since 1991 up to December 2003. Data shows a decrease in the number of exams since 1996. Out of 3,494 pap smears done, 61% were in the age group 20-39 years old, 24% (40-50 years), 7% (51-62 years), 6% (<20 years) and 2% above 63 years old. Out of 4,493 pap smear results obtained in

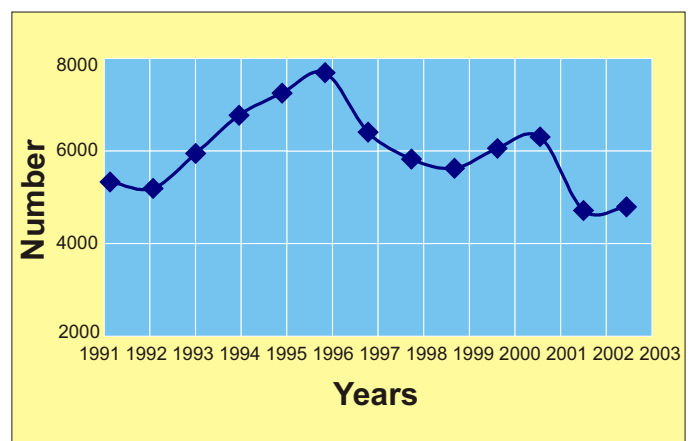


Figure 3. Pap smear tests performed (1991-2003).

# Abortions a public health concern

## Global Incidence

According to WHO, approximately 175 million pregnancies occur yearly, 75 million unwanted and 20 million ending as unsafe abortions, out of which 95% in low-income countries. Several African countries recognize unsafe abortions as an important factor for the persisting high maternal morbidity and mortality. Legality and safety are highly correlated and over all, unsafe abortions account for 13% of maternal deaths.

WHO defines unsafe abortion as "a procedure for terminating an unwanted pregnancy, either by persons lacking the necessary skills, or in an environment lacking the minimal standards, or both".

## Abortions in Seychelles

From 1999 up to December 2003, a total of 2,394 abortions were recorded at the Victoria Hospital, where almost all abortion cases are admitted.

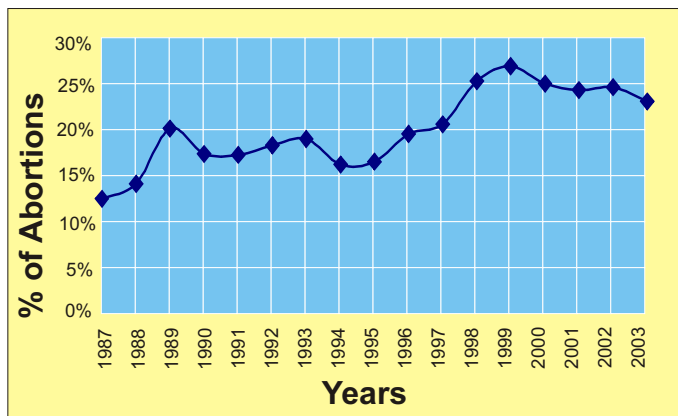


Figure 4: % of reported abortions per reported pregnancies (1987-2003).

Figure 4 presents the percentage of total recorded pregnancies that ended in abortions (elective, septic, induced and other type of abortions) per reported pregnancies from 1987 to 2003 in Seychelles. There was an increase in the frequency of the reported abortions from 1993 with the highest rate in 1999. An average of 40 abortions per month have been reported in the past five years, almost 1.3 per day. The abortion rate in Seychelles for 2003 was estimated at 22 per 1,000 women aged 15-44 years old. In the rest of the African continent it was estimated at 33 per 1,000 women and 48 per 1,000 in Europe.

Out of the total abortions registered from 2000 to 2003, 6% (119/1,894) were reported as septic abortions. No death was registered during this period among the cases of abortions.

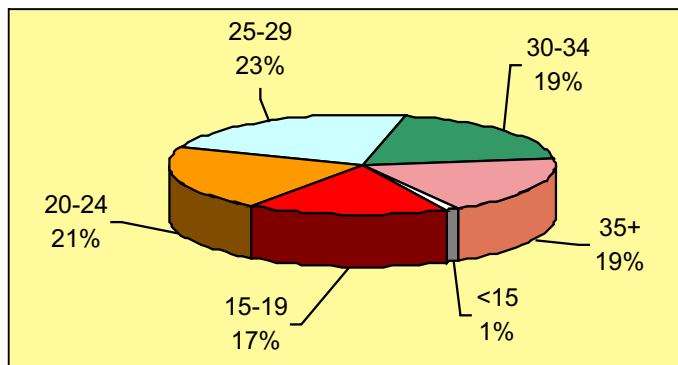


Figure 5: Age distribution of abortions (2000-2003).

Figure 5 shows the distribution by age groups of the total reported abortions from the year 2000 to 2003. It is important to emphasize that 18% of abortion were among adolescents below 19 years old.

Out of 1,894 abortions reported from the January 2000 to December 2003, and following the ICD 10 classification, 42% were incomplete abortions, 21% electives, 16% missed, 8% complete and 6% septic. The remaining were reported as induced, spontaneous, unspecified or ectopic.

The 119 septic abortions reported during the same period, 27% were among adolescents <19 years old, 19% among women aged 20-24 years old, 27% among 25-29 years old and among women aged more than 30 years old 27%.

## National Youth Study

In 1998, a National Youth Study was carried out in Seychelles involving 1,242 participants from 10 to 24 years old. Out of the total respondents, 35% (430/1,242) were 10-13 years old, 33% (409/1,242) 14-17 years old and 32% (403/1,242) 18 to 24 years old.

Figure 6 presents the age at first sex among respondents by gender aged 18-24 years old. Males were more likely to have sex at earlier ages compared with females. However, studies from other countries found that boys/ young men have a tendency towards over-reporting of sexual experience, while girls/young women tend to under-report.

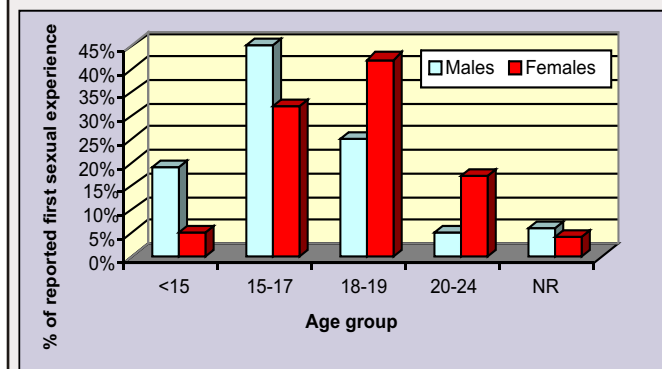


Figure 6: Age distribution at first sexual experience among youth 18-24 years old (1998).

Out of 430 boys and girls aged 10-13 years old, 10% mentioned that were currently sexually active, while in the age group 14-17 years old it was 20% and 67% among respondents from the 18-24 years old.

Six percent of the people aged 14-17 mentioned that had sex for money or a gift, while among 18-24 years old it was 7%.

Adolescents are generally recognized to have sexual and reproductive health needs that differ from those of adults, and which are still poorly understood. This study provided basic information that has been used to promote strategies to deal with sexuality among youth and adolescents through the primary health care programs. However, there is a need to continue to monitor the trends on sexuality, particularly among youth, taking into account the HIV/AIDS epidemic and the levels of abortions in the country.



## Youth Health Center Experience

The Youth Health Centre (YHC) was created in 1995. The overall aim is to promote Youth Friendly atmosphere to meet specific needs of young people and to promote the health and well-being of adolescent in Seychelles, especially those who are at risk.

The YHC provide services in the following areas: adolescent reproductive and sexual health, health education and promotion, counseling and reproductive health.



From 2001 up to December 2003, a total of 5,740 clients utilized the services of the YHC. There is a 76% increase in the number of users of the YHC, from 1,700 (2001) to 2,244 (2003). Females represented 93% of the clients, among which 71% were aged 15-19 years old, while 8% were less than 14 years old. Low attendance at the Centre by male participants can probably be attributed to the staffing pattern, presently there is only one male staff working at the Centre. In one of the focus group discussions held at the YHC, boys suggested more recreational activities to attract more males to the centre.

Figure 7 shows the pattern of attendances by type of services used at the YHC by the 5,740 clients registered from 2001 to December 2003.

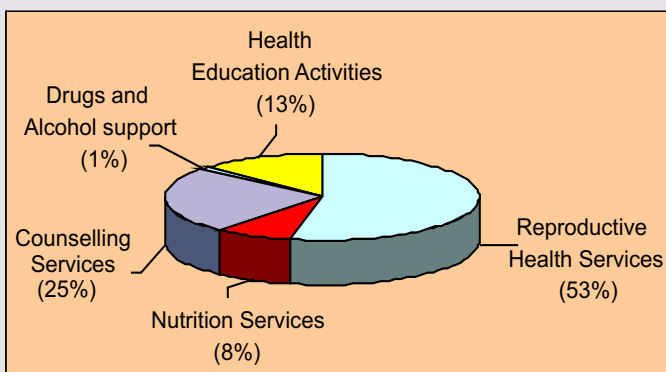


Figure 7. Attendances at the YHC by sex and age-groups (2001-2003)

Ninety-six percent of the use of the counseling services at the youth health center were associated with reproductive and sexual health, while 3% for support on drug and alcohol dependence and 1% were related to nutritional problems.

The increasing number of users of the YHC corroborates with other studies in other countries, that adolescents prefer services to be delivered at sites or at times specifically designed for young people, in places that does not look like a hospital and with staff who respect confidentiality and are non-judgmental.

### CONFERENCES & MEETINGS

11-16 Jul. 2004	XV International AIDS Conference	Bangkok, Thailand
20-23. Jul. 2004	Global Youth Tobacco Survey data management & analysis training	Brazaville, Congo
25-29. Jul. 2004	Commonwealth African Youth HIV/AIDS workshop	Mahe, Seychelles.

### NEW PUBLICATIONS

	Managing Newborn Problems Year - 2004 <b>Available at MoH</b>		Pregnancy, Childbirth, Postpartum & Newborn Care Year - 2004 <b>Available at MoH</b>
	My Sister My Self Year - 2004 <b>Available at MoH</b> <a href="http://www.moh.gov.sc">www.moh.gov.sc</a>		World Health Report 2004 Year - 2004 <b>Available at MoH</b> <a href="http://www.moh.gov.sc">www.moh.gov.sc</a>
	WHO guidelines on good agricultural collection practices for medicinal plants Year - 2004 <b>Available at MoH</b>		Basic Lab. Procedures in Clinical Bacteriology Year - 2003 <b>Available at MoH</b>
	WHO Expert Committee on Biological Standardization Year - 2004 <b>Available at MoH</b>		Ministry of Health Standard Treatment Guidelines Year - 2004 <b>Available at MoH</b>

Details available at: <http://bookorders.who.int>

### WEBSITES

SUBJECT	ADDRESS
Ministry of Health - Seychelles	<a href="http://www.moh.gov.sc">www.moh.gov.sc</a>
Family Planning	<a href="http://www.familyplanning.org">www.familyplanning.org</a>
Family Planning	<a href="http://www.fpa.org.uk">www.fpa.org.uk</a>
Gender Issues	<a href="http://www.engenderhealth.org">www.engenderhealth.org</a>
Abortion Facts	<a href="http://www.abortionfacts.com">www.abortionfacts.com</a>
Adolescent Health	<a href="http://www.unfpa.org/adolescents">www.unfpa.org/adolescents</a>
Adolescent Health	<a href="http://www.who.int/adolescent_health">www.who.int/adolescent_health</a>
Tropical Diseases Research	<a href="http://www.who.int/tdr">www.who.int/tdr</a>
World Bank	<a href="http://www.worldbank.org/">www.worldbank.org/</a>
World Health Report	<a href="http://www.who.int/whr/en/">www.who.int/whr/en/</a>
WHO Vacancies	<a href="http://erecruit.who.int">http://erecruit.who.int</a>
JAMA publication	<a href="http://www.jama.com">www.jama.com</a>
Global Health Network	<a href="http://www.pitt.edu/~super1/">www.pitt.edu/~super1/</a>

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