

**Adolescent Perspective on Sexual Debut in the South-West Indian Ocean:
A Regional Study**

by

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Short Abstract

Although more and more reproductive health interventions in the South-West Indian Ocean, including those targeting adolescents, are taken on a regional basis, information on sexual initiation is scattered, dated, and difficult to compare. The study uses unique data from 116 focus groups conducted in 2007 among male and female adolescents in urban and rural areas of Comoros, Madagascar, Mauritius, Réunion and Seychelles to provide a regional portrait of adolescent perceptions on sexual debut. Data show that adolescent premarital sexual activity is viewed as normal and acceptable in Réunion and Seychelles while it remains stigmatized, especially for girls, in Comoros, Madagascar and, to a lesser extent, in Mauritius. In all five islands, traditional norms of masculinity and double sexual standards prevail. In Madagascar, Mauritius and Comoros, female premarital virginity is portrayed as increasingly in conflict with adolescents' life and sexually active female adolescents are facing high social and reproductive health risks.

Introduction

In most countries of the world, youth initiate their sentimental and sexual life during adolescence (National Research Council and Institute of Medicine 2005; Dixon-Mueller 2007). Puberty and sexual debut are important social and emotional markers of transition to adulthood and opportunities for adolescents to develop and consolidate personal and sexual identity. From a demographic and sanitary point of view, sexual initiation is also the beginning of exposure to pregnancies, abortions, as well as contraction of sexually transmitted infections (STIs) including HIV/AIDS. Since the 1990s, with the spread of the HIV/AIDS epidemic and the growing disconnection between sexual initiation and entry into marriage in the developing world, adolescent sexual and reproductive health has become a major concern for public health policy and programs in several countries including those of the South-West Indian Ocean region.

In fact, scattered evidence suggests that the context of sexual initiation is fast changing in the five island states of the region (Comoros, Madagascar, Mauritius, Réunion and Seychelles), creating new health opportunities but also new risks for adolescents (Matteelli *et al.* 2002; Meekers *et al.* 2003; Gastineau, 2004). While they share geographical, cultural and colonial history, adolescents in the region are living in very contrasted social and economic environments and the normative and ideational context of sexual initiation, as well as the amount and nature of reproductive risks adolescents face, are likely to differ across the region. Overall, the level of information on adolescent sexuality in the region remains poor, however, and greatly varies from one island to the next. Data when they exist are scattered, dated, and difficult to compare.

From a policy point of view, comprehensive and comparative information on the sexual and reproductive health environment of adolescents in the region is strongly needed. Since 1984, the five island states have created the Indian Ocean Commission, a regional organization that aims at strengthening links between the peoples of its member states and at promoting economic

development and cooperation in a number of areas, including health. Thus, more and more program and policy initiatives, including those targeting adolescents, are taken on a regional basis and recent comparable data on adolescent sexual debut would help define adolescent reproductive needs in the region and strategies to address these needs.

The present study is part of a larger research initiative developed in 2007 by the Indian Ocean Child Rights Observatory (ODEROI) to provide an updated and comprehensive portrait of the situation of adolescents in the region (ODEROI, 2008). Based on unique qualitative data collected among 968 male and female adolescents in urban and rural areas of Comoros, Madagascar, Mauritius, Réunion and Seychelles, its purpose is to assess and contrast current norms and attitudes vis-à-vis sexual activity during adolescence as well as the perceptions of adolescents of risks associated with sexual activity and access to reproductive health information and services in the region.

Background

From a demographic point of view, the five member states of the Indian Ocean Commission comprising the region are extremely heterogeneous with the large and populous island of Madagascar (more than 18 million inhabitants) surrounded by the smaller and less populated islands of Mauritius (1.2 million inhabitants), Comoros, Réunion (around 600 000 and 750 000 inhabitants respectively) as well as the much smaller Seychelles (about 80 000 inhabitants) (United Nations, 2004). In terms of economic development these islands are also very distinct, ranging from Réunion, an ultra-peripheral region of France and part of the developed world, to Mauritius and Seychelles classified as Upper Middle Income Countries, and Madagascar members of the Least Developed Countries group (World Bank, 2007).

The adolescent population of the South-West Indian Ocean region (those aged 10-19) is estimated around 4.85 million. However, recent and comparable data on this fast growing segment of the population are rare. Except for Madagascar, information on the timing of sexual initiation and adolescent sexual activity is particularly scarce. Data from the 2003-04 Madagascar Demographic and Health Survey (DHS) indicate that the median age at sexual initiation is around 17.4 years of age for women and 18 years for men (INSTAT and ORC Macro, 2005). In Comoros, the DHS data conducted in 1996 report similar median age at first sex: 18.3 and 18.6 for women and men, respectively. In both countries sexual initiation of women often takes place in the context of marriage. This is especially true in Comoros where, according to DHS 1996, women's median age at first intercourse closely parallels median age at first union (18.5 years of age) (Kassim *et al.* 1997). On the contrary, sexual premarital activity is common among men who initiate sex at 18.6 years of age but enter their first union only nine years later on average (median age of 27.5 years of age). In Madagascar, premarital sexual initiation is also the norm among men (there is 5.6 years of difference between median age at first sex and at first union). With the postponement of first union, a growing number of female adolescents are now initiating sexual activity while single as well (Gastineau, 2004). In fact, during the DHS, 40.5 percent of women aged 20-24 declared having had a premarital sexual relationship by age 18. (Mensch *et al.* 2006).

In Seychelles, Mauritius and Réunion, little is known about the timing of sexual initiation but existing data suggest that sexual activity during adolescence is common, especially among males. The *Male Involvement in Sexual and Reproductive Health Study* conducted in Seychelles in 2003 among 200 adolescents aged 14 to 17 indicates that 50 of them were sexually active at the time of the survey (Social Development Division, 2002). In Mauritius, sexual initiation seems to take place slightly later. In fact, during the *National Survey on Youth Profile* conducted in 1995-96 among a sample of unmarried youth (aged 18-25), 43 percent of male respondents and 11

percent of female respondents declared being sexually experienced. Finally, the only source on adolescent sexuality in Réunion that we found estimated that in 1996-97 the median age at sexual initiation was around 16.8 for men and 17.9 for women (Toulemonde, 1997).

In several parts of the world, adolescents often engage in risky sexual acts such as multiple sexual partnership and unprotected sex (Singh et Bankole, 2001). Data from the 2003-04 Madagascar DHS suggest that having multiple sexual partners is common among adolescents, especially males, as more than a quarter of sexually active adolescent males (25.6%) aged 15-19 interviewed and about 8% of their female counterparts declared having had more than one sexual partner over the last 12 months. Condom use is also very low as only 5.6% of sexually active girls aged 15-19 years old and 13.1% of boys reported having used a condom during last intercourse. Similar results were found in other studies conducted in three regions of Madagascar. While data are rare on the topic outside Madagascar, small-scale studies conducted in Seychelles (Social Development Division 2002; Shamlaye, 1996) also indicate very low use of condoms among sexually active adolescents.

If HIV/AIDS infection is high among adolescents and youth in sub-Saharan Africa, prevalence remains low in the South-West Indian Ocean region (with a regional average of less than 1% of the population). Epidemics are growing in the region, however, and other STIs are widespread, especially in Madagascar (Gonzales *et al.* 1998; Lanouette *et al.* 2003). The prevalence of syphilis, for instance, is very high in the Malagasy population and youth, young women in particular, also demonstrate relatively high levels of infection (Ministère de la santé et du planning familial, 2003). Available DHS data show that the majority of female and male adolescents aged 15-24 in Comoros and in Madagascar know of HIV/AIDS but less than half of them declare knowing how to protect themselves from the virus (INSTAT and ORC Macro. 2005; Kassim *et al.* 1997). Malagasy adolescents are also poorly informed of the symptoms of

other STIs and only 28.5% of young women aged 15- 19 participating in the 2003-04 DHS and 39% of their male counterparts could cite one or more symptoms of infection. Finally, in a context where use of contraceptives, including condoms, among sexually active adolescents remains low, unwanted pregnancy is likely to occur. Scattered and anecdotal evidence suggests that adolescents are increasingly turning to illegal abortion in case of pregnancy in Seychelles (Ministry of Health; 2006) Madagascar (Bulletin d'Information sur la Population Malgache 2005) and Mauritius (Le Mauricien, 2006). In Réunion, the only island where abortion is legal (since 1974), abortions among minors are also believed to be on the rise (DRASS Réunion, 2005).

Data and Methods

We used focus group discussion techniques to explore norms, opinions and attitudes prevalent among adolescents in the region on several topics, including sexual activity and reproductive health. Data were collected in 2007 in Comoros, Madagascar, Mauritius, Réunion and Seychelles. Since adolescent perceptions and experiences differ according to age, sex, schooling status and place of residence, these characteristics were taken into account when setting up the discussion groups. Separate focus groups were conducted among females and males, those aged 10-14 and 15-19, and in-school and out-of-school adolescents. As for place of residence, in each country, study sites were chosen based on their distance to the capital city. While the meaning and definition of “rural area” vary considerably from one island to the next, the objective was to select study sites on a rural-urban continuum: Capital city, small town (or semi-rural areas), rural and, in some cases, very remote rural areas¹. The number of participants ranged from six to ten per group and a total of 968 adolescents participated in the 116 focus groups.

Participants were selected through local informants and all focus groups were moderated in local language by a native speaker. To facilitate adolescent participation on sensitive topics such as sexuality, same sex moderators were used and efforts were made to recruit young moderators. Since the discussions were to be comparable across islands and subgroups of adolescents, focus group discussions were based on pre-prepared, fairly structured and detailed discussion guidelines. On average, the focus groups met for two hours. All discussions were taped (except in

¹ In Comoros, four sites were selected on the three islands: Moroni and Tsinimoipanga (on the island of Grande Comores), Fombani (in Mohéli), Mrémani (in Anjouan). In Madagascar, a total of five sites were considered: The capital city of Antananarivo, the city of Manakara, Ambatolampy, Vohitsindry and Majunga. In Mauritius, focus group discussions were conducted in the capital city of Port Louis, in the district of Plaine Wilhems, in the south east region, and on the island of Rodrigues and on Réunion the data collection took place in Saint Denis (the capital city), Saint Joseph, Saint Leu and rural areas of Salazie and Bras-Panon. In Seychelles, we selected the three islands of the archipelago: Mahé, Praslin and La Digue.

Seychelles where assistants took extensive notes) and transcribed into French. The data analysis was thematic and comparative. For each topic discussed, the level of consensus and interest was evaluated and different opinions expressed in the various sub-groups of adolescents (female/male, older/younger, urban/rural, in-school/out-of-school) were analyzed and summarized for each of the countries and results were contrasted across each island. The results presented below are based on the comparative analysis of adolescents' responses to questions regarding sexual activity, romantic relationships, the advantages and risks associated with sexual life during adolescence as well as access to reproductive health information and services in case of need. In the quotes presented in the analysis below, participants' sex (designated by F for female and M for male), schooling status (S for student or NS for non-student), age group (10-14 or 15-19) as well as the country of residence are specified.

Results

Norms surrounding adolescent sexual activity: strong regional and gender differences

Adolescent discourse revealed marked regional contrasts in the norms and level of acceptability of sexual activity among unmarried male and female adolescents. Like in several other countries (National Research Council and Institute of Medicine, 2005), in all five islands there is also a sharp contrast in the perceptions of female and male sexuality during adolescence. Age also influences the perceptions and norms regarding sexuality however little differentials are found according to the adolescents' place of residence or schooling status.

Male sexuality: natural and expected

In Réunion, participants in the quasi-totality of focus groups believe that sexual activity of male adolescents is normal. In several groups, male and female adolescents underline that “*mentalities have evolved*”, and that “*the old age*” where “*one discovers sex on wedding night*” has long passed. In Seychelles as well, the majority of adolescents believe that male adolescents' sexuality is normal although cautions are expressed in several focus groups regarding the timing of sexual initiation. Thus, in the eyes of Seychelles' adolescents, particularly those aged 10 to 14, it is important for sexual activity not to be initiated “*too early*.” Several younger participants declare that sexuality before age 15 was neither accepted nor acceptable in Seychelles and find it difficult to have a romantic life and to date because of parental control. In Madagascar, Mauritius and Comoros, opinions on sexual activity of male adolescents are less consensual and several adolescents, especially female ones, do not perceive sexual activity during adolescence as normal. The fact that sexuality remains relatively taboo in these three islands compared to Réunion and Seychelles is also visible in the slight embarrassment of adolescents, especially younger ones, when discussing sexual issues.

Despite the disapproval of some female adolescents in Comoros, Mauritius and Madagascar, by and large, in all five countries, sexual activity of male adolescents is described as a “*natural*” and “*physiological need*” to be satisfied. Medical reasons are even given to justify adolescent sexuality in several focus groups:

“It’s physiological, the body of a boy needs to have sexual intercourse, if not sperm will go in his head” (FS, 15-19, Madagascar).

Natural sexual activity of boys is perceived as pertaining to “*instinct,*” “*urge,*” “*something one can’t control*” nor “*prevent.*” Male adolescents, especially those 15-19 years of age, say they “*can’t resist*” girls and get easily “*tempted.*” Age and puberty are frequently mentioned as explanations underlying sexual debut. “*It’s the age. Even if it is forbidden by religion, our body pushes us to do it,*” explains a Comorian adolescent (NSM, 15-19). On all five islands, girls also complain that their male counterparts “*can’t control themselves,*” and that at puberty some become “*perverts*” or “*obsessed with sex.*” Several of them say they also feel pressured by their male boyfriends. As one girl from Mauritius explains:

“Boys only want sex in a relationship, if you don’t sleep with them, they often leave you” (NSF, 15-19).

The need to “*acquire experience*” is also a major motivation underlying sexual activity of unmarried male adolescents. According to participants, adolescents’ sexual experience is motivated by “*curiosity*” or “*pleasure*” but also “*to know how to perform*” and “*not being considered as a zero*” or “*have a sexual breakdown*” when having sex with a stable partner or when getting married. Peer pressure and the fact that, after a certain age, male virginity is negatively perceived among friends are also factors underlying male sexual activity.

“Among friends, they make fun of you if you’re still virgin, in other words it is a shame...”

(MS, 15-19, Réunion).

Female sexuality: stigmatized or less approved

The discourse clearly differs when female adolescents are concerned. The majority of adolescents in Mauritius, Madagascar and especially in Comoros believe it is not normal for a female adolescent to have sex if she is not married. In Madagascar and Comoros, and to a lesser extent in Mauritius, adolescents stress the importance for a woman to be a virgin at time of marriage in their society. Premarital sexual activity of female adolescents is often referred to as a *“sacrilege”* in Madagascar and as a *“sin”* (*“haramé”*) in Comoros.

In Comoros, the weight of Islam and tradition is recurrently cited to justify prohibition of sexual activity for female adolescents. *“God will punish them”*, *“It’s forbidden by the religion”*, *“it’s an insult to the family”* say most Comorian adolescents. Girls in Comoros are also described as having less freedom than their male counterparts and being under strict parental control. When asked if they find it easy to have a boyfriend or a love life, the majority of Comorian female adolescents declare that it is difficult to date because of constant societal and parental supervision. *“In our society young women are valued, protected and strictly watched over”* explains a 15-19 year-old female student. As is the case in other sexually conservative societies², focus groups conducted in Comoros suggest that despite the strict taboo surrounding female sexual activity, female adolescents do form romantic attachments and have boyfriends who they often *“need to hide”* from the family.

The fact that adolescents who lose their virginity before marriage also lose their *“dignity”* and *“honor”* and become *“impure”* (*“vehivavy tsy madio”*) is also part of the rhetoric of focus group participants in Madagascar. In contrast with adolescents from Comoros, however, several

Malagasy adolescents underline that “*the world has evolved*” and that norms vis-à-vis female virginity at time of marriage are “*out-dated*”. While sexual initiation after marriage is portrayed as an “*ideal*” by many adolescents, they also see premarital sexual activity among adolescents as a “*fatality*” in the “*current context*” where a growing number of adolescents “*want to imitate*” adolescents from the “*developed world*”.

“*Today, virginity before marriage does not mean much.... It's impossible to remain a virgin until marriage*” (FS, 10-14, Madagascar).

If sexual activity of adolescent girls is still perceived as against the norms by a majority of Malagasy adolescents, they are unanimously finding it normal and common for an adolescent girl to “*have a boyfriend*.” Contrary to adolescents interviewed in Comoros, most female adolescents in Madagascar say it is not difficult to have a romantic life if they want to. Similar findings emerge from focus group discussions in Mauritius where casual romantic relationships seem to be frequent and acceptable. Focus group discussions also reveal that stigmatization of sexual activity of female adolescents is less marked than in Madagascar or Comoros but still exists. Several participants stress that “*girls' reality is different*” [from that of their male counterparts] and that “*sexual activity is bad for them*” since they can be easily labelled as “*loose*” or “*easy-to-get*” girls. “*Virginity is something precious for girls*” explains a 15-19 year-old female adolescent.

In Réunion and Seychelles, even if adolescent premarital sexuality is perceived by and large as something normal and expected, sexual activity of male adolescents is better tolerated than female sexuality. In Seychelles, adolescents have clearly mixed feelings about female sexual activity and many of them do not believe that female adolescents should initiate sex during

adolescence. In Réunion, several female adolescents actually complain about the double standards that prevail regarding sexuality.

“If you are a boy, you can sleep with who you want when you want. For a girl, it’s more difficult. She can’t change boyfriend like she wants. She will be considered as a whore while he will be considered as a king! It’s better to be a boy!” (NSF, 15-19, Réunion).

In focus groups conducted in Réunion, when asked whether they find it difficult to have a love life, several female adolescents, both students and non-students, also mention the fact that their parents, especially their mothers *“find them too young to have a boyfriend”* or *“are afraid for their studies”* and supervise them closely. Parental control is, on the other hand, not mentioned by male adolescents as an obstacle to their love life. In Seychelles the contrast is also striking, especially among older adolescents. While in almost all 15-19 female groups parental supervision is perceived by participants as an obstacle to their romantic life, it is hardly ever the case for male adolescents.

Perceived risks associated with sexual activity

Adolescents were asked about the potential disadvantages of sexual activity during adolescence. Two categories of issues were raised during focus group discussions: health and social risks.

Health risks: STIs and early pregnancies

If the risk of contracting STIs has been mentioned in all five countries as a potential disadvantage of sexual activity, adolescent awareness of STIs in general and HIV/AIDS in particular, differs across the region. Mauritius and Madagascar are the two countries where contracting STIs is most frequently perceived as a risk by adolescents. While adolescents in

Mauritius are worried about HIV/AIDS, however, Malagasy adolescents are concerned about STIs in general and few of them specifically identify the HIV/AIDS virus as a risk. Adolescents in Seychelles do not perceive many health risks associated with sexual activity but when asked about major health issues affecting adolescents in their country, a majority of them mention the HIV/AIDS epidemic. As for adolescents in Comoros, they tend to stress the social consequences of premarital sexuality and STIs are only mentioned in a quarter of the focus groups while HIV/AIDS is hardly ever mentioned. Similarly, in Réunion adolescents do not seem to be preoccupied by STIs and in both countries few adolescents perceived reproductive health issues as major health concerns.

With the exception of Réunion, “*early pregnancies*” are perceived as a major risk associated with adolescent sexual activity. Early pregnancies are mainly viewed as problematic for social reasons. However, several adolescents, especially female ones, are aware that early pregnancy is a threat to a young mother’s health:

“*The young girl’s body is not developed enough and if she gets pregnant, her health is at risk*” (NSF, 15-19, Mauritius).

Similar remarks are expressed in focus groups in Seychelles and Madagascar concerning early pregnancy but also early sexual initiation. “*One should not have sex too soon because genitals organs are not ready and the risk of not having children later in life is very high*” explains a female adolescent in Madagascar (NSF, 15-19). Finally, adolescents have hardly ever spoken about illegal abortion during focus groups and only few participants in Mauritius and in Madagascar mentioned the detrimental health risk associated with illegal abortion.

Social risks: social and economic marginalization of female adolescents

Adolescents in Comoros, Madagascar and Mauritius are strongly concerned about the social risks associated with sexual activity. Reflecting the more conservative social norms towards female sexuality portrayed by adolescents in these three islands, especially in Comoros, focus group participants stress negative social consequences of sexual activity for girls and female adolescents. As summarized by a Comorian adolescent: *“It’s the girl who bears the consequences.”*

In a context where female virginity at time of marriage is still highly valued, adolescent girls who are sexually experienced are socially stigmatized and lose their *“reputation”* and *“respect from their social circle”*. According to several adolescents in Comoros and Mauritius sexual activity of unmarried adolescents can also create conflicts within the family with the girl being *“rejected”* or *“thrown out of the house”*. The *“difficulty to find a husband”* is also a recurrent argument put forward by adolescents in the three countries:

“A girl would have difficulty finding a husband if she loses her virginity, that is why girls have to marry early,” explains a male adolescent in Comoros (MS, 15-19).

Besides transition to marriage, sexual activity of girls, for several participants, is believed to be disruptive for their schooling trajectory. In almost half of the focus groups conducted in Madagascar, pregnancy-related school drop-out is a concern for adolescents. Participants also underline the disruptive consequence of a romantic and sexual life for girls’ education. *“When girls go with boys, studies don’t enter the brain anymore!”* explains a young adolescent in Madagascar (FS, 10-14).

Premarital pregnancy is clearly a concern for adolescents in all three islands. The risk that a young mother will be abandoned or that a child will not be recognized by his/her father in case of premarital childbearing is frequently mentioned by adolescents.

“With early pregnancies, there is the risk that boys run away when they hear they are about to become fathers!” (FS, 15-19, Mauritius).

Adolescents in Comoros, Madagascar and Mauritius point out not only the social but also the economic consequences for single young mothers who have to bear the “*shame*” of their situation as well as the financial burden of single motherhood. In Comoros, adolescents also stress the risk of “*early marriage*” or “*forced marriage*” in case of premarital pregnancy.

Besides the potential economic marginalization faced by female adolescents in the case of premarital pregnancies, some adolescents, particularly in Madagascar, mention the risks of prostitution or economic sexual transactions associated with female sexual activity. “*Sometimes because of poverty, economic difficulties push girls, even young ones, to prostitute themselves for money*” explains a young Malagasy (MS, 15-19). Confirming results from previous studies,²⁷ adolescents in Madagascar believe that “*sexual tourism*” is also increasingly affecting adolescents in their country. Although adolescents are less talkative about this topic in other islands, prostitution and sexual abuse are evoked by some focus group participants in Seychelles, Comoros, Mauritius, and in Réunion.

The economic aspect of sexual and romantic relationship is also a concern for several male adolescents in Comoros and in Madagascar, especially for those out-of-school who complain that it is difficult to find a partner because they “*are poor*” and “*cannot buy fashionable*” clothes. They complain about materialism in girls who “*only go with boys who have money*”:

“It’s difficult to have love relationship at our age and in our situation. Girls need a lot and you don’t have the money to pay for it. Thus, even if you are in love, you don’t try because you are poor” (NSM, 15-19, Mauritius).

Finally, if discussions of social risks associated with adolescent sexuality essentially focus on consequences for girls, male adolescents are also believed to face social risks associated with sexual activity. Several adolescents, especially boys, in Madagascar, Mauritius and Comoros, cite the risk of encountering “*problems with the police*”, “*jail*” for corruption of a minor or “*problems with parents*”. As one adolescent in Madagascar explains:

“*If the girl is a minor, it’s even more risky because her parents will drag you to jail and if you go to jail your life is over!*” (SM, 15-19).

Unequal access to sexual and reproductive health information and services

In the South-West Indian Ocean, like in several other parts of the world, since the 1990s, governmental and non-governmental organizations have set up reproductive health programs specifically targeting adolescents. These initiatives aim at providing youth with several services, such as medical consultations and family planning, as well as access to information and counseling on sexual and reproductive health through health centers or out-reach programs. In each focus group discussion, adolescents were asked which structures they could turn to in case of need regarding sexuality or reproductive health.

Focus groups reveal that non-governmental organizations and associations represent popular places of exchange and access to reproductive health services for adolescents in the region. Members of the *International Planned Parenthood Federation* (IPPF) such as the Mauritius Family Planning and Welfare Association, the *l’Association Comorienne pour le Bien-Être de la Famille* (ASCOBEF) in Comoros, and the *Fianakaviana Sambatra* (FISA) in Madagascar are, for instance, well known among adolescents. In Réunion, the *Association Réunionnaise d’Orientation Familiale* (AROF) is also known and popular among adolescents. In Madagascar, activity and services provided by *Population Services International* (PSI),

especially their network of youth-friendly private clinics, *Top Réseau*, are also frequently cited source of information and services. In Seychelles, adolescents, especially those aged 10-14, considered the *National Council for Children* (NCC) and the *Youth Health Centre* (YHC) as references in reproductive health matters while in Rodrigues, activities organized by the Catholic Church via the *l'Action familiale* are also cited by several adolescents.

Besides specialized services in reproductive health and family planning, standard health structures are also perceived by adolescents as a source of service and information in case of need. Thus, doctors, health centers, district clinics, hospitals or even pharmacies are frequently cited in Réunion in Madagascar, in Comoros and, to a lesser extent, in Seychelles. School doctors and nurses are important resource persons for students in Réunion. In Mauritius, on the other hand, adolescents rarely mention traditional health structures as a source of information and services. Although several resource structures and services are known by adolescents in the five islands, level of access is not homogenous across groups. In fact, few adolescents living in rural areas in Comoros and Madagascar can mention a place they can turn to in case of need. In both countries rural adolescents are more likely to mention traditional sources of health services such as hospitals, clinics or doctors rather than structures specifically targeting youth. In Réunion, focus group discussions among younger adolescents (10-14) and out-of school youth are also more likely to ignore reproductive health services compared to 15-19 year-old students.

Besides professional health persons, adolescents willing to get answers to their questions regarding sexual and reproductive health are also turning to family members, most often to their mothers (aunt or cousin) for girls, fathers and elder brothers for boys. While they believe that “*it is sometimes hard to talk about sexuality to family members,*” several adolescents in Réunion, Mauritius and Seychelles declare using family members as resource persons. In Madagascar, and especially in Comoros, taboos surrounding sexual relations make dialogue on the topic especially

difficult, particularly for girls who admit they “*are afraid*” to start such conversation within the family. Besides parents, adolescents often declared turning to friends for information. For some rural and out-of-school adolescents, friends are often the unique resource persons cited. Adults out of the family circle, such as teachers, school counselors or organizers at sports or youth centers, are also identified as potential resource persons. Adolescents say they choose the most “*open-minded*” teacher or sport instructor: “*the one they can trust.*” Finally, some adolescents on Réunion and Mauritius say they turn to books, magazines or the internet when they need information about sexuality or contraception.

Discussion

The present study in the South-West Indian Ocean has provided a global portrait of the perceptions of adolescents on sexual debut that can be valuable for future program and research initiatives on adolescent reproductive health in the region. First, when designing interventions, the continuum found in the region with respect to normative and ideational views on sexual initiation needs to be taken into account. On one side of the spectrum, adolescents from Réunion and Seychelles perceive sexual activity during adolescence, especially after age 15, as normal and acceptable while, on the other side, in Mauritius, Madagascar and, especially, Comoros, views on sexuality of adolescents, particularly female ones, are more conservative. Programming must also take into consideration the double sexual standards prevailing with regard to sexual debut and the stigmatization of female premarital sexual activity as they are likely to affect the access of unmarried female adolescents to reproductive health services.

If female premarital virginity is still valued and female adolescents are under greater parental control than their male counterparts in Madagascar, Comoros and Mauritius, several signs of changing norms towards female sexuality are demonstrated through adolescents' speech. In Madagascar and Mauritius, female premarital virginity is perceived by adolescents as an ideal belonging to the past in conflict with today's reality where having a romantic life has become the norm and where initiating sex during adolescence is increasingly common for girls. In Comoros, normative changes are more subtle but several female adolescents admit to dating and having boyfriends despite strict parental and societal control. These conflicting sexual norms coupled with a sexual demand from male adolescents, whose sexual activity is by and large accepted, have created room for the emergence of new social and reproductive health risks among adolescent girls in Madagascar, Mauritius and Comoros that need to be addressed. With social stigmatization, familial conflicts, compromised transition to marriage, school drop-out, as well as

poverty and social marginalization of young mothers and children in case of premarital childbearing, the social costs can be high for sexually active female adolescents in these three countries. From a reproductive health perspective, the high social cost associated with premarital childbearing is also likely to motivate female adolescents in these three islands to turn to illegal and unsafe abortion in case of pregnancy.

If the topic of abortion has not been brought up by many adolescents during focus group discussions, early pregnancies and STIs, on the other hand, are perceived as important health risks in Madagascar, Mauritius and Seychelles, confirming low rates of contraceptive and condom use among sexually active adolescents in the region. Thus, programs and services have to better address these two reproductive health concerns expressed by adolescents. Study results particularly emphasize the need to strengthen the reproductive health out-reach programs and services targeting out-of school adolescents and rural adolescents, especially in Comoros and Madagascar. In a context of growing HIV/AIDS infection and of relatively high prevalence of other STIs, the apparent lack of awareness and concern with respect to STIs of adolescents from Réunion and Comoros also deserves attention.

From a research perspective, the present study constitutes a first step in the research agenda on adolescent sexual activity and reproductive health in the South-West Indian Ocean. While qualitative information are useful to set the normative context in which adolescents initiate sexual activity, comparable recent quantitative information is crucial to evaluate how the regional and gender differentials in perceptions actually translate into differences in sexual behaviors. Up-to-date basic indicators such as prevalence of pregnancies and childbearing among adolescents, level of STI infection and contraceptive use, disaggregated by gender and age groups, would also help evaluate the magnitude of the reproductive health issues that seem to affect adolescents, even in islands with relatively high levels of social and economic development such as

Seychelles and Mauritius. In Madagascar, Mauritius and Comoros, where the social cost of sexual activity is perceived as high for unmarried adolescent girls, information on both the prevalence and determinants of recourse to illegal abortion during adolescence would also be useful. More generally, factors preventing sexually active adolescents from using methods of contraception, including condoms, and how these factors differ across islands has to be investigated to help strengthen reproductive health programs targeting adolescents in the region.

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