



# Seychellois support women's autonomy and sex education, but are divided on abortion

Afrobarometer Dispatch No. 1141 | Anne Okello

## Summary

Seychelles has made notable progress in health development. Health care – including sexual and reproductive health services – is provided free of charge at state-operated facilities. Still, the country continues to face sexual and reproductive health challenges, particularly among adolescents (Republic of Seychelles, 2021).

In 2024, Seychelles recorded a birth rate of 44.9 per 1,000 girls aged 15-19, exceeding the global average of 41.3 (Republic of Seychelles, 2025; World Health Organization, 2024). This relatively high rate of teenage pregnancy can be partly attributed to restrictions requiring Seychellois under the age of 18 to obtain parental consent to access contraceptives, even though the legal age of sexual consent is 15 (Republic of Seychelles, 2021). And while sex education is included in the Personal, Social and Citizenship Education (PSCE) programme in primary and secondary schools, there are calls for broader societal engagement and a revision of the curriculum to adopt a rights-based approach that empowers young women (Bru, 2015; Pillay, 2019).

Abortion is legal in Seychelles under strict conditions. It is permitted if the pregnancy endangers the woman's life or her physical or mental health, if there is a substantial risk of severe fetal abnormalities, if the woman is deemed mentally unfit to care for a child, or if the pregnancy is a result of rape or incest (Republic of Seychelles, 2012). In the past decade, Seychelles has reported an average of 400-500 legal abortions each year, but many illegal and undocumented abortions are also believed to occur (Republic of Seychelles, 2025; Uzice, 2024).

A special question module in Afrobarometer's Round 10 survey (2025) explores the opinions and experiences of Seychellois related to sexual and reproductive health and rights.

Findings show that Seychellois overwhelmingly support women's autonomy in decisions about marriage and childbearing. Most citizens also favour allowing girls who become pregnant or have children to continue their education as well as the teaching of sex education in school.

About nine in 10 citizens support making contraceptives available regardless of marital status. However, only a slim majority endorse contraceptive access regardless of age.

Majorities consider abortion justifiable if the mother's life or health is at risk or if the pregnancy resulted from rape or incest, but only minorities see it as acceptable in cases of economic hardship or unwanted pregnancy.

## Afrobarometer surveys

Afrobarometer is a pan-African, nonpartisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Ten survey rounds in up to 45 countries have been completed since 1999. Round 10 surveys

(2024/2025) cover 38 countries. Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice.

In Seychelles, the Institute for Development Studies, University of Nairobi, in partnership with a local consultant, interviewed a nationally representative sample of 1,200 adult Seychellois in May 2025. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. A previous survey was conducted in Seychelles in 2022.

## Key findings

- Seychellois overwhelmingly support women's and girls' autonomy in making decisions about whether and when they should marry (91%) and about the timing and number of children to have (86%).
- More than eight in 10 Seychellois (86%) think learners who get pregnant or have children should be allowed to continue their schooling.
- Most citizens (93%) endorse teaching sex education in schools.
- About nine in 10 respondents (89%) say contraceptives should be made available to anyone regardless of marital status.
  - But only a slim majority (52%) support contraceptive access regardless of age.
- Majorities say terminating a pregnancy is "sometimes" or "always" justified if the woman's life or health is at risk (82%) or if the pregnancy is a result of rape or incest (69%).
  - But more than six in 10 citizens see abortion as "never" justified by economic hardship that would not allow the woman to take care of the child (61%) or by the woman's wish not to keep the pregnancy "for any reason" (67%).

Survey questions on sexual and reproductive health and rights (SRHR), including questions on contraception, sexuality education, abortion, and women's autonomy, may be sensitive for some countries or groups of respondents, which raises potential challenges for data analysis and interpretation. These questions may generate *non-response bias* if respondents are uncomfortable providing answers or *social desirability bias* if they feel compelled to offer socially acceptable answers, rather than their true opinions.

We urge analysts and users of these data to recognise these challenges in their presentation and interpretation of the findings, especially by examining and reporting item non-response rates ("don't know" or refused to answer) when they exceed acceptable limits (usually 5%) and by conducting appropriate statistical tests of any proposed scales or indices generated. In most countries, non-response rates are well within acceptable limits, but in Angola, Guinea-Bissau, Mauritius, Morocco, and Tunisia, they often rise above these levels. Excluding non-responses in these cases could misrepresent public attitudes on these important issues.

For a detailed analysis of these issues in the Afrobarometer Round 10 SRHR data, and a review of diagnostic tools that can be applied in the interpretation of the findings, we refer readers to [Afrobarometer Methods Note No. 5](#).

Finally, we note that the SRHR module originally included one additional question about potential punishment for women who obtain an abortion. However, early in the implementation of Round 10, Afrobarometer concluded that the question wording was unclear, making the responses difficult to interpret. Since the findings did not meet an acceptable standard for clarity and reliability, this question was dropped from the remaining Round 10 surveys, and the data from those countries where it was asked have been excluded from all final data sets.

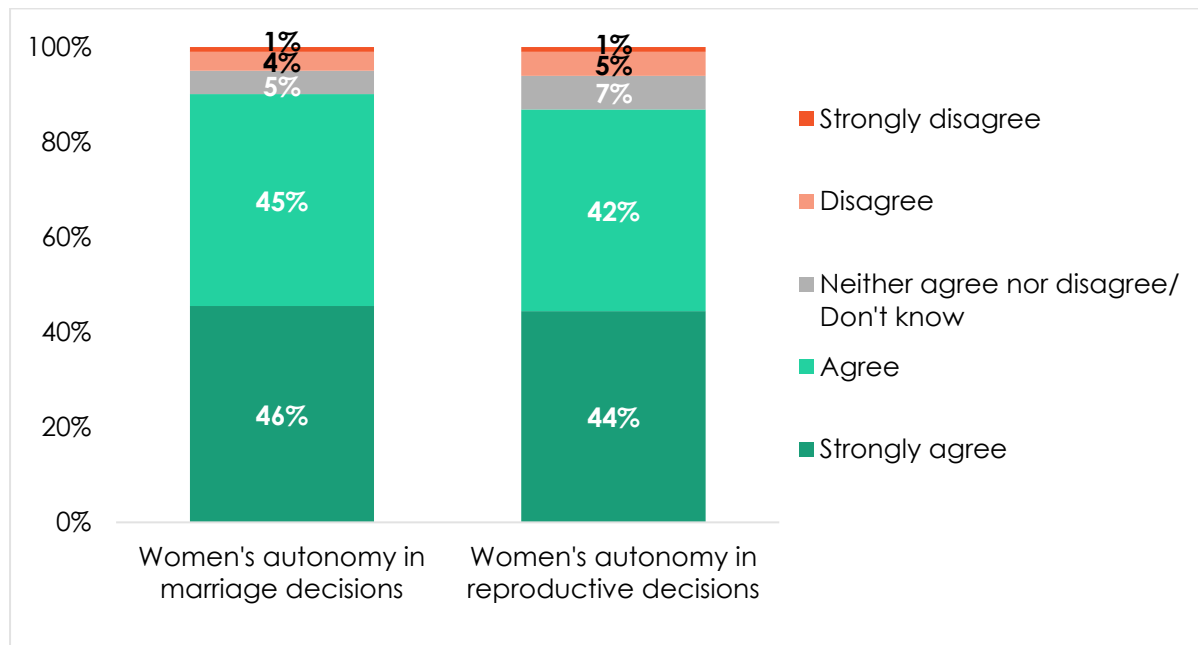
## Women's autonomy in marriage and childbearing decisions

Seychellois overwhelmingly (91%) say that girls and women should be able to decide for themselves whether and when to marry, including 46% who "strongly agree" with this position (Figure 1).

Similarly, most citizens (86%) say that women should have autonomy in decisions about when to have children and how many children they want to have.

**Figure 1: Women's autonomy in decisions about marriage and childbearing**

| Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree:

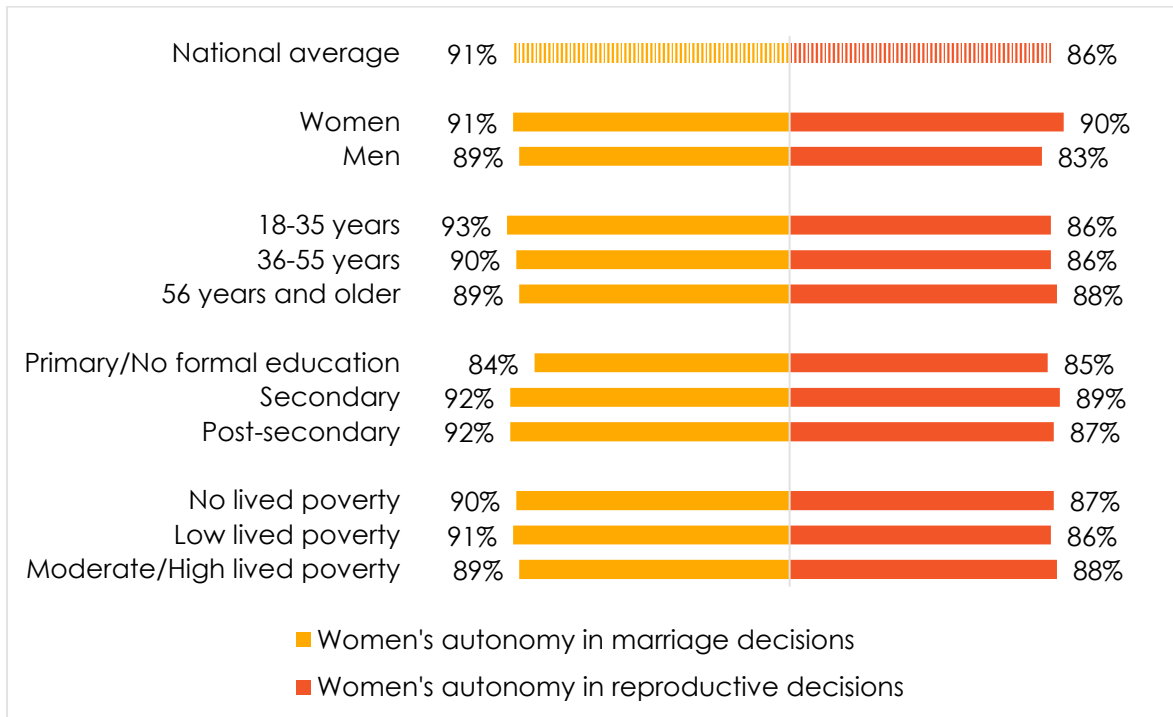
*Girls and women should decide for themselves whether and when they should marry.*

*Women should decide for themselves when and how many children they want to have.*

Support for girls' and women's right to make their own decisions regarding whether and when to marry is consistent across key demographic groups, weakening only slightly (to 84%) among respondents with primary or no formal education (Figure 2).

Regarding childbearing decisions, men (83%) are less likely to support women's autonomy than women (90%). However, support for women's decision-making power remains consistently strong across other key demographic groups (85%-89%).

**Figure 2: Support for women's autonomy in decisions about marriage and childbearing** | by demographic group | Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree:

Girls and women should decide for themselves whether and when they should marry.

Women should decide for themselves when and how many children they want to have.

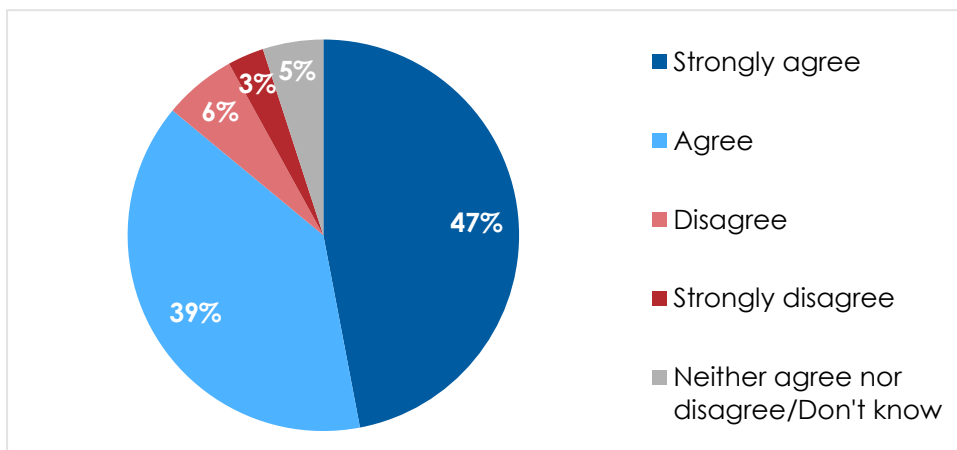
(% who "agree" or "strongly agree")

### The role of schools: Education for pregnant pupils and sexual education

More than eight in 10 Seychellois (86%) favour allowing girls who become pregnant or have children to continue their education (Figure 3). Support for such a policy is high across key demographic groups, though slightly below average among citizens with primary schooling or less (83%) (Figure 4).

**Figure 3: Should girls who become pregnant be allowed to stay in school?**

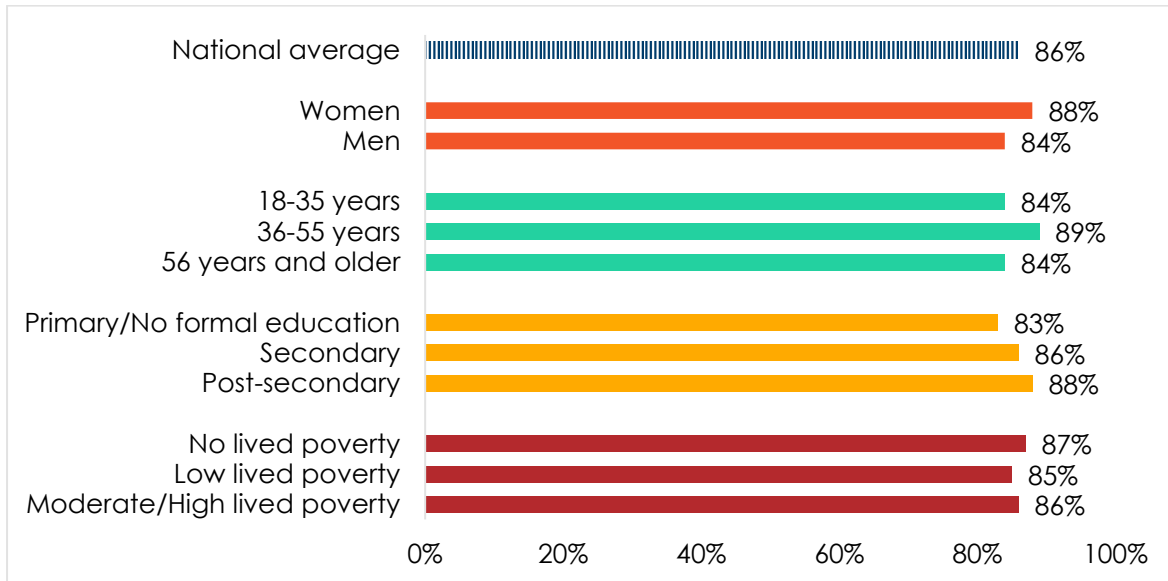
| Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children.

**Figure 4: Girls who become pregnant should be allowed to stay in school**

| by demographic group | Seychelles | 2025

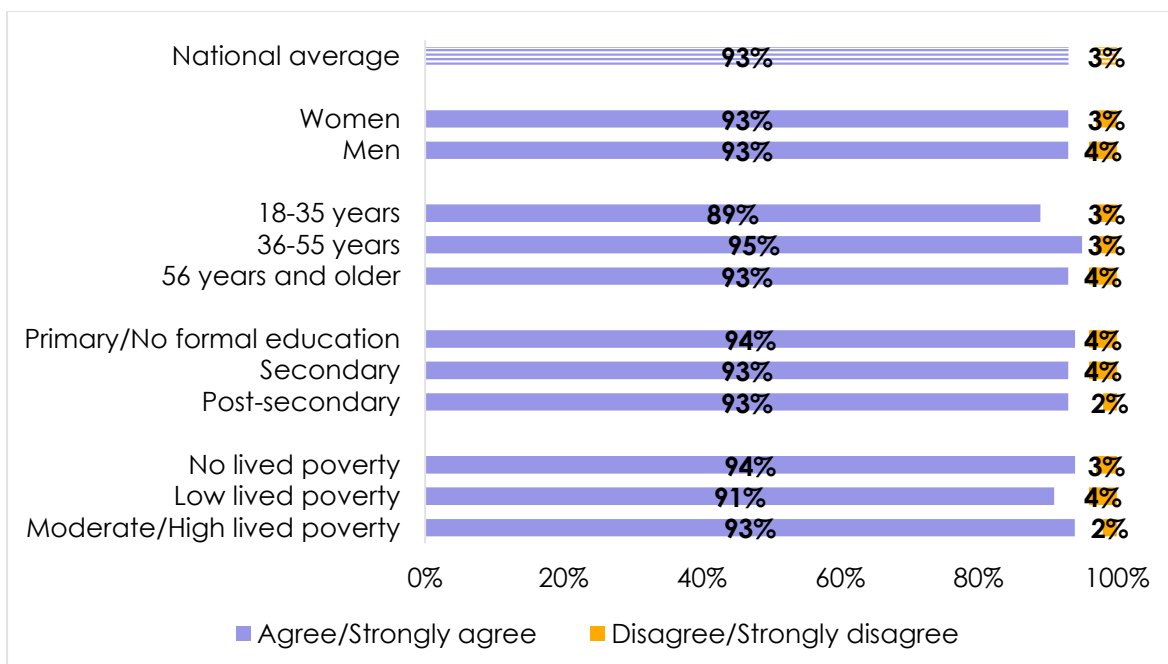


**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree: Girls should be allowed to continue their schooling even if they become pregnant or have children. (% who “agree” or “strongly agree”)

Most Seychellois (93%) endorse teaching sex education in schools (Figure 5). While support for this approach is strong across key demographic groups, it is slightly lower among youth (89%) than among other age groups (93%-95%).

**Figure 5: Should schools teach sex education?** | by demographic group

| Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree: Schools should teach sex education to young people to help them make informed decisions.

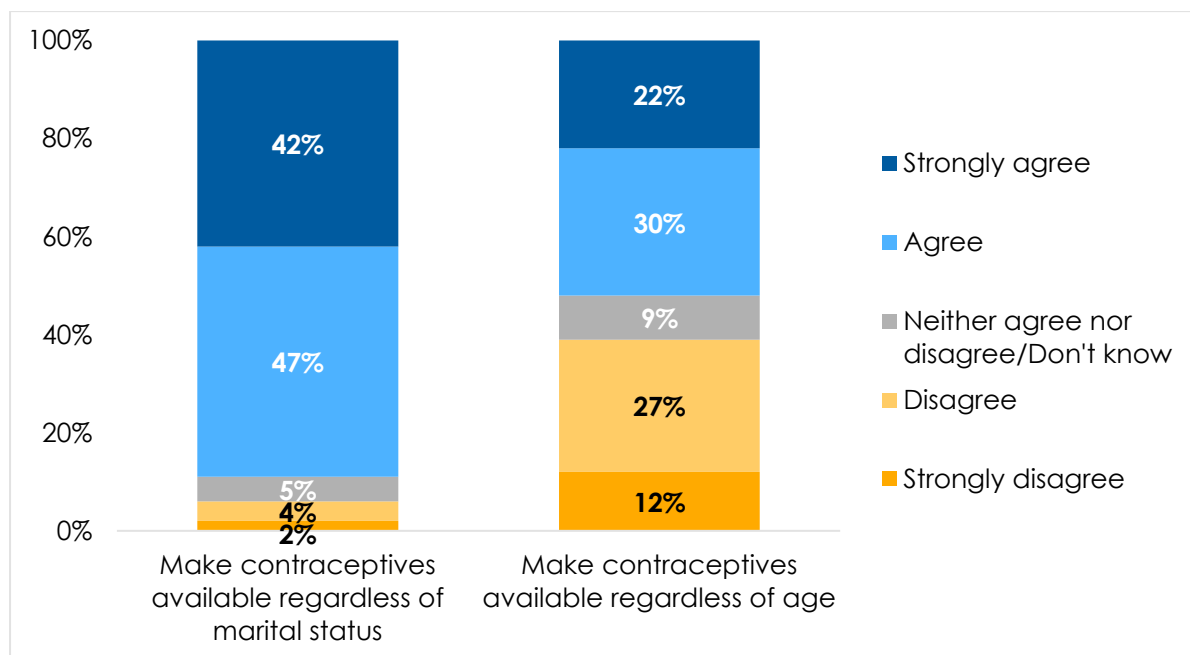
## Access to contraceptives

Considering their support for sex education, it is perhaps not surprising that about nine in 10 Seychellois (89%) favour the idea of making contraceptives accessible to anyone who is sexually active regardless of marital status, including 42% who “strongly agree” with such an approach (Figure 6).

A far slimmer majority (52%) endorse making contraceptives available to anyone who is sexually active regardless of age, while 39% disapprove of the idea.

**Figure 6: Should contraceptives be available regardless of age and marital status?**

| Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree:

*Contraceptives should be available to everyone who is sexually active regardless of age.*

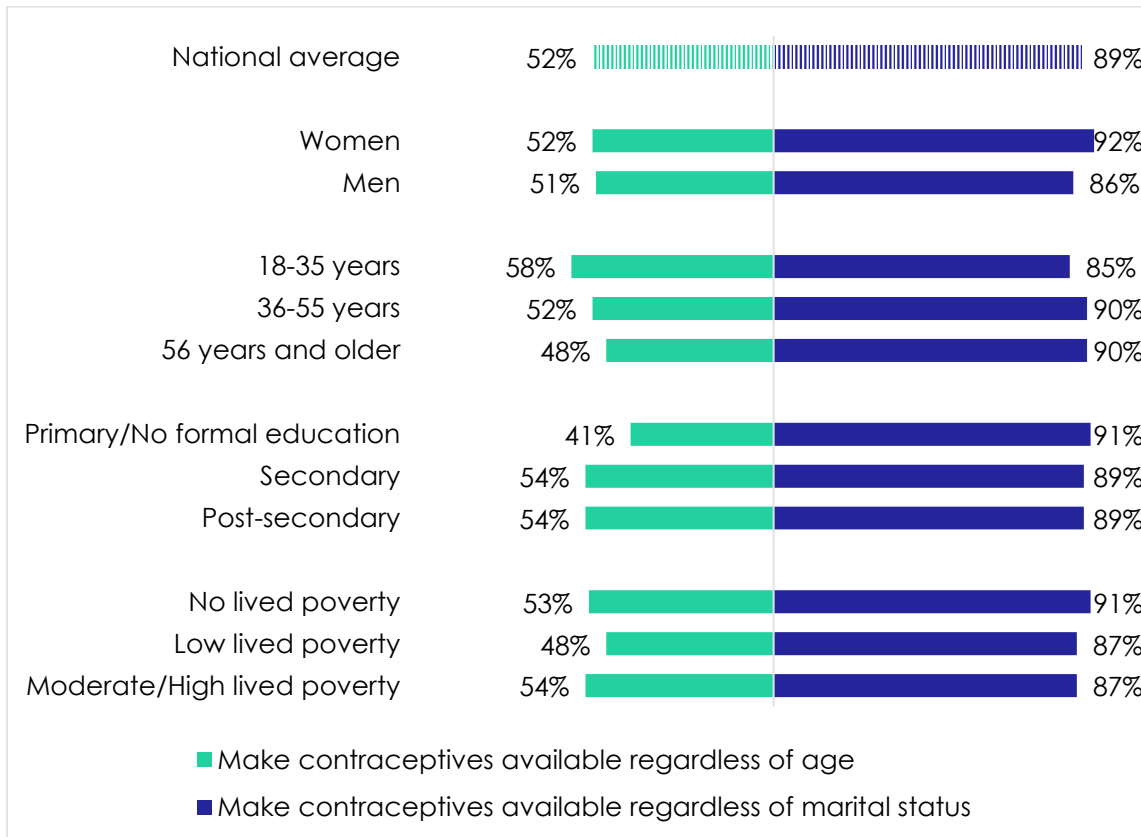
*Contraceptives should be available to everyone, regardless of marital status.*

While men and women hold similar views on unrestricted access to contraceptives regardless of age, more women than men support access regardless of marital status (92% vs. 86%) (Figure 7).

The youth are more likely than senior citizens to favour making contraceptives accessible to everyone irrespective of age (58% vs. 48%). However, they are less supportive of contraceptives regardless of marital status than their elders (85% vs. 90%).

Support for making contraceptives available regardless of age is notably low among respondents with primary or no formal schooling (41%, compared to 54% among their more educated counterparts).

**Figure 7: Support for making contraceptives available regardless of age and marital status** | Seychelles | 2025



**Respondents were asked:** For each of the following statements, please tell me whether you disagree or agree:

Contraceptives should be available to everyone who is sexually active regardless of age.

Contraceptives should be available to everyone, regardless of marital status.

(% who “agree” or “strongly agree”)

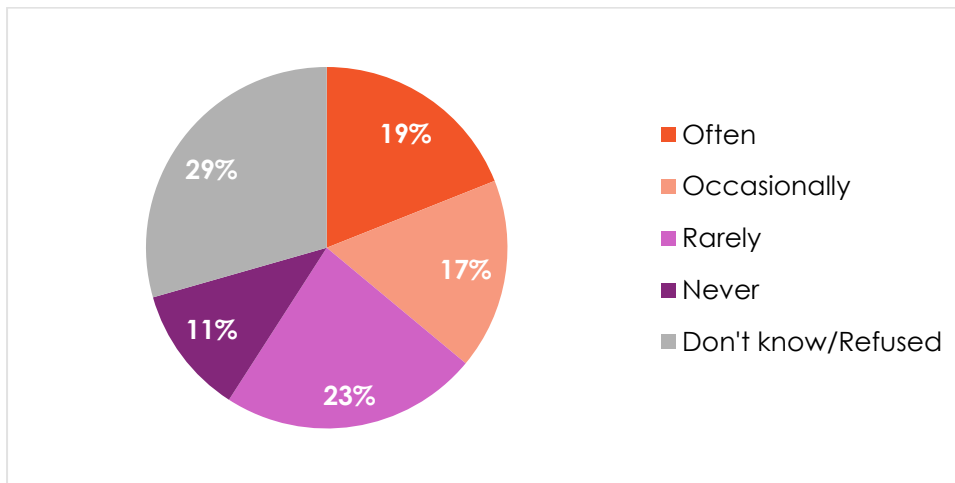
### Views on pregnancy termination

Seychellois are divided in their perceptions of how common abortion is in their communities.<sup>1</sup> While about one-third (35%) say women and girls in their community “rarely” or “never” terminate pregnancies, a similar proportion (36%) say this happens “occasionally” (17%) or “often” (19%). About three in 10 (29%) say they “don’t know” or refused to answer the question<sup>2</sup> (Figure 8).

<sup>1</sup> Respondents’ assessments and reports to interviewers of the frequency of abortion are likely to be highly susceptible to their social, cultural, religious, and legal context (Makleff et al., 2019). Whether or not people hear and are willing to talk about abortion depends not only on its prevalence but also on how openly it can be discussed within the society. Consequently, reported views about the frequency of abortion may signal its prevalence but cannot be assumed to reflect accurate prevalence estimates.

<sup>2</sup> Due to rounding, percentages for combined categories reported in the text may differ slightly from the sum of sub-categories shown in figures (e.g. 11% “rarely” and 23% “never” sum to 35%).

**Figure 8: Frequency of pregnancy termination** | Seychelles | 2025

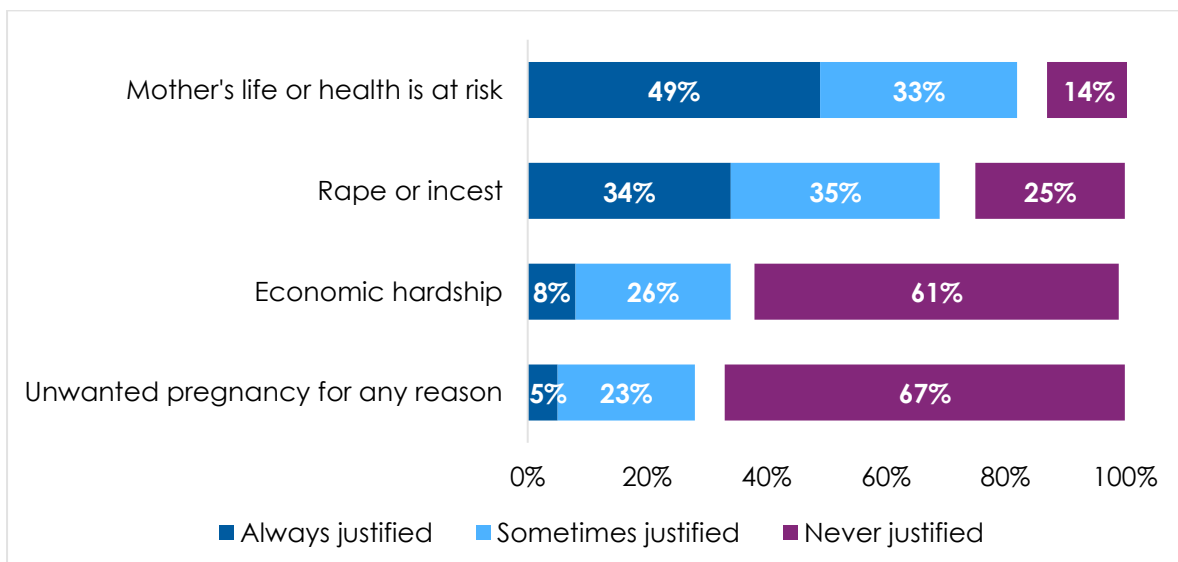


**Respondents were asked:** *In your opinion, how often, if ever, do women or girls in your community terminate their pregnancies?*

More than eight in 10 Seychellois (82%) consider abortion "sometimes justified" or "always justified" if the woman's life or health is at risk, and more than two-thirds (69%) say it can be justified if the pregnancy is the result of rape or incest (Figure 9).

But majorities say terminating a pregnancy is "never justified" in cases where economic hardship would not allow the mother to take care of the child (61%) or where the mother does not want to keep the pregnancy "for any reason" (67%).

**Figure 9: Justification of pregnancy termination** | Seychelles | 2025



**Respondents were asked:** *For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:*

*The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.*

*Her health or life is in danger if she keeps the pregnancy.*

*She is going through economic hardships and cannot take care of a child.*

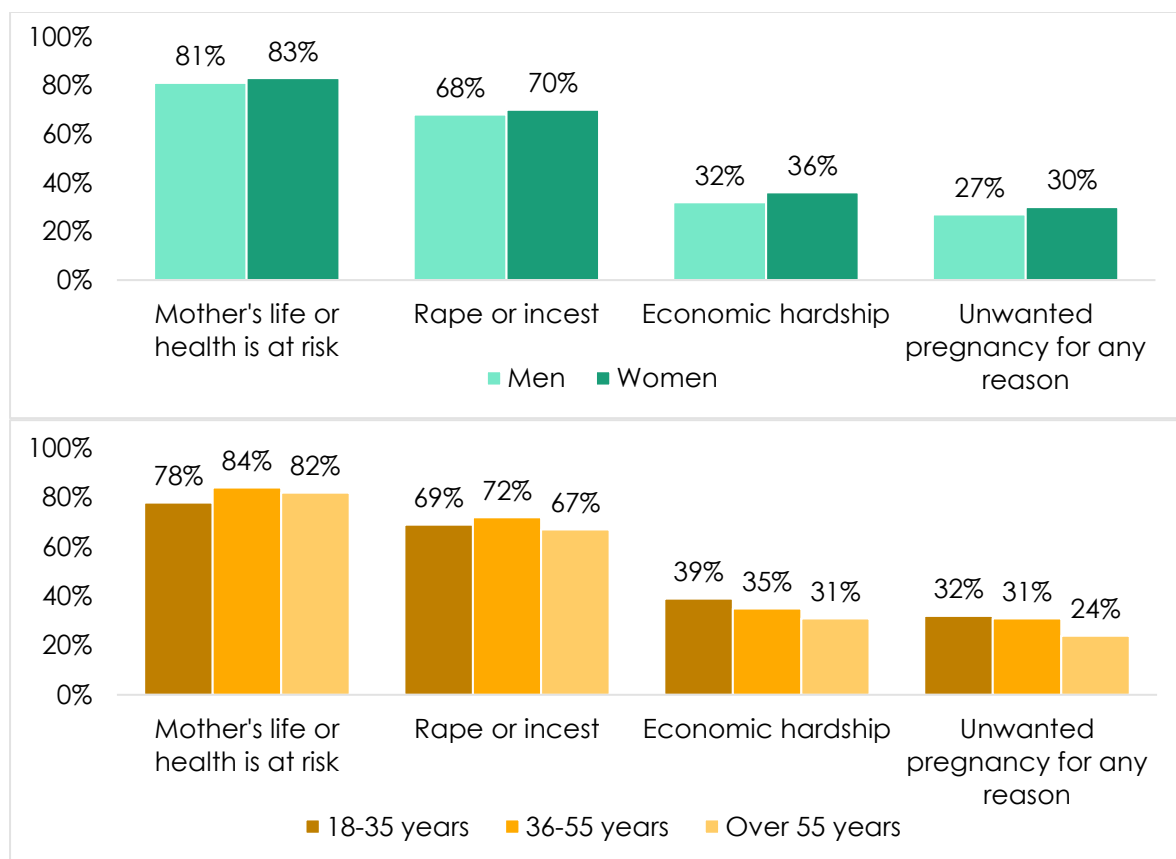
*She does not want to keep the pregnancy for any reason.*

Views on whether terminating a pregnancy is justified vary modestly by demographic group and the described circumstances (Figure 10).

Women are slightly more likely than men to say termination is justifiable in circumstances of economic hardship (36% vs. 32%) or if the mother does not want to keep the baby for any reason (30% vs. 27%).

Senior citizens are slightly more likely than the youth to justify abortion for the sake of the mother's life or health (82% vs. 78%). However, the youngest respondents are more likely than the elderly to accept termination in cases of economic hardship (39% vs. 31%) or if the woman does not want to keep the pregnancy for any reason (32% vs. 24%).

**Figure 10: Justification of pregnancy termination** | by gender and age | Seychelles | 2025



**Respondents were asked:** For each of the following situations, please tell me whether you think it can always be justified, sometimes be justified, or never be justified for a woman to terminate a pregnancy if:

*The pregnancy is as a result of rape or she has been impregnated by a close relative such as her father or brother.*

*Her health or life is in danger if she keeps the pregnancy.*

*She is going through economic hardships and cannot take care of a child.*

*She does not want to keep the pregnancy for any reason.*

(% who say "sometimes justified" or "always justified")

## Conclusion

Seychellois attitudes toward sexual and reproductive health and rights show strong support for women's autonomy in decision making about marriage and childbearing. Most citizens

endorse teaching sex education and allowing pregnant learners to continue with their education.

While nine in 10 citizens support making contraceptives available regardless of marital status, only a slim majority endorse contraceptive access regardless of age.

Additionally, although most consider abortion justifiable if the mother's life or health is at risk and in cases of rape or incest, majorities oppose termination in situations of economic hardship or unwanted pregnancies.

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Do your own analysis of Afrobarometer data – on any question, for any country and survey round. It's easy and free at [www.afrobarometer.org/online-data-analysis](http://www.afrobarometer.org/online-data-analysis).

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**Anne Okello** is Afrobarometer assistant project manager for East Africa, based at the Institute for Development Studies, University of Nairobi. Email: [aokello@afrobarometer.org](mailto:aokello@afrobarometer.org).

Afrobarometer, a nonprofit corporation with headquarters in Ghana, is a pan-African, nonpartisan research network. Regional coordination of national partners in about 40 countries is provided by the Ghana Center for Democratic Development (CDD-Ghana), the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and Innovante Recherche en Economie et Gouvernance (IREG) in Benin. Michigan State University and the University of Malawi provide technical support to the network.

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