



| Indicator | Value | Source/Year |
|--|-------------------------------|------------------------|
| Total Population (% Female) | 97,625 (49%) | NBS 2019 ² |
| Youth Population (10-24 years) | 19% | SWOP 2019 |
| Total Fertility Rate (TFR) ³ | 2.2 | SWOP 2019 |
| | 3.6 | NBS 2018 |
| Adolescent Birth Rate (15-19 years) | 66 per 1,000 | SWOP 2019 |
| | 100 per 1,000 | NBS 2018 |
| Maternal Mortality Rate (MMR) | 53 per 100,000 live births | MMR 2019 |
| Modern Contraceptive Prevalence Rate (CPR) | 46.2% | RHP 2012 ⁴ |
| Unmet Need for Family Planning (FP) ⁵ | NA | |
| HIV Prevalence | <1% | HSPR 2017 ⁶ |
| Gross Domestic Product (GDP) Growth (%) | 2.9% | HDR 2018 |
| Gini Index | 46.8 | HDR 2018 |
| Human Development Index (Inequality HDI) | 0.797 ranked 62 th | HDR 2018 |



BACKGROUND

The Republic of Seychelles¹ is a **Small Island Developing State** in the Western Indian Ocean, covering 116 islands, with its capital city Victoria located about 932 miles east of mainland Southeast Africa. The ethnic composition of Seychelles' population is Seychellois Creole 93 per cent, British 3 per cent, French 1.8 per cent, Chinese 0.5 per cent, Indian 0.3 per cent and others 1.2 per cent.

Christianity is the dominant religion in the country, with up to 82 per cent of the population adhering to Roman Catholicism. Hinduism and Islam are practiced by 2 per cent and 1 per cent of the population, respectively. The Island has no indigenous population, with the current population comprising of immigrant generations. Seychelles also enjoys a stable political system with good public sector governance. It ranked second with a score of 73.4 in the 2017 Mo Ibrahim Index of African Governance.

¹ This brief draws from published, global comparative data for countries and regions. Key sources are the 2019 State of the World Population Report (SWOP, UNFPA), United Nation's World Population Prospects 2019, Human Development Report 2018 (HDR, UNDP), World Bank Poverty and Equity Data Portal, WHO's World Health Statistics, Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (Maternal Mortality Report [MMR], 2019) and official national data. Recommended citation for this document: United Nations Population Fund (UNFPA), Republic of Seychelles Facts and Prospects: Sexual and Reproductive Health and Rights, 2019.

² National Bureau of Statistics, Statistical Bulletin, Population 2019/2, 30 August 2019.

³ National Bureau of Statistics, Statistical Bulletin, Population 2018/1, 29 March 2018.

⁴ Reproductive Health Policy, January 2012, Ministry of Health

⁵ No reliable data available

⁶ Health Sector Performance Report (HSPR), 2017. Ministry of Health, Seychelles.



UNITED NATIONS POPULATION FUND MODE OF ENGAGEMENT

Classified as a **High-Income Country**⁷, Seychelles is placed in the **pink**⁸ quadrant mode of engagement of the United Nations

Population Fund (UNFPA), even though manifesting some level of development inequalities.



POPULATION DYNAMICS

Seychelles' population increased by nearly 80 per cent from 41,700 in 1960 to 74,205 in 1994, and by about 30 per cent during the past 25 years (Figure 1). More than half (58%) of the current population lives in urban areas with projections up to 62 per cent by 2030. Victoria alone, the largest city, is home to about a quarter of the country's population. Like many islands, Seychelles is **densely populated** with an estimated 186 people per square kilometre. **Migration rate** is estimated at 13 per cent with a negative **net migration rate**⁹ of -2.1 per 1,000 people. **Total fertility rate** (TFR) per woman declined by 39 per cent from 5.9 in 1969 to the current 3.6 children, while adolescent birth rate is estimated at 66 per 1,000 girls aged 15-19 years, a decrease from 68 at the beginning of the 1990s.

As a result of this fertility transition, the population age structure has changed as seen in a nearly 50 per cent reduction in the proportion of the dependent population under 15 years of age, and a 36 per cent growth in the proportion of the working-age population (15-64 years) since 1970 (Figure 2). The proportion of the older population (65 years and above) grew by 14 per cent from 1994 to 2019 and is projected to grow by a further 50 per cent by 2030, highlighting the need for proactive policy interventions related to aging. The **total dependency ratio** is estimated at 43 per cent. With the growth in the older population, the burden of illness attributed to chronic conditions such as cardiovascular disease, diabetes, cancer and chronic diseases that currently account for more than 50 per cent of deaths and 80 per cent of morbidity are likely to increase. **Life expectancy at birth** is now 75 years (81 years for females), an increase from 73 years in 2000.

Figure 1: Total population (Thousands), and percentage of population living in urban areas, Seychelles, 1960 - 2030

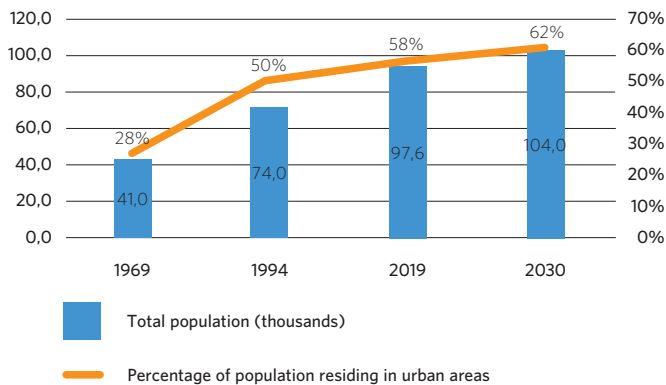
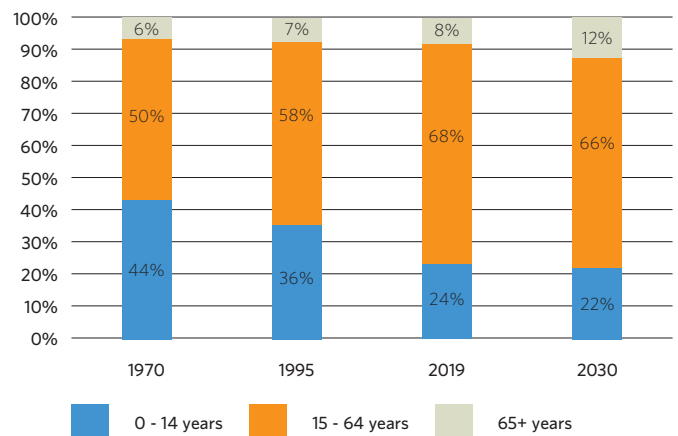


Figure 2: Population composition by age, Seychelles, 1960 - 2030



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Maternal mortality rate: A performance marker of health systems, the maternal mortality rate (MMR) has remained between 53 and 55 deaths per 100,000 live births since 2000, a quarter of the average for Small Island Developing States (SIDS) that is 210.

This is due to universal skilled birth attendance and advanced health system performance. The MMR is, however, more than four times the average of developed regions of Europe and North America (12), suggesting the need for intensified efforts to further reduce maternal mortality in the country.

⁷ World Bank 2019 country classification, the only HIC in Sub-Saharan Africa.

⁸ Pink quadrant due to high GDP and increasing ability to finance national development needs.

⁹ United Nations Department of Economic and Social Affairs (UNDESA), World Population Prospects, 2019

Contraceptive use: The contraceptive prevalence rate (CPR) is 46 per cent, reflecting the proportion of demand satisfied for modern contraceptives and the significant unmet need for family planning (FP).

Adolescent birth rate: The current estimate for total number of births per 1,000 girls aged 15-19 years in Seychelles is 66, more than half the estimate of 146 in the early 1970s. Even though a significant progress, the estimate remains higher than the global average of 44, and calls for concerted efforts to improve access to and utilization of comprehensive sexual and reproductive health services among adolescents. Early sexual debut contributes to increased teenage pregnancy, unsafe abortions and sexually transmitted infections, including HIV.

HIV: Prevalence of HIV among the general population in Seychelles is estimated at less than 1 per cent. The epidemic is concentrated in key populations, particularly people who inject drugs, and men who have sex with men, with clear gender differences. Overall, six in 10 of all HIV cases confirmed in the country since 1987 are among men, with peak prevalence in people aged 20-39 years and above 50 years. An estimated 554 people in the country receive antiretroviral treatment¹⁰.

Gender equality: Incidence of gender-based violence (GBV) remains high with 58 per cent of women and 43 per cent of men having experienced some form of GBV at least once in their lifetime. More than half (54%) of women and 35 per cent men have experienced intimate partner violence (IPV). One in five seats in parliament is held by women¹¹.

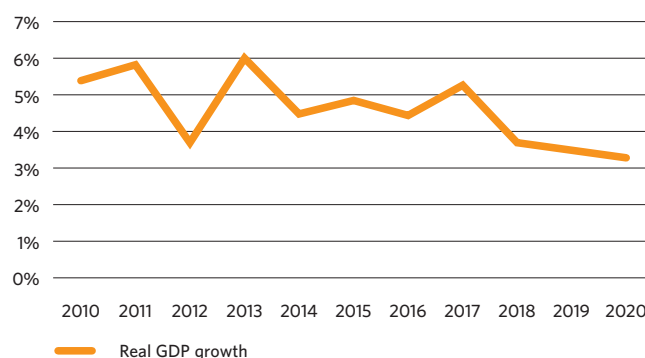
ECONOMIC PERFORMANCE AND EQUITY

Real gross domestic product (GDP) of 5 per cent in 2017 declined to 3.6 per cent in 2018, driven by the traditional tourism and fisheries sectors, with projections of further declines by 2020 (Figure 3)¹². Seychelles' Human Development Index (HDI)¹³ value for 2017 was 0.797, placing the country in the high human development category and ranking 62 out of 189 countries and territories. There is no inequality adjusted HDI available for the country from the latest Human Development Report (HDR 2018). Income inequality measured by the Gini index was 0.468 in 2018, suggesting significant inequality. The richest quintile is estimated to account for more than half (53%) of the income and consumption distribution compared to the poorest quintile's 5 per cent.

Unemployment is estimated at 4 per cent with **youth unemployment** nearly three times higher at 11 per cent. Absolute poverty is very low with only 0.3 per cent of the population living on \$1.25 or less a day. Based on the 2013 Household Budget Survey, a national poverty headcount rate of 39 per cent was estimated.

This indicates the multidimensional nature of poverty, with poverty levels being higher among the unemployed and self-employed, those relying on social protection as the main source of household income, and among female-headed households. Nearly two thirds (71%) of persons receiving social welfare in 2017 were women, particularly single young mothers.

Figure 3: Real GDP growth, Seychelles, 2010 - 2020



OTHER DEVELOPMENT COMPLEXITIES

Climate change: Small Island Developing States are particularly vulnerable to climatic changes arising from a rise in global sea level that may increase coastal inundation, erosion, and frequency of storms. These factors affect coastal agriculture, tourism and other livelihood strategies, water and food availability, as well as health.

The Government of Seychelles through the Ministry of Environment, Energy and Climate Change is implementing climate change adaptation initiatives, including developing policy strategies, a legal framework, and financing mechanisms. However, climate change is not adequately mainstreamed in national development priorities and sectoral activities.

¹⁰ The Joint United Nations Program on HIV and AIDS (UNAIDS), 2018

¹¹ United Nations Development Program. Human Development Report 2018.

¹² International Monetary Fund (IMF), Regional economic outlook: Sub-Saharan Africa, April 2019.

¹³ HDI is a composite measure of average achievement in key dimensions of human development, namely, life expectancy, education and income.

Education: The country surpassed universal primary and secondary education targets, with a net enrolment ratio of 121 per cent in primary education, 119 per cent in secondary education, and a primary school completion rate of 107 per cent for both sexes in 2015. Compulsory and free education is for a duration of 11 years, from age 6 to 16 years, covering six years in primary education and five years on secondary level.



ACCELERATING THE PROMISE IN 2019 AND BEYOND

Demographic dividend: The transition to smaller family sizes over the last few decades, a shift in Seychelles' population age structure, with more than two thirds of the population being within the working ages of 15–64 years, and the associated decline in dependency provide a window of opportunity for demographic dividend. Detailed modelling of the prospects for harnessing the demographic dividend will be critical. Success relies on use of data to guide development planning, investments and measurement.

Increasing older population: With the projection that the proportion of the older population will grow by 55 per cent by 2030, there is likely to be a shift in the burden of disease, requiring further strengthening of the health system to provide services associated with older ages.

Human capital development: While life expectancy in Seychelles is higher than most African countries, it is still lower than other high-income countries, suggesting room for further improvement. There is need for effective and coherent national response to address the increasing prevalence of HIV/AIDS among key populations, non-communicable diseases (NCDs) in the general population, teenage pregnancies and substance abuse among the youth, and other lifestyle-related health complications. Furthermore, the geographical location, the small and aging population and limited resources present major challenges for maintaining and sustaining an effective human resources system for health. The interlinkages between health and environment are also becoming more complex, with health risk factors being behavioural (alcohol and drug use, malnutrition, diet risks, sexual abuse, tobacco use, physical inactivity, unsafe sex), environmental (unsafe water and sanitation, natural hazards), and metabolic (high body mass index (BMI), high cholesterol, high blood pressure, and others).

Addressing persistent inequalities: Seychelles faces the challenge of structural unemployment combined with a high living standard leading to recruitment of foreign workers, even for unskilled jobs. Addressing concerns over education quality and learning outcomes at secondary and tertiary levels will determine success in matching skills with labour market needs, thereby enhancing youth employability. Introduction of the Domestic Violence Act is expected to lead to amendment of the Penal Code towards addressing GBV.

Post-secondary school students receive benefits such as accommodation, allowances and transport subsidies, and there is a well-functioning scholarship scheme for university students. Limited information exists on the scale or scope of comprehensive sexuality education (CSE) in the formal school curricula.

Sexual and reproductive health and rights: Seychelles' next (third) Universal Periodic Review (UPR) is scheduled for January/February 2021. It is important for UNFPA, as part of the United Nations Country Team (UNCT) or on its own, to submit information for Seychelles' review, focusing on the progress in the implementation of the outcomes of previous gender reviews and the situation of neglected sexual and reproductive health (SRH) issues.

Climate change: Sound sustainable use and management of marine resources is at the core of the ambitious Seychelles Blue Economy agenda. Effects of climate change also place the economy at risk. Amid a major concern on the small population, intensified efforts by public and private sectors to integrate climate change dimensions and mitigation measures in development strategies and sectoral activities will improve resilience to the adverse effects in the short and long term.

Strengthening availability and use of data to guide development: Data paucity is a major concern for data production and use in Seychelles. Recent global reports generated or managed by leading credible data sources do not reflect data for Seychelles. Generation, analysis and use of data for public decision making, policy implementation, measuring impact of investments, and evaluating development programmes will significantly contribute to the country's economic aspirations, and it will improve livelihoods. A key area of collaboration is the 2020 round of Census planned for 2021.



Ensuring rights and choices for all since 1969

United Nations Population Fund

East and Southern Africa Regional Office
9 Simba Road / PO Box 2980, Sunninghill,
South Africa, 2191
+27 11 6035300

esaro.unfpa.org

@UNFPA_ESARO

UNFPA East and Southern Africa Regional Office