National Sexual and Reproductive Health Policy

Republic of Seychelles

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FOREWORD

The formulation and design of the National Sexual and Reproductive Health Policy is an indication of governments' commitment towards the paradigm shift of reorienting the Maternal and Child Health/Family Planning services to Sexual and Reproductive Health approach. This policy takes cognizance of the existing Government policies, in particular the National Population Policy which forms the basis for all population related programmes.

The development of the policy involved extensive consultations with stakeholders and opinion leaders at both the national and district levels. The team that worked on the development of the policy consisted of representatives from various technical units of the Ministry of Health, the UNFPA and WHO Country Offices, Ministry of Community Development and Culture (Policy & Research, and Gender Sections), Department of Legal Affairs, Ministry of Education, Employment and Human Resources, National Youth Council, Non-Governmental Organizations, Private Sectors, and Faith Based Organisations. This was done to ensure that the policy addresses the needs, gaps and concerns of the nation as identified by programme managers, implementers and communities.

The formulation and design of the National Sexual and Reproductive Health Policy is a result of the recognition that improving the quality of life, calls for providing accessible, comprehensive and quality health care services. The challenge is to provide services that are gender sensitive, in a welcoming environment with trained and competent health personnel.

The National Sexual and Reproductive Health Policy gives a description of national sexual and reproductive health issues, identifies needs, outlines the objectives, and provides solutions to alleviate the problems and address identified needs. The document is expected to guide programme managers, donors and implementers on priority issues and interventions.

It is vital that all recognise that the benefits of having these important documents can only be realised if they are used appropriately.

Minister for Health

ACKNOWLEDGEMENT

The Ministry of Health expresses its sincere appreciation to all those who have participated in the formulation of the National Sexual and Reproductive Health Policy. The Ministry of Health takes this opportunity to thank the United Nations Fund for Population Activities (UNFPA) Country Representative for making the necessary arrangements and assisting the MOH not only for partial financial assistance through the Country Program Action Plan (CPAP) for the development of the policy, but also for the various strategic interventions promoting sexual and reproductive health.

The Ministry of Health gratefully acknowledges the contributions of the Core Working Group *(see Annex 2)* for the development of the Policy. Our appreciation and gratitude to the Ministry of Education and Employment and Human Resources, Ministry of Social Development and Culture, Ministry of community Development, Youth and Sports, Department of Legal Affairs, the Civil Societies namely the Alliance of Solidarity For the Family, Fathers Associations, Faith and Hope Association (FAHA), HIV/AIDS Support Organisation (HASO), Nurses Association of the Republic of Seychelles(NARS), Seychelles Medical and Dental Association (SMDA), Drug and Alcohol Council (DAC), Youth Assembly, Association of Complimentary Health in Seychelles (APOCHIS), National Council for Children (NCC), Red Cross Society of Seychelles, Faith Based Organisations and Private practitioners for their support and for releasing their staff to be part of the team that worked on the Policy.

Last but not least, The Ministry of Health conveys special thanks to the Reproductive Health Programme Coordinator of the Family Health and Nutrition Directorate of the Public Health Department for working so diligently on the various parts of the document to ensure clarity, cohesion, coherence and completion. All of your contributions were worthwhile and have been truly appreciated.

LIST OF ACRONYMS

AG	Attorney General
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante- Natal Care
ARH	Adolescent Reproductive Health
CDCU	Communicable Disease Control Unit
CT	Computerised Technology
FH&DP	Family Health & Disease Prevention
FP	Family Planning
GDP	Gross Domestic Product
GOP	Gainful Occupational Permit
Hb	Haemoglobin
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICCS	International Conference Centre of Seychelles
ICPD	International Conference on Population & Development
IEC	Information Education Communication
IUCD	Intra Uterine Contraceptive Device
IV	Intra Venous
MCH	Maternal & Child Health
MoH	Ministry of Health
MRI	Magnetic Resonance Imaging
MSM	Men having Sex with Men
NCDCU	Non-Communicable Diseases Control Unit
NGO	Non Governmental Organisation
NGOs	Non Government Organisations
NIHSS	National Institute of Health & Social Studies
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TOP	Termination of Pregnancy
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Funds for Population Activities
VTC	Voluntary Testing and Counselling
WHO	World Health Organisation

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1.0. Introduction

Sexual and Reproductive Health is critical to an individual's well-being and is central to human development. Reproductive Health has been defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes'. Implicit in this definition is that people are able to have satisfying and safe sexual relationships, have the ability to reproduce and freedom to decide if, when and how often to do so'. The definition also echoes the right of individuals to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility as law permits, and the right to go through safe pregnancy and childbirth. Further, it implies that individuals have access to services to mitigate conditions that affect the reproductive system, including STIs and cancer.

It is also implicit in the definition that sexual and reproductive health and rights of individuals should be at the core of policies, plans and programmes. Further, it recognises the strategic roles of information, education and national mobilisation and participation, as well as the provision of quality care for all persons, including the vulnerable groups. Sexual and Reproductive Health affects all individuals across their lifespan.

The Republic of Seychelles has experienced a significant improvement in life expectancy and decrease in infant mortality over the past 30 years. However, a number of indicators of sexual and reproductive health remain relatively poor in the country. These include high rates of sexually transmitted infections, teenage pregnancy and the incidence of abortion. In recent years the uptake of modern methods of contraception and cervical cancer screening has fluctuated, and services are increasingly seeing the impact of drug and alcohol abuse on sexual and reproductive health. A range of programmes and initiatives have been developed that have had an impact on the sexual and reproductive health of the population. Nonetheless, and as echoed by United Nations Secretary-General, Kofi A. Annan (2002,

"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed".

To better address Sexual and Reproductive Health (SRH) and improve the quality of life of our citizens, the contributions of different services, agencies, voluntary and community groups will be needed.

The development of the National Sexual and Reproductive Health policy led by the Ministry of Health adopted a multisectoral approach *(see Annex 2).* The policy draws together the key strategies through which the sexual and reproductive health of the population will improve, based where possible on evidence of the sexual and reproductive health needs of the population, and the evidence base on how these

needs can be addressed effectively, efficiently and equitably. It is a development tool, providing guidance to all stakeholders involved in the development and implementation of Sexual and Reproductive Health programmes and services.

Over the years, a range of Sexual and Reproductive Health programmes and initiatives have been implemented in Seychelles and these have had positive impact on the sexual and reproductive health of the population. However, achieving sexual and reproductive health for all necessitates enhancing and consolidating existing programmes and services, introducing new programmes and services, building capacity of health personnel, and strengthening or enlisting the contributions of all stakeholders, including concerned services, ministries, agencies and the community.

2.0 Background and Rationale

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, the Government of Seychelles joined hands with the rest of the world in signing the Plan of Action which signalled a major paradigm shift from a demographically driven focus on family planning to a health driven focus on Sexual and Reproductive Health (SRH). The SRH approach is comprehensive, integrated and addresses the essential needs of individuals throughout the life cycle.

Addressing the ICPD, Dr. Sadik, the UNFPA Executive Director explained that the Plan of Action should put population at the centre of all the issues addressed, and incorporate 20-year goals on reducing infant and maternal mortality, meeting the unmet demand for family planning, and providing universal access to primary education (A/CONF.171/13: Report of the ICPD, 94/10/18).

Post ICPD, the Government of Seychelles reaffirmed its commitment by enacting several responsive policies based on the overarching principles of the Constitutional Rights To Health Care *(Article 29, Constitution of the Republic Of Seychelles p.33-34, 1994*), including the 1998 National Strategy for Implementation of the Recommendations of the ICPD.

The commitment of the Government has borne fruit as is reflected in several impressive health indices in Seychelles. For example, life expectancy at birth is 68.43 years for men and 78.38 years for women, contraceptive prevalence rate stands at 49.1, whilst the maternal mortality rate averaged 39.5/100,000 live births throughout the past 5 years*(Epidemiology and Statistics Section, MoH).*

In recognition of the efforts of the Government of Seychelles to address the challenges of Sexual and Reproductive Health (SRH), the United Nation Population Fund (UNFPA) has assisted the Ministry of Health (MoH) with various strategic interventions through the Country Program Action Plan (CPAP), promoting sexual and reproductive health.

It is a paradox that while the country has recorded many impressive gains in health care some worrying SRH indices have emerged. It is estimated that HIV prevalence may be around 5% amongst the Most At Risk Populations (Injecting Drug Users) and

1% amongst the general population *(Epidemiology and Statistics Section, MoH).* Out of the total cumulative 531 HIV cases from 1987 to December 2012, males represented 57% and females represented 43% while mother to child transmission accounts for 12% of HIV infection. Hepatitis C has become a major public health concern since 2008. Out of 297 cumulative cases, since 2002 79% are between the age group of 15 to 29 years and all the cases are injecting drug users. The mean age of first pregnancy amongst teenagers is 15 years. Teenage pregnancy between 12 to 19 years has remained around 20.7% over the past 5 years whilst teenage abortions account for 21.8% of all abortions during the same period. It has to be noted that only 5.2% of adolescents and youth are using contraception. During the past five years breast cancer in women has been prominent and so has prostate cancer in men. Domestic violence is also prevalent in Seychelles. The Family Tribunal registered a 55% increase in the number of spousal violence cases between the years 2006 and 2009.

In light of the above, there is critical need for redoubling of efforts to improve the Sexual and Reproductive Health of the Seychellois, in particular that of women, youth, men, persons with disabilities and other vulnerable groups. To do this, and to ensure alignment of actions by the various partners and stakeholders, there is the need for a National SRH Policy. The SRH policy is the first to be developed for Seychelles.

The SRH policy and its subsequent implementation will ensure the coordinated, integrated, and harmonious delivery of comprehensive SRH services in order to better the overall health of the population.

3.0 Situational Analysis

Seychelles consists of a group of islands off the East coast of Africa in the Indian Ocean. The three principal Islands are Mahé, Praslin and La Digue. With an economy based on tourism and fisheries, Seychelles is ranked 46th in the world in the Human Development Report (2012), and has already met most of the eight Millennium Development Goals *(Seychelles Millennium Development Goals: Status Report 2012).* Despite its small size and economy, its vulnerability to impact of global economic and political changes, and population change due to inwards or outwards migration, Seychelles has made significant developments (see Table 1).

Table 1: Key development indicators

	Year	**Value**
GDP Per capita (US $)	2011	5378.4
Adult literacy rate	2010	94%
Adult female literacy rate	2010	95%
Population/Doctor ratio	2012	817
Pupil/teacher ratio	2012	14:1
Access to free education for boys and girls	2012	3-16 years
Households with flush toilet	2010	97%
Households with treated water supply (%)	2010	93%

*(**Source:** National Bureau of Statistics)*

3.1 Population size and characteristics

The population in 2012 was estimated to be 88,303, and is characteristically young with 22.3% aged less than 15 years and 54.2% of women of reproductive age (15-49 years). The proportion of the population aged 65 years and over is increasing, and the total population is expected to grow by over 10,000 residents over the next ten years (see Table 2).

Given the small total population size and the vulnerability of the country, it is difficult to develop stable predictions of population growth or change.

Table 2: Population size and characteristics

	2004	2010	2017
Total population	82,474	86,525	95,700
Male	40,6510	44,253	47,500
Female	41,823	42,272	48,200
Under 15 years (%)	25.2	22.8	23.7
15-44 years (%)	50.8	49.0	45.3
45-64 years (%)	16.1	20.3	23.7
65 years and over (%)	7.9	7.9	7.2
Median age	29	31	N/A
Dependency ratio (no. aged < 15 years + >65 years per 1000 population aged 15 to 64)	494	441	N/A
% living on La Digue and outer islands	3.2	2.6	N/A
Population growth rate	-0.4%	-0.9%	NA

*(**Source:** National Bureau of Statistics)*

3.2 Vital statistics

In 2012, life expectancy at birth was 69.3 years for men and 79.4 years for women. The infant mortality rate varies considerably year on year due to the small numbers involved, but had increased to 14.0 in 2010 compared to 10.8 per thousand live births in 2009 (see Table 3).

Table 3: Key health outcomes

	2011	2012
Life expectancy (total)	72.6	74.2
Life expectancy men	67.7	69.3
Life expectancy women	78.0	79.4
Crude death rate	7.9	7.4
Total registered live births	1,625	1,645
Total number of infant deaths	16	17
Infant Mortality Rate	9.9	10.3
Early neonatal deaths	10	11
Late neonatal deaths	3	2
Neonatal Mortality Rate	8.0	7.9
Peri-natal Mortality Rate	17.2	15.5

*(**Source:** National Bureau of Statistics)*

The Total Fertility Rate has declined steadily from 5.2 in 1975 to 2.42 in 2012 (Table 4), giving clear indication that the country has experienced a relatively low population growth rate.

Table 4: Summary of key reproductive health indicators

	2011	2012
No of women of reproductive age 15-49	24,332	24,390
% of all women aged 15-49	54.9%	54.2%
Total fertility rate	2.38	2.42
Total number of births	1,625	1,645
Birth rate (per thousand population)	18.6	18.6
Total number of abortions	579	533
Abortion rate (per total reported pregnancies)	29.2%	15.4%
Contraception prevalence rate	47.0%	49.0%
Mean age at first pregnancy	23.3 years	23.4 years

***(Source:** Epidemiology and Statistics Section)*

3.3 Health care facilities

Health care services that impact on Sexual and Reproductive Health include family planning, maternity, infant and child health, contraception and infertility, miscarriage and abortion, prevention and control of sexually transmitted diseases, cancer services, and interventions focused on harmful practices such as gender based violence. A range of other agencies also have an influence on sexual and reproductive, including health education and promotion in schools, social care and support services, voluntary and community based programmes.

In Seychelles, healthcare is free at the point of use for all citizens. The health system includes the main Hospital in Victoria, 3 cottage hospitals, 1 rehabilitation unit, the psychiatric hospital, the Youth Health Centre and 16 district health centres. Primary health care services include primary medical services, family planning, childhood immunisation and developmental assessment, antenatal and post natal care, school health and health promotion. Population uptake and coverage of these programmes is generally good, for example, immunisation coverage against the most common childhood diseases is almost 100%.

As a component of primary health care, the national Maternal & Child Health (MCH) and Family Planning (FP) programmes have led to great improvements in health outcomes for children and families, preventing deaths and ill health and enabling people to control the size and spacing of their families.

4.0 Legal Considerations

4.1 Consent to sexual relationships and access to contraception

The Penal Code of Seychelles states: “Any person who commits an act of indecency towards another person who is under the age of fifteen years is guilty of an offence and is liable to imprisonment for 20 years”. This connotes that the age of consent for sex is 15 years.

It is stipulated in the Majority Act 1980 that a minor is a person of either sex who has not yet reached the full age of eighteen. A person shall, for all purposes, attain the age of majority on the day he attains the age of 18 years.

The two legal clauses highlighted above have consequences for sexual and reproductive health services for youth less than 18 years.

Whilst the Ministry of Health's guidelines for provision of contraception/reproductive health services to clients under 18 contained in the Family Planning Manual provide for young people to access contraception with parental consent, very few girls under 18 years old would seek their parent's permission to start on contraception as most often, they do not want their parents to know that they are sexually active. In other cases, doctors are often unsure about their legal rights and responsibilities in relation to providing sexual and reproductive health services to patients less than 18 years. The situation results in poor management of sexual and reproductive health risks amongst sexually active people.

Guidelines based on the principle that the minors have sufficient maturity and judgement to enable them to fully understand proposed SRH related interventions, have been developed and used in the Family Planning services *(see Annex 3).* These guidelines used in the SRH services do not involve only contraception but extend to HIV testing, screening and treating of sexually transmitted infections, providing information, counselling and education, etc.

4.2 Abortion

In Seychelles, Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams. There is provision for the termination of pregnancy under the Termination of Pregnancy Act 1994. The procedure is performed at Victoria Hospital. The woman receives counselling prior to and after the procedure, and is followed up at a family planning clinic. For persons less than 18 years old, decision regarding termination of pregnancy has to be approved by the parents.

4.3 Professional considerations

Professional codes of conduct place a duty on doctors, nurses and other health professionals not to disclose information about an individual without their consent, except in exceptional circumstances, for example, if the professional believes that the health, safety or welfare of the patient or others is at grave risk. Health professionals are aware that professional disciplinary action can be taken if confidential information is disclosed or misused.

Parents can ask to see their children's records but permission can be refused if the information within them was given in the expectation that it would not be disclosed to them. The record holder must be satisfied that the young person gave permission for their parents to see their records.

5.0 Political Commitment

Health is essential for our citizens to enjoy a high quality of life, and for the sustained economic and social development of our country. As stipulated in the National Health Policy (2005), 'the Government is committed to intensive action to attain the goal of health for all and by all; that is the level of health that will permit the people to lead socially and economically productive lives'.

The Government of Seychelles has demonstrated its commitment by being signatory to several SRH global programmes and policy frameworks including:

- The International Conference on Population and Development (ICPD) Programme of Action in 1994 that calls for universal access to reproductive health by 2015;
- The Millennium Declaration that pledged its commitment to achieving the targets of the Millennium Development Goals (MDGs), in particular reduction in child mortality, improvement of maternal health to reduce the maternal mortality ratio and control of HIV/AIDS by 2015;
- The Maputo Plan of Action 2007-2010, endorsed in 2006, where the countries of the African Union committed themselves to universal access to comprehensive sexual and reproductive health services in Africa by 2015.

In order to provide the necessary impetus to ensure the achievement of the objectives of global and regional commitments to SRH, and provide strategic direction for the alignment and harmonisation of actions by the various partners and stakeholders, several national policies and plans have been developed/reviewed and implemented over the years. These include:

- The National Policy on Prevention and Control of HIV/AIDS/STIs (2001)
- The National Health Policy (2005)
- The National Strategic Plan for RHCS (2006-2010)
- The National Population Policy for Sustainable Development (2007)
- The National Strategic Plan for HIV/AIDS (2005-2009).

The development of a National Sexual and Reproductive Health Policy (2011) is further evidence that the Government of Seychelles honours its global, regional and national commitments.

6.0 Policy Goal

To ensure that all Seychellois have the best possible chance of enjoying safe and satisfying sexual relationship/s, can determine whether and how often they have children, experience safe and healthy pregnancies, and give their children the best possible start in life.

7.0 Guiding Principles

In developing the National SRH Policy, the following principles were adopted:

Respect for human rights
The Government recognises the right to the enjoyment of the highest attainable standards of physical and mental health for every citizen. All providers of health care will ensure that citizens can exercise freedom to make decisions in all matters relating to their sexuality, family planning and reproductive health.

Equity of service provision
The Government will strive to ensure services are provided in an equitable way that is, ensuring that services are provided to those that need them and will benefit from receiving them regardless of their individual characteristics.

Ensuring access to high quality services
The Government is committed to providing access to primary healthcare services that are free at the point of use, and will ensure that all programmes continuously strive to improve the quality of information, counselling and services they offer to clients.

Integration of services
The Government will strive to ensure that services impacting on sexual and reproductive health are offered in an integrated, joined up manner to ensure maximum effectiveness and optimal use of available resources.

Gender equity and equality
The Government will encourage all programmes to consider gender differences and encourage positive attitudes regarding sexuality and gender roles.

Multisectoral approach
Sexual and Reproductive Health addresses issues that go beyond the health sector. The determinants of sexual and reproductive ill-health are multiple and include gender and social inequity, social injustice, marginalization and poverty. A multisectoral approach involving government, civil society, the private sector and bilateral and multilateral partners will be crucial for addressing sexual and reproductive health issues.

Evidence based and sustainable services
All health services are based on scientific evidence, are within affordable limits and sustainable for the future.

8.0 Policy Statements and Objectives

The Ministry of Health recognises that sexual and reproductive health issues may present in many settings, and that the National SRH Policy should be read in light of other relevant policy statements.

The Ministry recognises that health care and other staff will require training and development to implement this policy and clinical guidelines arising from it. It will therefore provide induction to all new staff including expatriate doctors and nurses, returning graduates, and locum staff on local sexual and reproductive health services and clinical guidelines.

Seychelles is a partner in the regional UNFPA Reproductive Health Commodities Security Strategy. The Ministry will work to ensure that there is a consistent supply of contraceptives and other commodities to support Sexual and Reproductive Health.

The population of Seychelles is small, which makes it difficult to identify statistically significant trends in sexual and reproductive health in a timely way. In addition, with the increasing use of private health care providers and pharmacies, the Ministry of Health will need to establish mechanisms to gather intelligence from these services in order to identify unmet sexual and reproductive health needs. This will build on current arrangements to report cases of notifiable diseases to the Ministry.

As a priority, methods to collect data on uptake of modern methods of contraception will be established.

The policy statements and objectives are organised in sub-sections representing areas in Sexual and Reproductive Health identified in the Situational Analysis.

8.1 Safe motherhood

Maternity services are well established in Seychelles. The maternal and child health programme was established to ensure that appropriate ante and post natal care is available to all women. Nearly all women deliver in a hospital setting, with trained health personnel attending 100% of pregnancies and deliveries. In recent years, the country has achieved good maternal and infant health indicators; the infant mortality rate averaged 11.6/1000 from 2006 to 2010, and the maternal mortality rate averaged 39.5/100,000 live births during the same 5 years.

However, maternity service providers face a number of emerging challenges. Many women book late for ante natal care, reducing opportunities for disease prevention and health promotion. Teenage pregnancy rates remain significantly high, whilst an increasing number of women are pregnant in their later years. Both groups may experience higher rates of complications, the latter also having a higher risk of foetal abnormalities. Preconception advice is available but is not part of a regular programme. Nutrient supplementation is targeted to reduce iron deficiency anaemia in pregnancy.

There has also been an increase in the prevalence of obesity and substance misuse in the population with associated obstetric complications and requiring the active identification and management of blood borne viruses such as HIV and Hepatitis B & C.

Although exclusive breastfeeding is normally advocated, less than 60% are actually practising it. Formula feeding is increasingly common on the ward following delivery.

Policy objectives

- To enable women to prepare for and have a safe pregnancy, delivery and post partum;

- To promote healthy child development;

- To ensure families adopt safe parenting practices that support the health of the child and mother, including infant feeding.

Policy statements

- The Ministry of Health shall offer a universal Maternal and Child Health programme through the primary health care system. This will be delivered by duly trained staff;

- Preconception advice and care will be provided as part of the sexual and reproductive health programme in primary care services (currently provided through family planning clinics). This will also include promotion of nutritional status focussing on attaining healthy body weight and good micronutrient status such as iron and folic acid. The Ministry of Health shall review the immunization guidelines to consider offering Tetanus toxoid to all females at 25 years of age;

- Early booking for ante-natal care will be encouraged, aiming for over 95% of women booked within the first 10 weeks of their pregnancy;

- Ante-natal care services will be provided through regional centres, and women will be encouraged to book within their region. All high risk pregnancies will be referred to the ante natal specialized referral point at Victoria or Praslin Hospital;

- Ante-natal care will include:

  - Ante-natal screening as set out in Ante Natal Care (ANC) guidelines. Women may choose to opt out of this programme, but the reasons for them declining the offer will be recorded. Relevant data will be recorded for surveillance purposes, e.g. unlinked ante-natal HIV prevalence;

  - Advice on healthy diet and physical activity to all women within the first three months of pregnancy. Folic acid supplements (recommendation is 400ug) will be provided for all women up to the 12^{th} week of pregnancy either as a single dose supplement or combined with iron. Iron supplementation will not be provided unless clinically indicated (Hb < 11g/dl);

  - Risk assessment process to identify specific needs, including medical problems, genetic foetal abnormalities, smoking, body mass index, substance misuse, mental health problems, and domestic violence;

  - Antiretroviral therapy for all pregnant women who are HIV positive to prevent progression to AIDS and transmission to their child;

- Advice and support in preparation for delivery, including pain management and relief.

- All women will be encouraged to deliver their baby in specialised points and no planned deliveries will take place at home. Women living on the outer islands will be encouraged to move to Mahé/Praslin/La Digue by 7 months gestation (earlier if higher risk). All babies requiring neonatal intensive care will be looked after by the unit at specialised points;

- The Ministry of Health will establish an inquiry committee for all maternal deaths. It will also develop a mechanism for investigating near-misses in obstetric care;

- All cases of neonatal death will be reviewed within the perinatal mortality meetings;

- Following a miscarriage, still birth or neonatal death, all women will be reviewed and referred to appropriate services;

- After delivery and before discharge, all women will be offered family planning advice and methods;

- All women will receive a post-natal home visit within 2 weeks of delivery by a midwife at community level;

- All births will be notified within 28 days of delivery;

- All pregnant women will be given information about the optimal methods to feed their infants.

8.2 Family planning and contraception

Family planning programmes represent a cost effective means of preventing unwanted pregnancy, poverty and social exclusion and have made a major contribution to women's empowerment. Decentralised family planning services were established in Seychelles in the early 1980s and are currently provided in all health centres (13 on Mahé including Youth Health Centre, 2 on Praslin, 1 on La Digue and 1 on Silhouette). These services have had significant impact on family size and the rate of unwanted pregnancy. Family planning clinics provide hormonal pills and injectables, the IUCD, condoms and other barrier methods. Currently hormonal IUCDs and implants are not available. Clients requesting sterilisation are referred to the Gynaecology service at Victoria Hospital. Oral contraceptive pills are the most popular method (64%), followed by injectable (20%), IUCD (5%), condoms and sterilisation.

Family planning services are available from private doctors, and condoms and oral contraception are sold through pharmacies. Data on contraception prevalence is currently gathered from Ministry of Health services only, making it difficult to gauge the level of unmet need. Historically, clinical supplies have been provided through donor agencies including the UNFPA. Interruptions to supply reduce both the

effectiveness of contraception methods, and women's confidence in the programme. Family planning programme clinical guidelines dating back 1997 need updating.

The reported contraceptive prevalence rate for modern methods has declined from 60% in 1996 to 49.1% in 2012. More recently the total number of attendances at family planning clinics has fallen from 38,867 in 2004 to 28,989 in 2012. In part this reflects the availability of alternative private providers, but lack of staff continuity and lack of confidentiality/privacy in clinic settings have also been cited as contributory factors. Inadequate follow up of women who drop out of the programme, limited male involvement, and inequities in women's access to the IUCD as a method of emergency contraception have been identified as priorities. These will be addressed through an update of the Family Planning (FP) Procedures Manual, and improvements to service data collection and reporting.

Policy objectives

- Increase access to and uptake of modern contraceptive methods, including long active reversible methods and emergency contraception;

- Improve access to family planning services for vulnerable groups, including young people.

Policy statements

- Family planning services will be available for individuals or couples, and women do not require the consent of their partner to access family planning services;

- Individuals will be able to access any sexual and reproductive health service, regardless of where they live or work;

- There are no age thresholds for clients accessing family planning services. Issues relating to parental consent for young people are discussed in subsection 4.1 of this policy;

- Each service will make provision for women who require emergency appointments or repeat prescriptions and ensure that appointments are made available as early as possible;

- Suitable alternatives to routine family planning clinic times will be provided for vulnerable clients and women at high risk of experiencing an unwanted pregnancy;

- Family planning services will advise clients on the full range of family planning methods available in an unbiased manner;

- Local stocks of the full range of methods will be maintained to minimise the risks of interrupted supplies;

- Emergency contraception (hormonal and IUCDs) will be available to all women who request it, and women will be supported to ensure they are aware of the services and how to access them;

- The Ministry of Health respects the fact that family planning service providers may have a contentious objection to some interventions. However, this must be balanced against the duty of care that service providers have for their client's health and well-being, and the need to provide services in an equitable and fair way. All service providers must declare if they have a contentious objection to any of the interventions set out in the FP Procedures Manual, and agree a referral process with the family planning programme manager to ensure that any woman wanting to access interventions is able to do so in a timely and appropriate way;

- The Ministry of Health will seek to develop a clinical governance framework for family planning services provided by private pharmacies, and include uptake of these services in national family planning programme monitoring and evaluation arrangements;

- Family planning services will promote the use of both female and male condoms in addition to other methods of contraception amongst those with sexual behaviour that puts them at high risk of contracting an STI. Condoms will be made available through a range of other community settings, including health centres, bars and discotheques;

- Patient education is a key component of effective family planning programmes. Resources and guidance for practitioners will be developed to support this, including media campaigns where appropriate;

- The Ministry of Health will consider the following service developments:

    - Review the current family planning programme with the aim of extending its remit to include pre-conception care, infertility and sexual health and improve access for men;

    - Review the range of contraceptives available locally with the aim of promoting the most cost effective, safe and acceptable methods. The FP Procedures Manual will be updated accordingly.

8.3 Pregnancy testing

Pregnancy tests are available at all health centres on request through family planning clinics and doctors. Tests requested are normally paid for by clients (currently SR50), although if requested by the doctor it is provided free as any other routine investigation. All tests offered are of immediate response (HCG Sensitivity). Tests are also available through private doctors and licensed pharmacies. Currently clients can also buy pregnancy test kits over the counter from private pharmacies and private doctors.

One key problem is linking up the testing service with antenatal booking and provision of psychological support or other services such as HIV testing or the need for folic acid supplementation. This is not done systematically, something which needs to be addressed.

Policy objectives

- To improve access to pregnancy testing and enable women to make informed choices about their pregnancy or future fertility.

Policy statements

- Women will be supported to find out if they are pregnant without delay. This will enable them to make and act on informed decisions about their pregnancy;

- Free and confidential pregnancy testing services will be available at each health centre, through family planning clinics and at Accident and Emergency Units;

- All pregnancy results will be given by a health care provider who will need to provide accurate information and support about pregnancy decisions, including emergency contraception and contraception if appropriate;

- Prompt referral to specialist services will be undertaken, aiming to ensure that women book for ante natal care as soon as possible (before 12 weeks gestation);

- The Ministry of Health will develop guidelines for private pharmacies which sell pregnancy test kits on advice for women buying the kits;

- Positive test results will be used as an opportunity to emphasise the importance of early ante-natal booking and to introduce folic acid supplements;

- Women with an unwanted pregnancy will be counselled on their options and referred appropriately;

- Negative test results will be used as an opportunity to discuss contraception, STIs and safe sex practices.

8.4 Infertility

The true prevalence of infertility in the country is not known although anecdotal reports suggest more women/couples are being seen at the health centres because of their inability to conceive. Prevention of infertility includes STI prevention and management, and healthy weight strategies.

A weekly infertility clinic currently takes referrals from medical officers and family planning nurses, but there are no clinical guidelines on the management of infertility at present. Investigations available locally include sperm count, blood tests, hormonal assays, ultrasound, hysterosalpingogram, and diagnostic laparoscopy. Service data collection and management need to be strengthened in the near future.

Policy objectives

- To reduce the prevalence of infertility;

- To improve access to information and services for infertile couples.

Policy statements

- Health services will ensure that interventions to prevent infertility are promoted e.g. encouraging early presentation for signs/symptoms of sexually transmitted infections and ectopic pregnancy;

- Clinical guidelines will be developed to support the prevention and management of infertility, including counselling, referral pathways and links with fostering and adoption agencies. Staff will be trained in their use;

- The Ministry of Health will consider the following service developments:

  - Development of sperm donation services;

  - A national Chlamydia screening programme.

8.5 Termination of pregnancy and abortion

The total number of abortions (terminations and miscarriages) has been on the increase between 2006 and 2010 (range 443-562 per year), with 58.8% of all abortions in the women aged 20-34 years.

Table 5: The total number of reported abortions by age 2008-2012

	2008	**2009**	**2010**	**2011**	**2012**
10 - 14	6	6	6	15	4
15 - 19	81	90	122	133	102
20 - 24	79	83	103	103	117
25 - 29	77	102	102	106	114
30 - 34	93	73	110	102	83
35 - 39	68	74	87	89	67
40 - 44	44	36	21	27	45
45 - 49	5	7	5	4	1
Total	**453**	**471**	**556**	**579**	**533**

*(**Source:** Epidemiology and Statistics Section)*

Illegal and unsafe termination practices have been documented in Seychelles and cases still present. It is also reported that some women travel overseas to terminate a pregnancy, in some cases to countries where they are obtained illegally through potentially unsafe procedure (e.g. Mauritius). These women may present late with symptoms where a termination has led to complications, and may not provide a complete medical history for fear of prosecution. Prompt diagnosis and treatment is essential in these cases to prevent infertility and further complications.

Policy objectives

- To reduce the incidence of abortion;

- To prevent unsafe abortion;

- To provide information on the different options available for a woman with an unintended pregnancy so as to help her make an informed choice.

Policy statements

- Women who consider requesting an abortion will receive comprehensive, accurate and unbiased information about their options and the process;

- Practitioners who are ethically opposed to abortion will follow relevant professional guidance and refer to another practitioner without delay;

- A system where health professionals can opt out of filling the forms for terminations of pregnancy will be put in place, but they will have a duty to refer within the health centre;

- Women will be referred for an abortion assessment in a timely way. The Ministry of Health will review these referral pathways, and consider the scope for self referral where appropriate;

- Women will be offered a choice of abortion methods (12 weeks gestation), clinically appropriate for their gestation and individual circumstances. When late abortion is needed, provision is available up to the maximum legal/medical time limit;

- Women will be offered screening for STIs and treatment where appropriate;

- Women will have access to counselling and support if needed during or after the abortion process;

- The Ministry of Health will sensitise communities about prevention of unwanted pregnancy, the risks associated with unsafe abortion, and the conditions and procedures for obtaining abortion under the TOP Act of 1994;

- Services will improve access to emergency and post abortion contraception;

- All women will be given contraception immediately post abortion;

- Guidelines on abortion services will be developed for staff, and training provided to support implementation;

- The Ministry of Health will aim to build the capacity of health and health related personnel on counselling, prevention and management of complications of unsafe abortions.

8.6 Sexually transmitted infections (STIs)

Untreated sexually transmitted infections cause a range of signs and symptoms, infertility, and in some cases death. The burden of STIs falls mainly on young people and those least able to practise safer sex, including sex workers, migrant workers, and those with low educational attainment.

A national policy on the prevention and control of HIV/AIDS/STI was adopted in Seychelles in 2001, and the current National HIV/AIDS Strategic Plan 2005-2009 has come to an end. Syndromic management of STIs was introduced in 1996. HIV

remains one of the most significant developmental challenges in Seychelles today, and it is evident that the HIV epidemic is continuing despite continued education and prevention efforts. The three main modes of transmission of HIV/AIDS in Seychelles are heterosexual (76%), mother to child transmission (7%) and men having sex with men (17%). However the blood borne virus (HIV and Hepatitis C) transmission risk of the relatively new practice of injecting drug use on the islands has now been documented.

Transmission of HIV from mother to child during pregnancy or delivery can be prevented if the woman's HIV status is known early in pregnancy.

The national programme faces a number of challenges including continued discrimination and stigmatization of individuals with HIV, limited understanding of high risk group needs, barriers to targeting some at risk groups (including men that have sex with men and commercial sex workers), and low coverage of target group populations in testing (including injecting drug users and partners of people with HIV). The legal response has not provided clarity regarding access to testing and treatment in < 18 year olds, or in cases of wilful spread.

Policy objectives

The statements focus on sexual and reproductive health, and should be read in conjunction with the National Policy for Prevention and Control of HIV/AIDS/STIs (2001).

- The Ministry of Health is committed to build the capacity of the whole population but particularly youth and other vulnerable groups to prevent the spread of HIV/AIDS/STIs;

- There will be sustained commitment to improve coordination at all levels for STIs, HIV/AIDS and other blood borne viruses in its prevention and control;

- The Ministry of Health will ensure that HIV, STIs and other blood borne virus counselling and testing are used to maximize prevention efforts and improve access to effective treatment and care services.

Policy statements

- The Ministry of Health will take the lead in engaging relevant partners in prevention efforts to reduce the levels of HIV and STIs and other blood borne viruses;

- All health services will ensure the promotion of safer sexual practices within relevant clinical guidelines, and actively promote the uptake of HIV and STI testing, including post abortion clients;

- HIV/STI and other blood borne virus prevention strategies will be developed for priority target groups, including injecting drug users and men that have sex with men;

- Reproductive Health services will follow appropriate guidelines for partner notification in cases of HIV and STIs;

- Implementation of guidelines on the notification of STIs will be strengthened, including induction for new medical officers;

- Pre-conception support will be provided for women/couples with HIV or other STIs;

- An opt out HIV screening and counselling programme will be provided in ante natal and maternity services, to improve maternal health outcomes and prevent mother to child transmission;

- Services will be provided in a way that does not stigmatise or discriminate against people with HIV or STIs;

- The Ministry of Health will consider the following service developments:

    - Provision of Hepatitis B vaccination for high risk groups that were not immunised through the childhood immunisation programme;

    - Introduction of Hepatitis C surveillance systems;

    - Introduction of Chlamydia screening.

8.7 Cancers of the reproductive system

Cancer is the most common cause of death in Seychelles after cardiovascular disease, with an incidence of approximately 100 new cases annually. Cancers of the breast and reproductive system accounted for 37.6% of all cancers from 2005 and 2012.

There are a number of challenges in assessing cancer trends in a small population. Historically cancer cases were recorded through the laboratory service, but a cancer registry was established in 2007. This does not capture those accessing private/overseas treatment currently.

There is good evidence on prevention of cancer risk factors such as tobacco, diet (alcohol, processed meat), obesity and physical inactivity, and exposure to human papilloma virus (HPV) and sunlight.

Breast cancer remains the predominant cancer in women in Seychelles, followed by cervical cancer as is seen in most populations. The number of cervical cancer cases has increased in recent years, while uptake of cervical cancer pap smears has declined. Similarly there has been an increase in the number of women diagnosed with breast cancer over the past five years. However, given the small size and mobility of the population it is hard to establish whether this reflects expected variation or an upward trend. Prostate cancer is the most common reproductive cancer in men in Seychelles.

Pap smears to identify cervical cancer are currently available through family planning clinics, private clinics, Youth Health Centre, the Communicable Disease Control Unit (CDCU), Antenatal Clinic, female surgical ward, and gynaecology outpatient clinics. There is no comprehensive screening programme with routine call and recall across the whole population of eligible women. Colostomy is provided at Victoria Hospital. Alarmingly, the number of women having a pap smear annually appears to be falling.

Local mammography to detect breast cancer is available for women with symptoms or a family history, but there is no comprehensive breast screening programme currently. Breast cancer detection relies on promotion of breast self examination by family planning services, and case finding by healthcare staff. Referred cases are seen at a dedicated breast clinic at Victoria Hospital, with access to mammography and other diagnostics.

Diagnostic services available locally include ultrasound, radiology (CT/MRI), laboratory (histo/cytopathogy), surgery, and chemotherapy. Patients may be assessed for overseas treatment and specialized care, such as radiotherapy.

Policy objectives

- To raise awareness amongst service providers and the public about the importance of prevention, screening and early detection for Cancer services and survival;

- To develop quality assurance mechanisms which ensure that effective cancer prevention, screening and treatment services are delivered.

Policy statements

- Pap smears to identify cervical cancers, will be offered to all women from 2 years after they are sexually active up until 70 years. A systematic way of inviting all women of eligible age to come for their pap smears and promote uptake of the test will be developed;

- As a matter of urgency, the Ministry of Health will review reasons for the declining uptake of cervical cancer smear tests and put measures in place to increase the coverage of this programme;

- Pap smears will be available through all SRH services and specialist clinics, and regular training and supervision will be available for smear takers to reduce the number of inadequate samples taken;

- The cervical screening programme will establish a fail-safe system to ensure that women with positive results are followed up appropriately;

- SRH services will offer to examine women's breasts once a year and support women to conduct self examinations;

- Women with a family history of breast cancer will be referred to the breast clinic for follow-up;

- All health services will promote awareness of self-examination for testicular cancers;

- The Ministry of Health will develop clinical guidelines to support health service providers in the early detection of breast, cervical, prostate and testicular cancer;

- The National Cancer Control Plan will ensure the inclusion of cancers of the reproductive health systems;

- Data on cancers of the reproductive systems will be collected through the National Cancer Registry;

- The Ministry of Health will work with key partners to raise awareness on prevention, early presentation and screening for cancer;

- The Ministry of Health will consider the following service developments:

    - Introduction of Human Papilloma Vaccination into the national immunisation programme;

    - Introduction of liquid based cytology for cervical smear tests to improve detection rates;

    - Review the case for introduction of comprehensive, population level cervical cancer and breast cancer screening programmes.

8.8 Other gynaecological dysfunction and menopause

Other gynaecological dysfunction can have a negative impact on women's quality of life. Women may present to a range of health professionals in health centres with this problem, including their family planning nurse or doctor. Women with other gynaecological dysfunction require support in managing its impact on their quality of life, and may require further investigations as to the cause. Optimal care is offered for these women and specific cases are referred for management by the gynaecological team. Urgent referrals can also be made.

Menopause is a physiological process that marks the end of reproductive capacity for women. The transition to menopause may vary from women to women. Combined with the reduction in hormone levels, these changes can result in emotional distress. A weekly specialist menopause outpatient clinic at Victoria Hospital provides services to these women. There is more public awareness of menopause in recent years, following media and community interventions.

Policy objectives

- To improve access to information and services relating to other gynaecological dysfunction and menopause.

Policy statements

- The Ministry of Health will develop clinical guidelines and care pathways for women with other gynaecological dysfunction and going through the

menopause, and training offered for providers of reproductive health services. These will include prevention of osteoporosis and cardio vascular disease, contraception, and promotion of cervical screening and breast examination;

- Clinical guidelines on other gynaecological dysfunction and menopause will be promoted amongst other health care providers to support appropriate referral;

- The Ministry of Health will review the need for menopause IEC materials for women to support self-management of signs and symptoms and facilitate appropriate access to services, including psychological support. This will include the importance of a balanced diet to reduce cardio vascular risk and maintain bone health;

- A clinical lead and for advocate for other gynaecological dysfunction and menopause will be identified to lead on service development and evaluation;

- The Ministry of Health will ensure that drugs, resources and appropriate services needed to manage other gynaecological dysfunction and the menopause are available.

8.9 Sexual dysfunction

Sexual dysfunction affects an individual's ability to have satisfying sexual relationships, and can occur in both women and men. Although individuals may be reluctant to seek advice or support, sexual dysfunction can have a major impact on quality of life. Both men and women may experience a loss of sexual interest/ libido. Common physical problems seen in women include pain on penetration or prolonged vaginal contraction. Men may experience early/premature ejaculation or difficulties achieving or maintaining an erection (erectile dysfunction).

Reduced sexual libido may be associated with aging, during menopause (women) and andropause (men). The physical causes may also be associated with alcohol and drug misuse, or be a side effect of drug therapy for other clinical conditions. Individuals may be reluctant to disclose these problems due to perceived stigma, and a lack of knowledge about its management.

Policy objectives

- To ensure access to information and services relating to sexual dysfunction.

Policy statements

- The Ministry of Health will develop clinical guidelines and care pathways for sexual dysfunction, including access to appropriate management and psychological support;

- A clinical lead for sexual dysfunction services will be identified to lead on service development and evaluation, and staff development;

- The clinical lead for sexual dysfunction services will ensure they develop in a way that does not stigmatise the individuals that use them;

- The Ministry of Health will review the need for IEC materials for patients and the public to improve understanding of sexual dysfunction and its management, with the aim of improving access to services and reducing stigma.

8.10 Gender based violence

Domestic or 'intimate partner' violence is a growing problem in Seychelles. Police case doubled between 2000 and 2005, while Family Tribunal cases increased by 42% between 2006 and 2008. The vast majority of victims consistently remain female, however recently a small but significant growing number of men have begun coming forward for help. While most victims remain silent and never report their abuse to the authorities, a population based study conducted by the Gender Secretariat in 2006 uncovered that as many as 1/4 women and 2/9 men have experienced moderate physical violence, and 11% of women had been raped by an intimate partner at some point in their life.

Female victims were found to be more vulnerable to physical and psychological injury, while pregnant women and mothers are at greater risk of victimisation. Gender based violence contributes to many health problems including physical injury, depression, alcohol and substance misuse, sexually transmitted infections, unwanted/unplanned pregnancies, pregnancy complications, maternal injury/death, miscarriage, still birth/death, and often limits the ability of the woman to manage other chronic illnesses such as diabetes and hypertension. Impacts are wide ranging and include endangering personal and family safety, the ability to earn a living, and child well-being in general.

Recent international clinical studies have demonstrated that a brief screening process can effectively identify abuse in pregnant women, and a ten minute intervention has been developed that can effectively increase the safety of pregnant abused women. A local study (Adonis, 2008) of the response of health services to domestic violence suggests that although health services in Seychelles are often the first point of contact for victims, there are no standard procedures set out as guidelines for professionals to govern how they respond. The scope of this response spans beyond the immediate emergency medical response to in depth needs assessment, counselling and advice, and referral to other agencies.

Policy objectives

- To address the population's sexual and reproductive health issues arising from emotional, physical and sexual abuse;
- To reinforce detection and support individuals vulnerable to abuse;
- To develop a zero tolerance approach towards violence amongst service providers and clients;
- To provide appropriate care and support to victims of abuse.

Policy statements

- The Ministry of Health in collaboration with other relevant departments will adopt a Risk Indicator Framework for Domestic Violence, facilitating service providers to identify individuals at risk of abuse and their perpetrators;

- The Ministry of Health will work to develop Domestic Violence, Rape and Assault Operational Guidelines for healthcare service providers with appropriate referral pathways and multi-agency case management;

- A mechanism for integration of all gender based violence guidelines from different service providers will be established;

- The Ministry of Health will encourage and support victims to report abuse as early as possible to protect the individual and their family from further abuse and offer protection to the wider public;

- The Ministry of Health will support the adoption of best practices through staff training and development;

- Sexual and Reproductive Health services will need to ensure that individuals have confidence in how their cases would be managed after their cases have been disclosed;

- The Ministry of Health will identify a lead for domestic violence and sexual assault against adults, to develop guidelines, provide staff training and monitor and evaluate implementation;

- Staff concerns will need to be addressed over fear of retaliation from abuser. Victims of abuse will be assessed for their mental well being and referred appropriately;

- The Ministry of Health will establish a communication strategy to raise public awareness;

- The issue of gender based violence will be institutionalised in the curriculum of the National Institute of Health & Social Studies (NIHSS).

8.11 Vulnerable groups

The burden of poor Sexual and Reproductive Health is not evenly distributed within the population. Some groups have specific needs, whilst others experience significantly worse outcomes than the rest of the population. In principle, the Ministry of Health will work towards ensuring that these needs are accurately assessed, and appropriate resources are allocated in an equitable way to meet them.

The groups identified to date include:

1. Men

The majority of services currently report a low level of male involvement in sexual and reproductive health services. A number of reasons have been posed, including

cultural norms, access barriers, fear of stigma, and failure to address men's needs (e.g. sexual dysfunction). The Ministry of Health is keen to address this in order to encourage men to be more able and responsible in managing their own health and their sexual behaviour (e.g. condom use).

2. Sex workers

The type and extent of sex work is not well defined in Seychelles, and remains illegal. In general, sex workers have multiple partners yet may be less able to negotiate using a condom, putting them at increased risk of unwanted pregnancy and STIs. This is particularly true of sex workers with substance misuse problems, or in abusive relationships. Health needs of sex workers include reliable contraception, regular screening for STIs/HIV, and rapid access to counselling, testing and treatment. Services may be required outside of routine opening hours, and more effort may be required to ensure follow up.

3. Men that have sex with men (MSM)

A 2008 UNAIDS rapid assessment of the most at risk populations suggests that one in ten men in Seychelles have had sex with a man. The majority are bisexual, many married or living with a woman due to social expectations. There are no gay venues in Seychelles, and although there are some known cruising areas and social networks there are no obvious settings in which to provide services. The UNAIDS study suggests that condoms use is not systematic, HIV prevalence is significant, and that some young MSM are involved in sex work. Stigma remains an obstacle to prevention, and anecdotally individuals may seek private treatment to protect confidentiality.

Further consultation is required to agree future policy direction. Possible interventions include peer education and leadership, sensitisation of staff (discos, etc.), dedicated phone line for advice, and mobile HIV testing and counselling.

4. People in prison

Seychelles has one prison which currently accommodates individuals with convictions and those on remand, including men, women, and juveniles. Health services for inmates include routine periodic visits by a nurse and doctor for minor health problems. Inmates are taken to specialist services as required on referral. There have been anecdotal reports of sexual relationships, drug abuse (including injecting), rape and sexual assault amongst prison inmates and this has been evidenced in prison populations around the world.

Although inmates have restricted rights, they may have a range of sexual and reproductive health needs which need to be addressed to reduce the harm caused to that individual or their community on their release. Female inmates may be pregnant, deliver, or be nursing when convicted. They may be sexually active or become pregnant in prison. They may require contraception, STI testing and treatment, Pap smear, breast examination, and menopause advice. Male inmates may also be sexually active in prison with other inmates (male or female) and need to access condoms.

5. Mobile populations (migrant workers, sailors, and travellers)

The population of Seychelles is very mobile. With a high level of population turn over, it is important to maintain a high level of awareness of sexual and reproductive health and how to access services, both in Seychelles and overseas.

Many Seychellois have immigrated to other countries over the years, with some returning periodically or to resettle. Resident Seychellois travel for business, education, leisure and other purposes. In 2007 there were 52,500 resident departures to international destinations, of which 29,000 were holiday related.

A number of expatriate workers are employed across a range of occupations including construction, tourism, fisheries and some public sector jobs. Some of these workers have access to Ministry of Health services through their contract of employment, while for others their employer is responsible for their healthcare. The majority of migrant workers do not come with their spouse. All migrant workers requiring GOP are screened for HIV infection and TB on arrival in Seychelles, providing an opportunity for health promotion.

Seychelles has a large port, accommodating fishing and cargo vessels, cruise ships, and navy vessels from Seychelles and other defence forces. Seychelles also attracts a large number of tourist visitors each year. In 2009 there were 157,500 visitor arrivals in Seychelles, 90.1% of which were holiday related. Of these, 77.4% were visitors from Europe, 11.8% from Africa, and 7.4% from Asia. This amounted to 1.607 million tourist nights, with an average length of stay of 10.2 days.

6. Drug users and alcohol abusers

Substance misuse may have a negative impact on sexual health in many ways. Individuals with an altered psychological state are more likely to practice unsafe sex, and may be less likely to present for screening or diagnosis. Those with chaotic lifestyles are less likely to adhere to treatment regimes. The relatively new practice of injecting drug use increases the risk of blood borne virus transmission, and the level of dependence associated with heroin use makes it more likely that individuals may resort to criminal activity and/or sex work to supply their addiction. The Ministry of Health recognises that there is need to better understand the emerging needs of individuals abusing drugs and/or alcohol, and how services can respond to meet them effectively.

7. Persons with disability

An estimated 2% of the population lives with a disability. Persons with disabilities have the same sexual and reproductive health needs as other people, yet they often face barriers to information and services. Existing services can be adapted to accommodate persons with disabilities. Increasing awareness to both staff and the public is the first and biggest step towards successful planning and designing of programmes to suit persons with disabilities. Family planning needs, maternal health, and need for protection from violence for this vulnerable group of people deserve attention, since those needs are often neglected and overlooked.

Historically, persons with disabilities have been denied information about sexual and reproductive health. Furthermore, they are often deprived the right to establish

relationships and to decide whether, when and with whom to have a family. Many are subjected to force termination of pregnancy and sterilizations. They are more likely to experience physical, emotional and sexual abuse. They are likely to become infected with HIV and other STIs or subject to other forms of gender based violence.

Policy objectives

- To ensure access to sexual and reproductive health care to all vulnerable groups;

- To initiate and develop programmes to meet the specific needs of vulnerable groups.

Policy statements

- Harm reduction and rehabilitation strategies should be adopted in providing services for the most at-risk groups. The Ministry of Health will need to consider the following options:

    - Improve ways to reach the most-at-risk groups;

    - Scale up current programmes to include harm reduction strategies such as needle exchange programmes for IV drug users;

    - The development of guidelines for health workers in reaching and managing IV drug users.

- Health care providers will aim to find innovative ways in reaching the most at-risk groups either through formal or informal networks to improve access to sexual and reproductive health services (which includes peer education and leadership, sensitisation of staff);

- Health care providers will consider whether an individual is involved in sex work when taking a sexual history, and tailor their advice appropriately. This will also include referral of child protection issues. Clinical guidelines and an intervention plan will be developed and implemented by all service providers;

- All prison inmates will have a comprehensive health assessment by a medical officer on admission to prison, including an assessment of their sexual and reproductive health needs and risks and drug/alcohol history. The Health and Prison Services will work together to support and protect inmates who report that they are victims of sexual abuse or rape;

- Female inmates will access services throughout their pregnancy, delivery and post partum and will be supported to breastfeed their baby up to 6 months;

- Inmates convicted of sex offences will be offered rehabilitation before release into the community;

- The Ministry of Health will consider the following service developments:

- Peer education and condom provision to reduce harm relating to sexual health and drugs in prison;

- Development of standards operating procedures on relevant issues, e.g. management of pregnant inmates, access to condoms and contraception, management of cases of rape and assault;

- New migrant health assessment/screening will include provision of advice on sexual and reproductive health and services in Seychelles for the migrant workers and their spouse as appropriate, including where to access contraception, condoms and STI/HIV testing and treatment.

- The Ministry of Health will work with companies employing migrant workers to ensure appropriate sexual and reproductive health advice and services are provided, with translation and/or interpreters available as required. Employers will be encouraged to provide free condoms to their workers;

- The Ministry of Health will ensure that condoms are available for sailors and sea farers transiting in Seychelles. Travel health guidelines, including sexual and reproductive health, will be developed to support health and education services providing travel health advice to Seychellois travelling overseas;

- Tourists will be able to access local sexual and reproductive health services directly or through the tourist doctor. Payment will be required in line with the relevant national policy;

- Hotels and other tourism accommodation will be encouraged to provide access to condoms within their establishment;

- The Ministry of Health will ensure that all SRH programmes also reach and serve persons with disabilities;

- Persons with disability who are sexually active should be provided with protection that suits their individual needs to prevent unwanted pregnancies and transmission of infections, including HIV;

- Capacity of service providers will be strengthened to meet the needs of persons with disabilities;

- Access to information and access to existing health facilities will be improved to suit all groups of persons with disabilities, e.g. Braille or big prints for sight impaired clients.

8.12 Youth and adolescent reproductive health

Adolescence (age 10 to 19) is a time of social, physical and psychological transition, a "preparation period" during which the child develops into an adult (WHO). It is a time where young people are faced with a number of challenges unique to their age groups. These include changes in the body brought on by puberty.

Apart from the unique challenges they face, adolescents in Seychelles, like in other countries, face a number of sexual and reproductive health problems. These include early sexual debut, unplanned pregnancies, sexually transmitted infections including HIV and AIDS, unsafe abortion, sexual abuse and violence.

A number of indicators confirm that adolescent reproductive health in Seychelles is at high risk, and that efforts to address these issues are still of paramount importance. Results from the Child Well Being study, 2009 depicted a notable proportion of adolescents reported having had unprotected sex before the age of 18 years. Similar study also showed that 26% of girls, age 14 to 17 years reported having sex with someone older than them.

Table 6: Key indicators of teenage reproductive behaviour in Seychelles 2005-2012

Indicator	2005	2006	2007	2008	2009	2010	2011	2012
% of 15- 49 year old were teenagers	15.0	15.1	14.2	14.4	14.6	14.6	14.3	14.0
% of all births to teenage mothers	14.8	14.5	15.4	15.1	15.7	13.8	15.0	13.9
% of all first births to teenage mothers	31.1	28.5	29.8	27.8	32.2	24.1	29.7	27.6
% of all second births to teenage mothers	5.8	4.2	4.8	4.6	3.2	4.6	4.6	5.8
% of all abortions (spontaneous/induced) to teenagers	17.4	16.7	16.6	19.2	20.4	23.3	23.8	19.9
% of all known pregnancies to teenagers	15.4	15.1	15.6	16.0	16.8	16.4	29.2	15.4
% of adolescents who tested HIV positive out of the total population tested positive	6.7	11.9	4.6	11.4	7.7	3.0	2.4	10.3

*(**Source:** Epidemiology and Statistics Section)*

Table 6 indicates that the incidence of teenage pregnancy remained fluctuated throughout the years. Despite the fluctuation in the total number of births, and reported abortions, there is substantial evidence to suggest that this does not reflect the true picture of the current situation. The positive pregnancy tests recorded at the health centres level do not correlate with the number of births and abortions being reported in this particular age group. This indicates that a substantial number of these pregnancies are resulting in unsafe abortions. Many of the pregnancies amongst adolescents are unplanned, and are unwanted, resulting in rising unsafe abortion rates, premature deliveries, school drop outs, and a multitude of social, medical and psychological problems which have an impact on the individual, the family and the economy of the country in general.

Despite the concerns raised herein, consultation suggests that the sexual and reproductive health needs of adolescents have not been adequately addressed within existing services. This is because of the various barriers that hinder access to meet

the needs of this particular age group, including the attitudes of service providers towards provision of SRH services to minors, the law pertaining to minors, and poor communication between parents and minors.

Cost-benefit analysis reveals that non-action towards addressing the sexual and reproductive health needs of minors does have serious socio-economic impacts at various levels.

The Ministry of Health in collaboration with other ministries, NGO's and parents can play a vital role in improving access to sexual and reproductive health services to adolescents. This can be achieved by improving the quality and range of services provided to adolescents through a friendly and non judgemental attitude.

Policy objectives

- Strengthen access to adolescent-friendly sexual and reproductive health information, counselling and medical care services for various groups of adolescents;

- Reduce the incidence of unplanned pregnancy, unsafe abortion, HIV and other sexually transmitted infections amongst adolescents by sensitising adolescents and parents on their rights and responsibilities towards access to Sexual and Reproductive Health services;

- Reduce social and cultural barriers which affect reproductive and other health rights of young Seychellois through provision of accurate information and skills to both parents and adolescents;

- Strengthen adolescent-friendly services in all health centres and through schools;

- Strengthen adolescents' negotiation skills for safe sex, specifically female minors, through revision of existing life skills programmes;

- Review existing SRH services in health centres and schools to meet the needs of adolescents.

Policy statements

- The Ministry of Health will advocate for the best legal, social and cultural environment for the promotion of adolescents' and young people's sexual and reproductive health;

- The Ministry of Health will provide integrated adolescent sexual and reproductive health services as part of its national Sexual and Reproductive Health service;

- The Ministry of Health will review and amend the procedures of access to sexual and reproductive health services for 15-17 years to ensure that health professionals working with adolescents better take in account the right and the health interest of the young people;

- Access to SRH services for 15-17 years will be guided by the 'Guidelines for providing Reproductive Health Services for young people (15-17 years)' developed by the Ministry of Health for health professionals working with adolescents *(refer to Annex 3);*

- The Ministry of Health will review and amend the existing procedures for the management of minors <15 years old with history of sexual abuse or other sexual and reproductive health problems;

- The Ministry of Health will integrate the diagnosis and management of sexually transmitted infections in the adolescent sexual and reproductive health services;

- All further/tertiary education and training institutions should guide adolescents in how to access SRH services and provide condoms in an appropriate way;

- Health professionals working within sexual and reproductive health will be trained in adolescent and youth Sexual and Reproductive Health;

- Local standards will be developed to ensure sexual and reproductive health services are 'adolescent friendly' based on the WHO model;

- The Ministry of Health will ensure that SRH services are available outside of school hours;

- All adolescents requesting termination of pregnancy or hospitalised with abortion complications will receive pre and post abortion counselling as well as information about contraceptives use and the dangers of unsafe abortion. All patients will be referred to their respective Health Centre or the Youth Health Centre to be seen by psychologists, counsellors or nurses;

- Girls of school age who have a baby will be supported to complete their education after delivery;

- The Ministry of Education will ensure that the Personal, Social and Education programme is compulsory for all children and young people and create a mechanism to monitor the effectiveness of the programme;

- The Ministry of Education with the technical support of the Ministry of Health will establish a mechanism to provide refresher training on sexual and reproductive health to teachers, counsellors and other professionals working with adolescents;

- The Ministry of Education in partnership with the Ministry of Health will strengthen its sexual and reproductive health component in the Personal, Social and Education programme to meet the current needs of adolescents;

- The Ministry of Health will review its School Health Programme to determine ways to identify young people who are at risk of poor sexual and reproductive health and develop clear pathways for referrals to appropriate services.

9.0 Policy Oversight and Partnership Working

The Ministry of Health will provide leadership and coordination in the implementation of this National Sexual and Reproductive Health Policy. It will be responsible for the provision of sexual and reproductive health services and will coordinate activities being conducted by other ministries, NGOs and the private sector. It will provide guidance, monitor and evaluate performance and quality of services being provided.

The Ministry will have the responsibility for review of the policy, taking into account changes in the needs of the population. A National Reproductive Health Committee is already established, with membership from a range of stakeholders and chaired by the Principal Secretary of the Ministry of Health. This Committee will be responsible for the monitoring and evaluation of implementation of the Policy.

Documents Reviewed

The Core Working Group carried out a desk review of a number of policy documents and plans of the Ministry of Health and other relevant documents/publications in the development of this National Policy on Sexual and Reproductive Health, including:

1. National Bureau of Statistics, Seychelles in Figures, 2010 Edition
2. National Health Policy, 2005
3. National Health Strategic Framework (2006-2016)
4. National Policy for the Prevention and Control of HIV/AIDS and Sexually Transmitted Diseases, 2001
5. National Population Policy for Sustainable Development, 2007
6. National Strategic Plan for HIV/AIDS (2005-2009)
7. National Strategy for Implementation of the Recommendations of the ICPD, 1998
8. Reproductive Health Commodity Security Strategic Plan (2006-2010)
9. Seychelles Millennium Development Goals: Status Report 2010
10. Seychelles Penal Code, Chapter X5 – 135, amended version of 1982
11. The Constitution of the Republic of Seychelles, 1994
12. The International Conference on Population and Development (ICPD) Report – Cairo, 1994
13. The Maputo Plan of Action (2007-2010)
14. The Seychelles National Youth Policy, 2007

Annex 1: Glossary

Abortion: Termination of pregnancy - expulsion or extraction of embryo/foetus before 22 weeks of gestation or below 500gm weight of foetus.

Adolescent: Person aged between 10-19 years.

Ante Natal Care: The care provided to pregnant women from conception through to onset of labour.

Blood Lipid Profiles: One of a group of fatty substances that is insoluble in water but soluble in alcohol.

Breast cancer: Malignant tumour arising from the breast.

Cardiovascular Disease: The disease of the heart muscle and blood vessel.

Cervical cancer: Malignancy arising from the neck of the womb (cervix).

Destrogen: One of several steroid hormones which have similar functions. It controls female sexual development.

Fertility: The actual output of births, as opposed to the potential output.

Genital Prolapse: Downward placement from normal position of female genital organs i.e. uterus bladder, rectum to weakening, ligaments that support these organs. This can be mild to complete protrusion of the vagina.

Hormone: Substance which on absorption into the blood influence the action of tissues and organs other than those in which they are produced.

Infant Mortality Rate: The number of deaths of children under one year of age in a given year per 1,000 live births in that year.

Infertility: Absolute inability of a couple to achieve pregnancy after 12 months of active sexual inter-course.

Life Expectancy at Birth: The average number of years a newly born infant is expected to live if current mortality trends were to continue.

Lipo-protein cholesterol: One of a group of fatty proteins that is present in blood plasma.

Maternal Mortality Rate: The number of women who die due to pregnancy and child birth complications per 100,000 live births in a given year.

Menarche: The beginning of menstruation.

Menopause: The normal cessation of menstruation at the end of reproductive age, which normally happens at 50`h year and 51'' year of life.

Menopausal transition (Climacteric): The period 5 to 10 years before actual menopause and thereafter.

Menstruation: The periodic flow of blood from the cavity of the womb.

Obstetric Trauma: Injury suffered by the genital (birth) tract during labour.

Osteoporosis: The increased porousness of bone due to lack of calcium salts.

Parity: The number of children born live to a woman.

Post Natal Care: The care to the woman and her baby at the follow up post natal visit from the time of discharge from hospital to the end of the puerperium.

Prenatal Loss: Loss of pregnancy/baby before delivery. This includes abortions and stillbirths.

Sub-fertility: Relative inability / difficulty at conceiving.

Total Fertility Rate: The average number of children that would be born alive to a woman during her lifetime if she were to pass through her child bearing years confirming to the age-specific fertility rates of a given year.

Annex 2: Development Process for the National Policy on Sexual and Reproductive Health

A participatory process was used throughout. The process included the following steps:

1. Setting up of a Core Working Group Responsible for Preparing the Policy

The Core Working Group was made up of the following persons:

- Mrs Gylian Mein, Maternal and Child Health Programme Manager
- Ms Peggy Azemia, Family Planning Programme Manager
- Mrs Judie Brioche, Youth Health Coordinator
- Dr Anne Gabriel, Director General Disease Prevention and Control
- Dr Eileen Louange, Programme Manager Cancer/Mental Health
- Mrs Jeanine Faure, HIV/AIDs Programme Manager
- Mrs Rosalie Isnard, Statistical Officer, Health Statistics Unit
- Mrs Josiane Confait, Health Coordinator
- Dr K. Luchmaya, UNFPA Consultant
- Mrs. Sarah Romain, Ag Director General Family Health & Disease Prevention
- Mrs. Vicky Hobart, Public Health Consultant, NHS City and Hackney, UK
- Ms. Tessa Siu, Senior Research Officer, Gender Unit
- Ms. Tania Labiche, Research Officer, Population Unit
- Mrs. Rosie Bistoquet, HIV/AIDS Programme Manager
- Mr. Danny Poiret, Director Policy and Planning, MoH
- Mrs. Sylvette Evenor, Nurse in Charge, Child Protection Unit
- Ms. Farzana Jumaye, Attorney General's Office
- Dr. Zia Rizvi, Consultant in Charge Obstetrics & Gynaecology Unit
- Ms Georgette Furneau, Nurse Manager Communicable Disease Control Unit
- Mrs. Gina Michel, Programme Manager Mental Health & Cancer

2. SRH Situation Analysis Workshop

A SRH Situation Analysis Workshop was held on 5th and 6th December 2006 at the English River Health Centre. There were presentations on family planning, maternal and child health, and HIV/AIDS situation in Seychelles. The main stakeholders discussed the achievements in all these areas and also identified the areas where action was necessary. Priority components and issues were identified.

3. Field Visits

Field visits were held to the Youth Health Centre, Baie Lazare and Takamaka Health Centres. Consultations were held with the Health Coordinator and staff.

4. Working Sessions with Key Stakeholders

Working sessions were held with Ms A. Cafrine, Director of Community Health Services, Dr Fernando da Silveira, the WHO Liaison Officer, and Dr Z. Rizvi, Consultant Obstetrician and Gynaecologist at Victoria Hospital.

5. Preparation of the Policy Draft

The Consultant for the project assisted the Core Working Group to use the SRH Situation Analysis to formulate a draft of the SRH Policy. Writing the policy document was carried out during five days, from 28 January to 1 February 2008.

6. Preparation of Implementation Plans

Based on the draft policy document, a two day workshop was held on 4 and 5 February 2008 to develop Implementation Plans. Fourteen persons participated in the development of the Implementation Plans.

7. National Consensus Workshop

The draft Sexual and Reproductive Health Policy was presented for discussion at a Consensus Workshop held on Thursday 7 February 2008 at the International Conference Centre. Over one hundred stakeholders attended the workshop. Copies of the draft policy were distributed, and in small groups participants examined the policy and made comments and suggestions.

8. Validation Workshop

With the arrival of a UK consultant, working sessions were held with stakeholders, followed by a Validation Workshop which was carried out in April 2009 at the International Conference Centre whereby input from various other stakeholders was sought.

Annex 3: Guidelines for Providing Reproductive Health Services for Young People (15-17 years)

Young men and women can consent to sex once they reach the age of 15. Generally, parental consent is required for a young person aged under 18 to receive treatment including prescribed drugs and contraceptives.

If a young person aged 15-17 years presents to a health care provider and is sexually active, it is appropriate to consider their need for sexual and reproductive health care including health education and counselling, contraception, HIV testing and Sexually Transmitted Infections (STIs) treatment. In normal circumstances, the young person should be encouraged to discuss these issues with their parents and obtain their parents' consent for them to receive appropriate services and treatment. Parental Consent for their child to receive treatment can be given in the following ways:

The parent attends the service with the child
The parent is provided with adequate information about the treatment being offered to the child and provides a signed and written consent with contact details for follow up.

However, in exceptional circumstances, young people may not feel able to seek parental consent to obtain treatment, for example, (a) if they are being sexually abused and the parent/guardian is responsible for/encouraging or neglecting that abuse or (b) if the young person is sexually active and cannot be persuaded to disclose this to their parents/guardian.

Under such circumstances, designated health care professionals (doctors/nurses) can provide reproductive health advice and treatment (contraception, HIV Testing, Pregnancy Testing, and STI treatment) without parental consent provided the following criteria are met. The health care professional must be satisfied that:

- The young persons understand the health care professional's advice;
- They cannot be persuaded to inform their parents/guardian;
- They are likely to begin, or continue having, sexual intercourse with or without contraceptive treatment;
- Unless the young person receives reproductive health advice or treatment, their physical or mental health, or both, are likely to suffer;
- The young persons' best interests require them to receive reproductive health advice or treatment with or without parental consent.

The health care professional will ensure that this process is appropriately documented. Parents can ask to see their children's records but permission can be refused if the information within them was given in the expectation that it would not be disclosed to them. The record holder must be satisfied that the young person gave permission for their parents to see their records.
(Proposed revised guidelines – April 2009)

Annex 4: Institutional Framework for Sexual and Reproductive Health

1. Ministry of Health (MOH)

In the health reform system, the Ministry of Health serves as the overall body for policy formulation, coordination, resource mobilisation and forward planning for the whole health sector. The Ministry therefore, shall coordinate, evaluate and monitor the implementation of the National Sexual and Reproductive Health Policy.

2. Public Health Department

As the national executing agency for the MOH in the overall technical management of the health sector, the Directorate of Family Health and Nutrition of the Public Health Department is responsible for overall delivery of quality Sexual and Reproductive Health services. It supervises all other Health Departments, i.e. Hospital Management Maternity Wards and District Health Services of the Community Health Services.

3. Reproductive Health Unit

The Reproductive Health Unit of the Public Health Department in the MOH shall carry out the functions of co-ordination, monitoring and evaluation on behalf of the Ministry. The Unit shall be the secretariat of the Sexual and Reproductive Health and multi-sectoral sub-committees of the Inter-Agency Technical Committee on Population and Development.

4. District Health Centres

The policy implementation shall be co-ordinated in the District Health Centres through District Health Teams, namely the Nurse Managers and technical nurses and midwives. They shall be charged with the responsibility of ensuring the implementation of the policy at the district level.

5. The Reproductive Health Sub-Committee of the Inter-Agency Technical Committee on Population and Development

The Inter-Agency Technical Committee on Population and Development (ITCP) shall reinforce the technical base required for the implementation of the policy through the Reproductive Health Sub-Committee. The ITCP through the Reproductive Health Sub-Committee shall reinforce the institutional capacities for programme design and development, coordination, monitoring and evaluation of the implementation of the policy. Its membership shall comprise senior technical officials from appropriate institutions. It shall also assist the Ministry of Health in the revision of the policy by providing the required technical inputs. The Reproductive Health Sub-committee of the ITCP shall be used as a forum for collaboration and co-ordination with other sectors.

6. Private and Non-Governmental Organisations

Private, non-governmental, and religious organisations shall continue to participate in Sexual and Reproductive Health activities. Due recognition and support shall be given to their work, expertise, experience and resource capabilities.

7. Co-operating Partners

Donor agencies and international organizations such as the UNFPA and WHO shall continue to play a vital role in providing support for the implementation of this policy. To achieve this, there will be need for improved co-ordination and collaboration among the donors, Government and Non-Governmental Organisations.

Annex 5: Monitoring and Evaluation

The implementation of the National SRH Policy shall be monitored and evaluated on a regular basis in order to improve the quality of service provision. The monitoring and evaluation plan shall be continuous to measure outcomes, impacts and overall success and ultimately ensure strengthening of the Sexual and Reproductive Health Programme through field visits and reporting. The Sexual and Reproductive Health Programme shall provide a basis for monitoring and evaluating interventions as well as facilitate information sharing between collaborating agencies.

Monitoring

The monitoring of the implementation of the National Sexual and Reproductive Health Policy shall be done in the following ways:

- Provision of supportive supervision by technically trained nurses to reinforce morale and adherence to accurate record keeping at all levels, e.g. partograms and registers;
- Regular supervisory safe motherhood committee meetings at facility and community levels;
- Quarterly and annual progress reports;
- Mid-term programme reviews;
- Instituting routine surveillance of all maternal deaths;
- Conducting maternal death audits at facility level to improve quality of maternal health services;
- Ensuring referral systems provide feedback information on outcomes to enable referring health professional staff to assess the effectiveness of their screening and referral programmes;
- Reviewing and streamlining the standard technical guidelines, record keeping and health information system and providing training in use of data.

Evaluation

Evaluation will be done through:

- Conducting routine interviews;
- Tracking intermediate and long term indicators based on national programme objectives and the National Sexual and Reproductive Health Programme.