



Credits: Carta de Moçambique

## Promoting social inclusion to increase access to sexual and reproductive health and rights

In Mozambique, lack of and limited access to sexual and reproductive health services, information and rights contributes to social exclusion, especially for vulnerable groups: women, young people, and the elderly. Problems such as teenage pregnancy and motherhood,

unsafe abortion, and child marriages stand out as social practices that exclude the participation of youth, in general, and girls, in particular, in development processes, thus contributing to the frustration of this social group, which, in turn, contributes to the lack of social cohesion.

## Teenage pregnancy and motherhood

Teenage pregnancy and motherhood are a global problem affecting mainly adolescents in developing countries. It is estimated that 21 million girls aged 15 to 19 years become pregnant each year in developing countries. Among these, approximately 21 million give birth<sup>1</sup>. In Mozambique, teenage pregnancy and motherhood are deeply rooted problems, affecting mainly adolescents living in rural areas, which usually have low-education and low-income. 38% of adolescents between 15 and 19 years old get pregnant, and 29% become mothers<sup>2</sup>.

According to IDS data, 42% of adolescents in rural areas have already started procreation, against 31% of adolescents in urban areas; 51% of out-of-school adolescents have already been pregnant, against 26% of those who have reached secondary or higher education; and 45% of adolescents in the lowest quintile have already become pregnant, compared with 23% of adolescents in the highest quintile.

According to WHO, the consequences of teenage pregnancy and motherhood range from

the social and economic dimension to health and death problems.

“Early pregnancies among adolescents have major consequences for the health of adolescent mothers and their babies. Complications during pregnancy and childbirth are the leading cause of death among girls aged 15 to 19 worldwide, with low- and middle-income countries responsible for 99% of the global maternal deaths of women aged 15 to 49 years. Teenage mothers aged 10 to 19 face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years. Besides, about 3.9 million unsafe abortions among girls aged 15 to 19 occur each year, contributing to maternal mortality, morbidity, and long-term health problems<sup>3</sup>”.

The greatest social consequence of teenage pregnancy and motherhood is the social exclusion of the victim from family to community level, and the indicators of this exclusion include stigma, rejection, violence<sup>4</sup>, and school dropout or transference to evening shift<sup>5</sup>.

## Unsafe abortions and deaths

WHO estimates that approximately 25 million unsafe abortions are performed annually, worldwide, corresponding to 45% of all abortions<sup>6</sup>. Sub-Saharan Africa is the region with the highest number of unsafe abortions<sup>7</sup>. Recent studies estimate that between 8 to 18% of maternal deaths worldwide are caused by unsafe abortion, and abortion-related deaths reached between 22 500 to 44 000 in 2014<sup>8</sup>, all around the world.

In Mozambique, in every two deaths among women aged 15 to 24 years, one results from causes related to pregnancy, childbirth, and abortion, according to Páscoa Wate, director of the Department of Health of Women and Children at the Ministry of Health<sup>9</sup>. Despite the scarcity of data, unsafe abortion is identified as one of the main problems of women’s sexual and reproductive health in the country, accounting for about 11% of all annual maternal deaths<sup>10</sup>.

<sup>1</sup> Darroch J, Woog V, Bankole A, Ashford LS. **Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents**. New York: Guttmacher Institute; 2016.

<sup>2</sup> INE (2013), Inquérito Demográfico e de Saúde, disponível em <http://www.ine.gov.mz/operacoes-estatisticas/inqueritos/inquerito-demografico-e-de-saude/ids-2011.pdf/view> [consultado a 20/05/20, às 02h03]

<sup>3</sup> Op cit

<sup>4</sup> (WHO (2020) **Adolescent Pregnancy**, <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy> [consultado a 20/05/20, às 02h38]

<sup>5</sup> WHO (2015). **Global standards for quality health care services for adolescents**. Geneva: WHO

<sup>6</sup> Em 2003, pelo Ministério da Educação determinou, através do Despacho Ministerial n.º 39/GM/2003, que toda a aluna grávida deve ser transferida para o curso nocturno. Três anos mais tarde o documento foi revogado por campanha da sociedade civil.

<sup>7</sup> WHO (2017). Worldwide, an estimated 25 million unsafe abortions occur each year, disponível em <https://www.who.int/en/news-room/detail/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year> [acessado a 20/05/20, às 02h39]

<sup>8</sup> Op cit

<sup>9</sup> Op Cit

<sup>10</sup> Emidio, Fidelton (2018), Mais de 70 mil adolescentes morrem devido à gravidez precoce, in *Jornal O País* de 26 de Julho;



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Together with teenage pregnancy, early marriages stand out as another real drama that young people in Mozambique face. About

40% of adolescents aged 15 to 19 live in a sexual, be it a marriage (23%) or a marital union (14%)<sup>11</sup>.

## Breaking paradigms by training young leaders

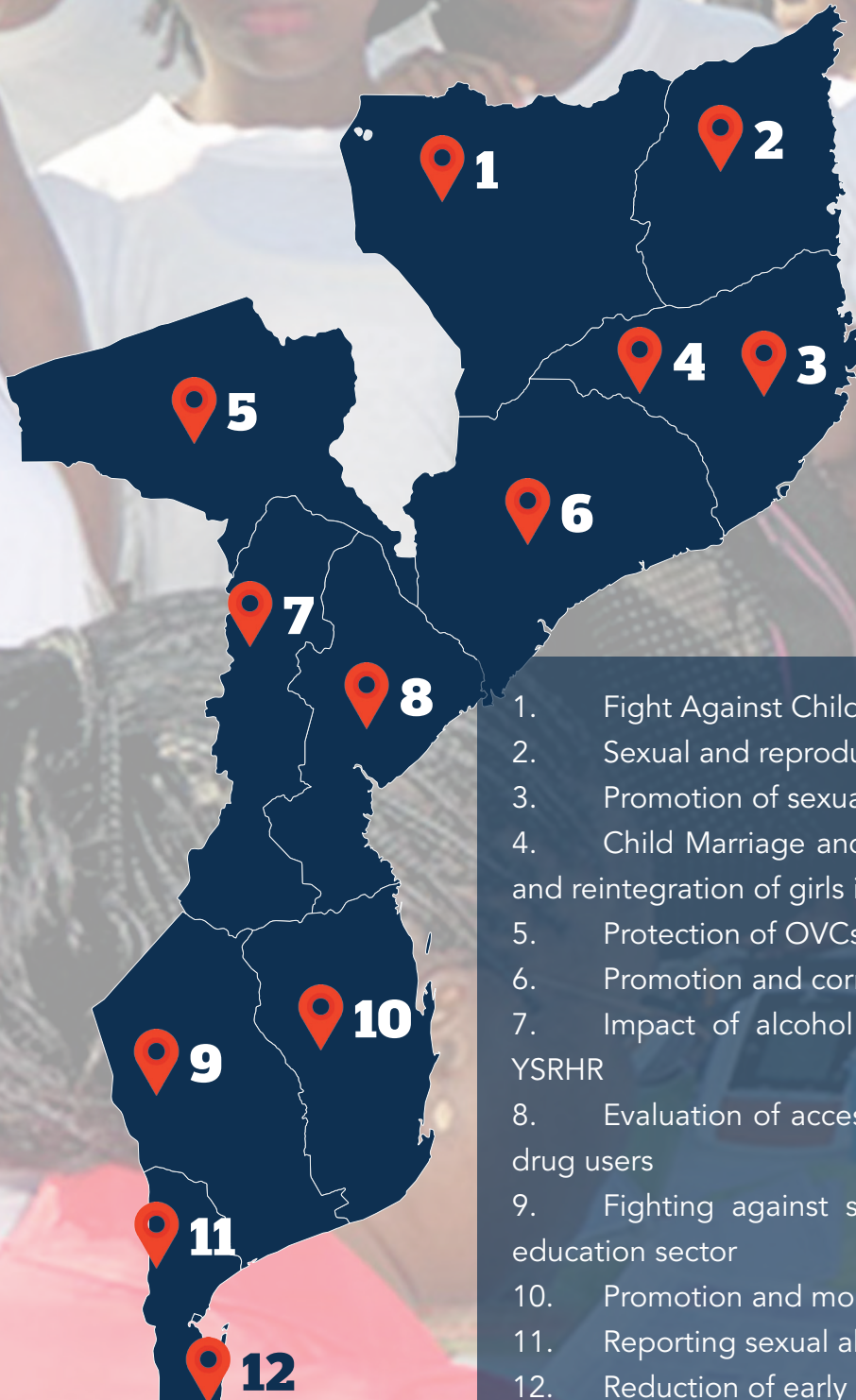
Given the urgent need to rescue and empower youth through promotion of social cohesion and inclusion, CDD and its partners, namely the International Institute for Social Studies from the Erasmus Rotterdam University (ISS-EUR, Netherlands) and the African Institute of Governance (AFRUGI, Ghana) joined themselves launched some key youth transformational leadership initiatives, at the national level, aiming at placing young people as catalysts, not only beneficiaries, of transformation, responding to several challenges including the dramatic situation on Sexual and Reproductive Health and Rights (SRHR).

Beginning in June 2020, 15 innovative and impact SRHR projects will be implemented in every province, and they will be led by an

equal number of young master trainers trained last March by CDD and its partners within the scope of the above-mentioned initiatives. For more information on project types and locations, see the map below.

The implementation of these projects follows the creation of 79 Youth Hubs (YH) and citizenship, in an equal number of districts in every province, as physical and virtual spaces for youth engagement and training to promote citizenship, human rights, good governance, and removal of social-cultural barriers that exclude youth from development processes. Youth Hubs will ensure the involvement of 150 local young people, placing them at the center of local action to change socio-cultural attitudes and practices on SRHR that inhibit youth development.

## CDD Transformational Sexual and Reproductive Health and Rights Projects



1. Fight Against Child Marriage
2. Sexual and reproductive health education
3. Promotion of sexual and reproductive rights
4. Child Marriage and early pregnancy: Retention and reintegration of girls in schools
5. Protection of OVCs against sexual abuse
6. Promotion and correct use of condoms
7. Impact of alcohol and drug consumption on YSRHR
8. Evaluation of access to SRH services by female drug users
9. Fighting against sexual abuse of girls in the education sector
10. Promotion and monitoring of SAAJs in HF
11. Reporting sexual abuse against vulnerable girls
12. Reduction of early pregnancy rate
13. Integration of SRHR into CDD programming
14. Men's participation in SRHR
15. Education and communication in sexuality

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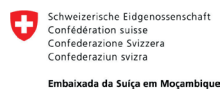
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