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Mozambique Maternal/Child Health and Nutrition Gender Assessment

BACKGROUND

In Mozambique, gender-related barriers contribute to leading causes of maternal morbidity and mortality, under-five mortality, poor nutrition, and other public health crises. These problems represent a critical burden for individuals, families, communities, the health system, and the growth and prosperity of the country.

Mozambique remains one of the MCHN office's top 25 priority countries of concern, based on the magnitude and severity of maternal and child deaths and potential opportunity to integrate programs and leverage investments. The maternal mortality ratio in Mozambique is 289 deaths per 100,000 live births, compared to 534 for sub-Saharan Africa, on average.[1] The child mortality rate is 74 deaths among children under 5 per 1,000 live births, roughly equal to 76 for the sub-Saharan region.[2] Both of these figures have decreased significantly in the past two decades.[3] Other key health indicators also show signs of improvement, e.g. in the institutional delivery rate, the cesarean delivery rate, institutional stillbirth and early neonatal death rates, cause-specific case fatality rates (CFRs), and met need for emergency obstetric care (EmOC). CFRs for most major obstetric complications declined between 17% and 69% in the period 2007 and 2012.[4] However, Mozambique still has high rates of maternal mortality which are exacerbated by very high rates of child marriage and teen pregnancy. Child marriage often leads to teen pregnancy, but pregnancy also occurs outside marriage.[5]

Mozambique has one of the highest rates of child marriage in the world. Nearly half of all girls (48%) of women in Mozambique aged 20–24 were first married or in a union before the age of 18, while 14% were married before the age of 15.[6] Early marriage and child marriages are particularly common in the center and north of the country, while the proportion of under-18 births (20-24 year-old women

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[1] World Bank. Maternal Mortality Ratio. https://data.worldbank.org/indicator/SH.STA.MMRT?locations=MZ
[2] UN Inter-agency Group for Child Mortality Estimation https://childmortality.org/data/Mozambique
[3] MMR was 798 per 100,000 live births in 2000. World Bank. Maternal Mortality Ratio. https://data.worldbank.org/indicator/SH.STA.MMRT?locations=MZ; Child Mortality was 170 in 2000, UN Inter-agency Group for Child Mortality Estimation https://childmortality.org/data/Mozambique
[4] Augusto O, Keyes EE, Madede T, et al. Progress in Mozambique: Changes in the availability, use, and quality of emergency obstetric and newborn care between 2007 and 2012. PLoS One. 2018;13(7):e0199883. Published 2018 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6051588/
[5] Maternal and Child Survival Program - Mozambique (MCSP-Mozambique), https://www.globalwaters.org/HowWeWork/Activities/maternal-and-child-survival-program-mozambique#:~:text=Maternal%20and%20Child%20Survival%20Program%20%2D%20Mozambique%20(MCSP%2DMozambique),preventing%20child%20and%20maternal%20deaths.
[6] UNICEF | Child Marriage in Mozambique: https://www.unicef.org/mozambique/en/child-marriage-mozambique#:~:text=English-,Mozambique%20has%20one%20of%20the%20highest%20rates%20of%20child%20marriage,and%20southern%20African%20sub%2Dregion.
Mozambique: DHS, 2011 - Final Report (Portuguese), 2011. https://dhsprogram.com/publications/publication-fr266-dhs-final-reports.cfm

surveyed who gave birth before age 18) remains over 40% according to the latest figures.[7] Early/child marriage is linked directly to MMR as girls between the ages of 15 and 19 are twice as likely to die in pregnancy and childbirth compared to women ages 20 to 24.[8] United Nations International Children's Emergency Fund's (UNICEF) data shows that in Niassa, nearly a quarter of girls were married before the age of fifteen.[9] The UNFPA-UNICEF Global Programme to End Child Marriage charactarizes child marriage as both a symptom and a result of deep-seated gender inequalities, restrictive gender norms and power dynamics.[10] A previous USAID Gender Assessment noted the provinces of Zambézia, Nampula, Niassa, Cabo Delgado, and Manica have a high prevalence of child marriages.[11] A UNICEF and UNFPA Report noted that Mozambique's high vulnerability to frequent disasters pushes families to resort to negative coping strategies such as entering female children into early marriages.[12] Persistent droughts have also forced women to spend in excess of six hours searching for and transporting water, increasing the likelihood that girls will need to drop out of school and have fewer options other than early/child marriage.[13]

Contraceptive use is an important determinant of women having the de facto control of their reproductive lives and ability to determine the number, spacing, and timing of births.[14] Contraceptive use among married women varies considerably by region, with Maputo Province (4.4%), Sofala (14%), Manica and Zambezia (18%) ranking lowest and Maputo Cidade (47%), Gaza (42%) and Inhambane (34%) ranking highest.[15] The lack of access to services along with cultural practices and social norms, reflected in unmet need for family planning, are still major barriers to women's control of their reproductive lives. In Maputo Province, 45% of married women have unmet needs. In Zambezia, 30%, in Niassa, 29%, the city of Maputo, 17%, Nampula, 19%, and in Sofala, 20% have unmet FP needs.[16] The

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[7] Indicator: Early childbearing - percentage of women (aged 20-24 years) who gave birth before age 18, UNICEF, 2011. https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=MOZ.MNCH_BIRTH18.&startPeriod=1970&endPeriod=2022

[8] Too Young to Wed: Education & Action Toward Ending Child Marriage. Washington, D.C.: International Center for Research on Women; 2005. https://www.icrw.org/wp-content/uploads/2016/10/Too-Young-to-Wed-Education-and-Action-Toward-Ending-Child-Marriage.pdf

[9] UNICEF. Casamento Prematuro e Gravidez na Adolescência em Moçambique: Resumos de Análises. Maputo; 2015. https://www.unicef.org/mozambique/sites/unicef.org.mozambique/files/2019-02/Casamento-Prematuro-Gravidez-Adolescencia-Mocambique-Causas-Impacto.pdf

[10] UNICEF-UNFPA Global Program to End Child Marriage, Mozambique Country Report, 2021. https://www.unicef.org/media/113201/file/GTA-Mozambique-2021.pdf

[11] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[12] Mozambique Country Report, UNICEF/UNFPA Global Program to End Child Marriage, 2021. https://www.unicef.org/media/113201/file/GTA-Mozambique-2021.pdf

[13] CARE. Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique. CARE International; 2016. https://careclimatechange.org/wp-content/uploads/2016/11/El_Nino_Mozambique_Report_final.pdf

[14] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[15] Arnaldo C, Cau B. Dinâmicas da População e Saúde em Moçambique. Maputo: CEPSA; 2013. https://www.researchgate.net/profile/Carlos-Arnaldo/publication/318702836_Dinamicas_da_Populacao_e_Saude_em_Mocambique/links/597899d7aca27203ecc4442b/Dinamicas-da-Populacao-e-Saude-em-Mocambique.pdf

[16] Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), ICF. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique 2015. https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm

Government of Mozambique is currently partnering with USAID and others with a plan to increase investment in FP/RH to reach a projected modern contraceptive prevalence rate of 37.2 percent among all women aged 15 to 49, regardless of marital status, by 2020.[17]

HIV infection remains a major public health problem, disproportionately affecting women with pronounced variation at the provincial level. HIV prevalence for women in Mozambique is 13.1% compared to 9.2% for men.[18]

HIV infection continues to be a major public health concern in Mozambique, and one that disproportionately affects women. Women in Mozambique made up nearly 60% of individuals living with HIV in 2015.[19] Prevalence in women has remained steady at 14.4% compared to men at 8.6% in 2020,[20] and even more prevalent among young women (6.2% compared to 2.4% of young men).[21] However, some of these differences may be explained by reporting bias, as 52% of women are aware of their HIV status compared to 35% of men.[22] Meanwhile, 86% of women testing positive are on ARVs compared to 82% of men.[23] Women aged 15 to 49 have some knowledge regarding HIV/AIDS, but general knowledge is particularly lacking in some regions: Maputo Province (50%), Tete (47%), Cabo Delgado (17%), Nampula (18%) and Zambezia (20%).[24] Transactional sex, low condom use, and multiple concurrent partnerships (CP) continue to place both women and men at greater risk.[25] Meanwhile, barriers to HIV treatment include distance to clinics where medication can be obtained, irregular use due to sharing medication among families, a preference for traditional medicine, and the belief that medicine is no longer necessary because the patient does not have any negative symptoms.[26]

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[17] Impact Brief: Mozambique, Saving Lives and Improving Health Outcomes in Mozambique through Increased Access to Contraceptives, USAID, 2021. https://www.usaid.gov/global-health/health-areas/family-planning/resources/impact-brief-mozambique#:~:text=The%20maternal%20mortality%20ratio%20in,%2DSaharan%20Africa%2C%20on%20average.

[18] WHO . HIV/AIDS. WHO Country Office - Mozambique. http://www.afro.who.int/en/mozambique/country-programmes/disease-prevention-and-control/hivaids.html

[19] Mozambique | UNAIDS https://www.unaids.org/en/regionscountries/countries/mozambique

[20] WHO . HIV/AIDS. WHO Country Office - Mozambique. http://www.afro.who.int/en/mozambique/country-programmes/disease-prevention-and-control/hivaids.html

[21] WHO . HIV/AIDS. WHO Country Office - Mozambique. http://www.afro.who.int/en/mozambique/country-programmes/disease-prevention-and-control/hivaids.html

[22] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[23] National Strategic Plan for HIV Response - PEN (2015-2019) (Plano Estratégico Nacional de Resposta ao HIV e SIDA 2015–2019. Maputo: República de Moçambique; 2015 p. 64. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_172584.pdf

[24] Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), ICF. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique 2015. Maputo, Moçambique. https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm

[25] Bandali S. Exchange of sex for resources: HIV risk and gender norms in Cabo Delgado, Mozambique. Cult Health Sex. 2011. https://pubmed.ncbi.nlm.nih.gov/21452092/

[26] Audet CM, Chire YM, Vaz LM, Bechtel R, Carlson-Bremer D, Wester CW, Amico KR, Gonzaléz-Calvo L. Barriers to Male Involvement in Antenatal Care in Rural Mozambique. Qual Health Res. 2016. https://pubmed.ncbi.nlm.nih.gov/25854615/; Schwitters A, Lederer P, Zilversmit L, Gudo PS, Ramiro I, Cumba L, Mahagaja E, Jobarteh K. Barriers to health care in rural Mozambique: a rapid ethnographic assessment of planned mobile health clinics for ART. Glob Health Sci Pract. 2015. https://pubmed.ncbi.nlm.nih.gov/25745124/

Nutrition: Stunting prevalence among children under 5 years of age, measured as the percentage of children with height-for-age less than two standard deviations from the mean, was 37.8 in 2020, down from 50.5 in 2000.[27] Stunting and severe malnutrition are somewhat more prevalent among male children than female children. For example, 45% of male children under 5 are affected by stunting, measured as height for age, compared to 37% for females.[28] Wasting is roughly equal between boys (4.1%) and girls (4.6%) under 5.[29]

Wasting persists at alarming rates and trends in numbers of overweight will need to be reversed to reach 2030 targets.[30] Chronic malnutrition in Mozambique has remained relatively steady for 15 years, while extremely chronic malnutrition in children under the age of 5 remains very high at 43%.[31] Chronic malnutrition is particularly pronounced amongst children living in the northern provinces of Nampula, Cabo Delgado, Niassa and Zambézia, where the prevalence is double that of the southern province of Maputo. Chronic malnutrition is twice as common among poor families compared to the wealthiest families.[32]

While the reasons for chronic malnutrition are many and complex, a major factor is that 81% of the population relies on agriculture for livelihood and over 95% of food crops are produced under rain-fed conditions in a country that suffers frequent drought and floods. 70% of displaced men and women report their migration is due to lack of food, drought conditions, or lack of water.[33] Along with infant deaths and poor child health, chronic malnutrition has a severe impact on school performance, household income, and intergenerational cycles of deprivation.[34]

GBV: In 2007, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed concern about the "high prevalence of domestic violence and sexual violence against women, which appear to be socially legitimized and accompanied by a culture of silence and impunity."[35] The

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[27] UNICEF, Cross-sector indicators, Mozambique, Indicator: Height-for-age <-2 SD (stunting), Modeled Estimates, 2020. https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=MOZ.NT_ANT_HAZ_NE2_MOD.&startPeriod=1970&endPeriod=2022

[28] Prevalence of Stunting, Weight for Height (% of children under 5), Mozambique, 2015: https://data.worldbank.org/indicator/SH.STA.STNT.MA.ZS?end=2015&locations=MZ&start=2015&view=bar

[29] Prevalence of Wasting, Weight for Height (% of children under 5), Mozambique, 2015: https://data.worldbank.org/indicator/SH.STA.WAST.MA.ZS?end=2015&locations=MZ&start=2015&view=bar

[30] UNICEF, Cross-sector indicators, Mozambique, Indicator: Height-for-age <-2 SD (stunting), Modeled Estimates, 2020. https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=MOZ.NT_ANT_HAZ_NE2_MOD.&startPeriod=1970&endPeriod=2022

[31] UNICEF | Nutrition, https://www.unicef.org/mozambique/en/nutrition

[32] UNICEF | Nutrition, https://www.unicef.org/mozambique/en/nutrition

[33] CARE. Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique. CARE International; 2016. https://careclimatechange.org/wp-content/uploads/2016/11/El_Nino_Mozambique_Report_final.pdf

[34] UNICEF | Nutrition, https://www.unicef.org/mozambique/en/nutrition

[35] Concluding observations of the Committee on the Elimination of Discrimination against Women (CEDAW), 2007. https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/country%20report/africa/mozambique/mozambique%20cedaw%20co.pdf?vs=1429

Committee added that the responses of social services and systems of justice were still inadequate to meet this challenge.[36]

A 2012 cross-sectional study of 1500 women in Maputo found that 70.2% had experienced intimate partner violence.[37] The same study found higher levels of education were positively associated with violence,[38] but this could be due to an association between education and reporting bias, with women in high education levels being more likely to contact resources and report violence. A study in 2015 found that over half (54%) of women who had experienced physical or sexual violence did not seek help.[39] A recent rapid assessment carried out in Cabo Delgado revealed that girls in IDP camps as young as 13 years-old were either pregnant, had a child or were already in a marital union. Also, women and girls with and without disabilities were forced "*to exchange sexual favors as a survival strategy, for example, to secure their names on beneficiary lists. Community leaders in the resettlement centers were allegedly accused of perpetuating this practice*."[40] Women and girls with disabilities also face limitations in accessing support and response to GBV and studies highlight that this group is up to 10 times more likely to experience GBV than non-disabled women and girls.[41]

Due to societal discrimination and lack of economic opportunities, members of the LGBTQI community may be highly vulnerable to GBV. Many existing GBV shelters do not include the LGBTQI community and staff are not prepared to receive and care for the specific needs of this group. As a result, LGBTQI victims/survivors of violence do not have a place of refuge and have less access to health and psychosocial response services.[42]

Education: UNICEF, UNESCO, and other organizations have noted that girls frequently have fewer years available to complete their schooling because their average marriage age is lower than that of boys. Girls also start school later on average because of barriers related to distance, transportation, and safety.[43] While high levels of dropout and poor educational attainment are a problem for all children, girls especially suffer from low retention. Even with enrolled students, about half (mostly girls) are absent every day.

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[36] Concluding observations of the Committee on the Elimination of Discrimination against Women (CEDAW), 2007. https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/country%20report/africa/mozambique/mozambique%20cedaw%20co.pdf?vs=1429

[37] Zacarias AE, Macassa G, Svanström L, Soares JJ, Antai D. Intimate partner violence against women in Maputo city, Mozambique. BMC International Health and Human Rights, 2012. https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/1472-698X-12-35

[38] Zacarias AE, Macassa G, Svanström L, Soares JJ, Antai D. Intimate partner violence against women in Maputo city, Mozambique. BMC International Health and Human Rights, 2012. https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/1472-698X-12-35

[39] Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), ICF. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique 2015. Maputo, Moçambique. https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm

[40] CARE. Conflict Sensitive Rapid Gender Analysis Cabo Delgado, Mozambique, 2022

[41] Young Persons with Disabilities: Call for Equal Rights and a Life Free of Violence (3 December 2021)

[42] Trust and Choice INCREASING ACCESS TO HIV SERVICES FOR LGBT PEOPLE IN MOZAMBIQUE & UGANDA by Frontline AIDS 2021

[43] See, e.g. UNICEF | Casamento prematuro em Moçambique; Moçambique tem uma das taxas mais elevadas de casamento prematuro do mundo, https://www.unicef.org/mozambique/casamento-prematuro-em-mo%C3%A7ambique. See also Fox LM. Beating the Odds: Sustaining Inclusion in Mozambique's Growing Economy, World Bank; 2008.: https://openknowledge.worldbank.org/handle/10986/7981

2019 UNESCO data show girls make up more than 70% of all out-of-school children. While most boys and girls are enrolled in primary school, the gross enrollment ratio at the secondary level is 33% for girls and 37% for boys.[44] Adult literacy remains a challenge for many women, with 70% of women illiterate, compared to 40% of men.[45]

Progress has been made toward overall educational attendance and quality, including in gender parity in enrolled students. New initiatives include Mozambique's financial investments in education, the provision of free primary schooling starting in 2003, provision of free textbooks for students, and the recent revocation of former laws requiring the segregation of pregnant girls.[46] With these changes, primary school enrollment of girls in grades one through five has increased, especially among girls in the poorest
quintile and rural areas.[47]

Labor/Access to Markets: The informal economy is large, with most Mozambicans, and especially women, self-employed or working in unpaid family jobs. Of Mozambique's 11 million people, of whom 62.1% are self-employed, 24.6% work for other family members with no remuneration, and only 10.9% receive salaries. Of people who receive salaries, 4.1% work in the public sector and 6.9% work in the private sector.[48] Wage jobs are scarce, even in urban areas. Meanwhile, many self-employed urban workers working long hours still struggle to obtain a sustainable livelihood.[49]

There is a dramatic gender gap between men and women in the formal labor force, with 82.3 % of men employed, compared to only 39.4% of women. Among women living in rural areas, 80% work in the agricultural sector compared to 56.1% of rural men.[50] Apart from the agricultural sector, women are most active in the sales and services sectors.[51]

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[44] Education | Mozambique | U.S. Agency for International Development. Available from: https://www.usaid.gov/mozambique/education

[45] Women's Literacy in Angola and Mozambique, Mozambique, published 18 November 2015. https://uil.unesco.org/case-study/effective-practices-database-litbase-0/womens-literacy-angola-and-mozambique-mozambique

[46] UNICEF. Education | UNICEF Mozambique: http://www.unicef.org.mz/en/our-work/what-we-do/education/. See also UNICEF Educação | Para cada criança, educação https://www.unicef.org/mozambique/educa%C3%A7%C3%A3o; See also Save the Children. MINEDH compromete-se a revogar o Despacho 39/2003. 2018. https://mozambique.savethechildren.net/news/minedh-compromete-se-revogar-o-despacho-392003

[47] Fox LM. Beating the Odds: Sustaining Inclusion in Mozambique's Growing Economy, World Bank, 2008. https://openknowledge.worldbank.org/handle/10986/7981

[48] World Bank | Jobs Diagnosis, Mozambique, 2018. https://openknowledge.worldbank.org/bitstream/handle/10986/30200/129408.pdf?sequence=6

[49] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[50] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[51] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

It is estimated that about 300,000 young people enter the labor market each year, but there is an inadequate supply of jobs relative to the demand for work they represent.[52] In rural areas, women cite domestic tasks as the main barrier to working full time in agriculture, cutting down on income for women. Lack of public services such as reliable water supplies, and low incomes, leading to more time cooking and doing household tasks, mean that rural women must spend much of their time on household chores, not earning from full-time agricultural work.[53] Agricultural seasonality affects all agricultural workers, but the lack of assets and the burden of household chores are particular barriers for women's full time agricultural work.[54]

Insecurity: IOM currently estimated there are over 784,000 internally displaced persons (IDPs) in northern Mozambique due to insecurity in the northern province of Cabo Delgado.[55] Conflict-related displacement was exacerbated by natural disaster in March 2022 when cyclone Gombe made landfall, impacting the stability of around 700,000 affected people in Nampula Province.[56] In 2021 (before cyclone Gombe) it was estimated around 750,000 people had been displaced by security incidents and violence in northern Mozambique.[57] As with all conflict and natural disasters, young women are particularly vulnerable. The majority of IDPs in Nampula, Cabo Delgado, and Niassa are women and adolescent girls. In 2021, Save the Children marked an increase in unaccompanied and separated children in IDP camps. With swelling numbers and insufficient resources, GBV, sexual exploitation, and early marriage increased among displaced women and girls.[58]

FINDINGS BY DOMAIN

The gender inequalities and vulnerabilities facing women and girls include important structural, cultural and normative barriers to early and appropriate access and use of disease prevention, diagnosis, and treatment services. As defined in ADS 205 and the WEEE (Women's Entrepreneurship and Economic Empowerment) Act, the gender analysis findings are described following the key gender domains : 1) laws, policies, and institutional context; 2) cultural norms and beliefs; (3) roles, responsibilities, and time use; (4) access to and control of resources; and 5) patterns of power and decision-making.[59]

DOMAIN 1: LAWS, POLICIES, REGULATIONS, AND INSTITUTIONAL CONTEXT

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[52] Jones S, Tarp F. Jobs and Welfare in Mozambique: Country case study for the 2013 World Development Report United Nations University World Institute for Development Economics Research, 2012. https://openknowledge.worldbank.org/handle/10986/12136

[53] World Bank | Jobs Diagnosis, Mozambique, 2018. https://openknowledge.worldbank.org/bitstream/handle/10986/30200/129408.pdf?sequence=6

[54] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[55] IOM: "Over 700,000 Affected by Cyclone Gombe in Mozambique Still in Need of Humanitarian Assistance as IOM Scales up Response" 2022, https://mozambique.iom.int/news/over-700000-affected-cyclone-gombe-mozambique-still-need-humanitarian-assistance-iom-scales-response

[56] Ibid.

[57] Protection Cluster Mozambique. (2021). Mozambique Protection Cluster National Strategy 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/20210827_moz_protection_cluster_strategy.pdf

[58] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[59] S.3247 - Women's Entrepreneurship and Economic Empowerment Act of 2018: https://www.congress.gov/bill/115th-congress/senate-bill/3247/text

Overall, Mozambican laws/policies and national and institutional plans proactively emphasize gender equality and encourage participation of women & girls in civil life. Equality before the law, however, underlines the de facto unequal experience of women and girls, who's lived reality does not comply with policy. Child marriage, for example, is illegal, yet nearly 50% of all girls in Mozamobique are married before age 18, while 14% are married before the age of 15.[60] Reasons for the disconnect between de jure and de facto life are attributed to deeply rooted cultural practices, a lack of will among government authorities and community leaders to enforce laws and policies and, to a lesser degree, a lack of institutional knowledge and resources to enforce policy.[61] The National Directorate for Women (DNM) was established in 2000, housed in the The Ministry of Women and Social Action (MMAS), with the goal of defining and promoting programs that support women and gender equality in Mozambique. The Department of Women and Family, within DNM, coordinates strategies specifically related to vulnerable women, including on HIV/AIDS and gender-related barriers to health.[62]

Gender equality has been integrated into Mozambique's health laws and policies. In recent years, health policies and plans have included decriminalization of homosexuality, a loosening of laws restricting abortion and guidance for comprehensive male involvement. In 2015, civil society and government partners succeeded in removing homosexuality from the penal code, and ministries have since developed strategies addressing the health needs of LGBT communities.[63] Despite this progress, organizations like LAMBDA who represent the LGBTQI community in Mozambique, have not yet been registered. They have been advocating this right to the Ministry of Justice for over a decade. In 2008, when LAMBDA had first requested registration, the motion was blocked due to a clause stating that organizations whose purpose is "contrary to the moral, social, and economic order of the country and offend the rights of others or the public good" could not be registered. In 2017, however, the country's highest constitutional body "ruled that the clause contradicted Article 53 of the constitution." The hope was that the organization would be registered by 2018, however, LAMBDA still has not been registered, without a valid reason from the relevant government bodies.[64]

In 2018, Mozambique's Ministry of Health/ Ministério da Saúde (MISAU) created a Strategy for Gender Equality in the Health Sector.[65] The Health Sector's Strategy for Gender Inclusion aims to remove gender barriers to accessing health by also addressing the reality that health services are women-centered and acknowledges the need to increase men's access to health services not only for their own health but

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[60] UNICEF | Child Marriage in Mozambique: https://www.unicef.org/mozambique/en/child-marriage-mozambique#:~:text=English-,Mozambique%20has%20one%20of%20the%20highest%20rates%20of%20child%20marriage,and%20southern%20African%20sub%2Dregion.
Mozambique: DHS, 2011 - Final Report (Portuguese), 2011. https://dhsprogram.com/publications/publication-fr266-dhs-final-reports.cfm

[61] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[62] African Development Fund (2005). Women's Entrepreneurship and Skills Development for Food Security: Pilot Project Appraisal Report. https://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/Mozambique_-_Women_s_Entrepreneurship_and_Skills_Development_for_Food_Security_-_Pilot_Project_-_Appraisal_Report.pdf

[63] BBC, "Mozambique decriminalises gay and lesbian relationships," 2015. https://www.bbc.com/news/world-africa-33342963

[64] Mozambique's Recent Ruling Moves LGBTQ Organization Closer to Legal Recognition- HRC Staff (2017)

[65] Strategy to provide gender sensitive health care, 2018. https://www.undp.org/mozambique/news/strategy-provide-gender-sensitive-health-care#:~:text=Mozambique%20Ministry%20of%20Health%20launched,human%20right%20of%20every%20citizen.

also for the health of their families. Understanding that gender is a social construct, the strategy seeks to create links with the media (for gender sensitive messaging), ensure a link between the gender action plan and the district economic and social plan, promote coordination at multi-sectoral level with regards to GBV activities and always engage with community and religious leaders. The strategy's action plan seeks to have adequate infrastructure from men, women and people with other sexual identities, however, it does not detail specific challenges and needs the LGTBQI community faces in accessing health services.

There have also been improvements in access to safe abortion for women, with revisions to the penal code and removal of legal barriers to vital services for vulnerable and marginalized women.[66] Finally, the National Plan and the Strategy for the Reduction of Maternal and Newborn Mortality of 2000 was designed to reduce maternal mortality by improving diagnosis and treatment of obstetric complications.[67]

Laws, Policies, Regulations, & Plans	**Scope and Impact**
Constitution of the Republic of Mozambique	Ensures equal rights and duties for all Mozambicans. Articles 35 and 36 establish that men and women are equal before the law in all aspects of political, economic and social life with the same rights and subject to the same duties, without discrimination. Article 122 promotes and supports women's participation, role, and empowerment in all spheres of the country's political, economic, social and cultural life.
Lei da Família: Lei nº 10/2004 (Family Code) (2004)[68]	On divorce and dissolution of marriage, Employment discrimination, Forced and early marriage, Gender discrimination, Property and inheritance rights: ● The law defines family relationships and establishes certain "rights of the family." ● The law guarantees men and women equal rights to property ownership ● The law prohibits various forms of discrimination against women, including through polygamy, inheritance, age at marriage and choice of children. ● The law defines marriage as a "voluntary union between a man and a woman", which requires mutual consent. ● The law makes marriage before age 16 illegal under any circumstance and requires parental consent for girls to marry under age 18. ● Coerced marriage is subject to annulment. ● The law provides that both husband and wife have the right to "represent the family", to administer the family finances, and to work. ● The law also outlines provisions for divorce. Husbands are required to pay child support in case of divorce,

[66] Penal Code 2014: Lei nº 35/2014 (2014), https://www.law.cornell.edu/women-and-justice/location/mozambique
[67] USAID. Opportunities for integrating gender transformative programming throughout MCHIP. Maputo: USAID; 2013. https://pdf.usaid.gov/pdf_docs/PA00KNSH.pdf
[68] Lei da Família: Lei nº 10/2004 (Family Code), 2004. https://www.law.cornell.edu/women-and-justice/location/mozambique

The Government's Five-Year Program (Plano Estratégico do Sector da Saúde) (2014-2019)	Establishes within the framework of its priorities, “Combat all manifestations of discrimination and exclusion based on differences in culture, ethnicity, origin, gender, race, religion, region of origin and political party affiliation.” Recognizes that differences in social relations are based on gender and culturally constructed, especially access to resources, power and decision-making and gender roles and responsibilities affect the health of women. Recognizes that gender has implications for the exposure to risk and vulnerability of women, access to services and quality of care and treatment. Defines principles of equity that must be taken into account in allocation, delivery and use of services to ensure that gender and other factors do not pose barriers.
Agenda 2025 (2003)	Defines the achievement of gender equity, through the strengthening of institutions that deal with women's issues; strengthening inter-institutional coordination mechanisms; and the change in mentality with a view to enhancing the role of women.
Gender Policy & Implementation Strategy (Politica de Género e Estratégia de Implementação) (2018).	Operationalizes the Government's intentions to address integrated guidelines for Gender equality and respect for human rights which focus on various critical areas. Those that are most related to maternal/child health and nutrition include the guidelines to: (I) Contribute to elimination of harmful practices against women, men, boys and girls rights; (II) Promote and develop actions to guarantee equal representation and participation of men and women in the decision making bodies at all levels; (III) Promote equality of rights and opportunities for girls and boys accessing education, quality training and other benefits; (IV) Promote rights and opportunities equality for women and men regarding possession and control over productive resources and income, as well as related to formal and informal employment and non-paid domestic work; (VIII) Incentivize the social communication organs to contribute to the transformation of Mindset by promoting a balanced representation non-stereotyped of girls and women, and also broaden the access to information technologies and communication between girls and women. The Strategy will contribute to the development and implementation of strategies to prevent, eliminate and transform social and cultural practices that legitimize and tolerate GBV, sexual harassment, rape, child marriage and adolescent pregnancy. The strategy ensures the development of transformative strategies regarding gender that address the unequal status and vulnerabilities of women and girls, and harmful practices. Strengthen the participation of men and boys in SRHR programs, services and processes by transforming masculine social norms.

Strategy for Gender inclusion in the health sector (A Estratégia de Inclusão da Igualdade de Género no Sector da Saúde) (2018-2023)[69]	Defines a vision, mission and priorities for the broader health sector. The vision is a national health service with equal opportunities for men and women in the management, provision and access to health. Related to this, the mission is to promote gender equity and equality among men and women, community and health providers in the planning, implementation, and health service provision to improve access and utilization of health services. In order to advance this vision and mission, the following priorities were developed: (i) Promote institutional capacity for the integration of gender, human rights and response to violence in the health sector; (ii) Develop training actions and health promotion for the inclusion of gender perspective, human rights and response to gender based violence; (iii) Provide sensitive health services to gender inclusion, human rights and response to gender based violence. Aims to guarantee that programs and policies relevant to health, at all stages, integrate the concerns of women, men and other gender identities so that all may benefit in an equal manner. The involvement of men receives special attention, ensuring they receive services that respond to their specific needs and that promote their participation in family health.
National Strategic Plan for HIV Response - PEN (Plano Estratégico Nacional de Resposta ao HIV) (2015-2019)	Response centered in human rights and gender justice calls for inclusion of these questions in all strategic areas and responses to HIV/AIDS. Refers to necessity of reaching 10-14 year-olds with primary prevention, taking into account social norms and cultural practices; promotes interventions that contribute to social and community change; focuses on gender equality, prevention of GBV including in indices of early marriage and pregnancy; highlights need to empower influential local leaders in the area of sexuality (especially counselors, madrinhas of initiation rites, etc.) and HIV prevention.
Guideline for the Integration of HIV and AIDS Prevention, Care and Treatment Services for Key Populations (MSM, MTS, PJD, Prisoners) in the Health Sector (Directriz para	Identifies structural factors based on sociocultural, political and economic conditions that affect vulnerability to HIV infection. Identifies behavioral interventions that promote safe behaviors based on knowledge, attitudes, practices, abilities and beliefs. Defines specific packages to be used for key populations and recognizes higher vulnerability to GBV in this group.

[69] Strategy to provide gender sensitive health care, 2018. https://www.undp.org/mozambique/news/strategy-provide-gender-sensitive-health-care#:~:text=Mozambique%20Ministry%20of%20Health%20launched,human%20right%20of%20every%20citizen.

Integração dos Serviços de Prevenção, Cuidados e Tratamento em HIV e SIDA para as Populações-Chave (HSH, MTS, PJD, Reclusos) no Sector da Saúde)	
National Plan for the Elimination of Mother-to-Child Transmission of HIV and Syphilis (Plano Nacional da Eliminação da Transmissão Vertical do HIV e Sifilis) (2017-2018)	Given the generalized nature of the HIV epidemic in Mozambique, MISAU has taken measures to provide universal testing and treatment to people living with HIV in 2015, but the implementation of the so-called World Health Organization-recommended "Option B+" strategy started even earlier in 2013, in which all newly diagnosed HIV-positive pregnant women are counseled to initiate combination antiretroviral therapy (ART) immediately upon diagnosis regardless of CD4 count and to continue treatment for life.. However, treatment adherence rates are low in Mozambique. Table 3-4 details retention rates for ARV treatment at 12, 24, and 36 months. While the national average is 67% at 12 months, that drops down to 47% at 36 months and less than one third of HIV positive patients adhere to treatment at the 36 month mark (46). Resulted in greater numbers of people receiving ARV treatment, especially women, and reduction of vertical (mother-to-baby) transmission.
Plan for Accelerating the Response to HIV (Plano de Aceleração da Resposta ao HIV) (2013-2015)	Given the generalized nature of the HIV epidemic in Mozambique, MISAU has taken measures to provide universal testing and treatment to people living with HIV in 2015, but the implementation of the so-called World Health Organization-recommended "Option B+" strategy started even earlier in 2013, in which all newly diagnosed HIV-positive pregnant women are counseled to initiate combination antiretroviral therapy (ART) immediately upon diagnosis regardless of CD4 count and to continue treatment for life.. However, treatment adherence rates are low in Mozambique. Table 3-4 details retention rates for ARV treatment at 12, 24, and 36 months. While the national average is 67% at 12 months, that drops down to 47% at 36 months and less than one third of HIV positive patients adhere to treatment at the 36 month mark (46). Resulted in greater numbers of people receiving ARV treatment, especially women, and reduction of vertical (mother-to-baby) transmission.
National Malaria Control Program Malaria Strategic	A guiding principle of program management within the plan states that by implementation of malaria interventions that reduce malaria morbidity and mortality, the plan "promotes gender equality through reducing the burden on

Plan (2017-2022)	women and school-age girls to care for sick family members (SDG 5)."
National Strategy for the Prevention and Combat of Child Marriages (Estratégia Nacional de Prevenção e Combate dos Casamentos prematuros) (2016-2019)	Discusses SRH problems that contribute to child marriage and vice versa, and integrates a perspective of girls' empowerment so they can take decisions about their own lives.
MISAU Dispatch on Integrated Assistance to Victims of Gender-Based Violence Despacho do MISAU Sobre Atendimento Integrado as Vitimas de Violência de Género	Establishes actions and procedures to be followed in health units and police stations when presented with women and girls who are victims of violence, including steps to reduce time and distance between services and avoidance of "revictimization"
Review of the new Penal Code Revisão do novo Código Penal (31/12/2014)[70]	Decriminalized abortion provided by health professionals in health settings during the first 12 weeks, or during the first 24 weeks if a serious illness or deformation is detected. The law also permits abortion up to 16 weeks in case the pregnancy results from rape or incest.
Revocation of Dispatch 39 of 2003[71]	In December 2018 when the Ministry of Education and Human Development committed itself to the revocation of Dispatch 39 of 2003. Part of the decree had required pregnant girls to transfer to night school, which had contributed to girls dropping out of the formal education system. Civil society was united in

[70] Penal Code 2014: Lei nº 35/2014 (2014), https://www.law.cornell.edu/women-and-justice/location/mozambique
[71] Save the Children. MINEDH compromete-se a revogar o Despacho 39/2003. 2018. https://mozambique.savethechildren.net/news/minedh-compromete-se-revogar-o-despacho-392003

	opposing Decree 39 from the outset.

DOMAIN II: CULTURAL NORMS AND BELIEFS

Men and women in Mozambique have very different roles and responsibilities in families and communities, face different challenges, and are afforded different opportunities. These differences influence health-related behaviors and the availability and use of health services and therefore have a significant impact on health outcomes. Foremost, gender imbalance within families force girls into early marriage and childbearing, while imbalance in household decision-making isolates women from health services and exacerbates health disparities.[72]

Mozambique is largely a patriarchal society in which men typically hold positions of power and influence across all sectors. In 2018, 5.8% of women in Mozambique held paying jobs, compared to 23.7% of men.[73] Men are generally better positioned than women in terms of education, employment, wealth, and decision-making power.[74] At the family level, men are typically seen as the heads of households, providing for the family, while women are tasked with all housework and childcare responsibilities.[75] Spousal or parental consent is still commonly required for some women's and girls' health services. Healthcare providers, meanwhile, have been reported to prioritize male patients over female patients.[76]

Gender and social norms have an impact on health outcomes, particularly in the area of sexual and reproductive health. The imbalance also disempowers women from managing health seeking behavior and can increase engagement in high-risk behaviors. For example, avoiding pregnancy is considered to be the sole responsibility of women.[77] While nearly half of all women are married when they're children, in urban areas, particularly in the south of the country, there is also a marked increase in unmarried adolescent pregnancies.[78] Regionally, child/early pregnancies are more than three times higher in the

[72] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf
[73] World Bank Gender Data Portal | Mozambique, 2020. https://genderdata.worldbank.org/

[74] UNICEF, 2011. Child Poverty and Disparities in Mozambique 2010.

[75] USAID, Feed the Future Mozambique Agricultural Innovations Activity (FTF Inova). Findings from a Qualitative Study on Gender Norms in Farming, Input Use, and Distribution in Manica Province, 2018. https://pdf.usaid.gov/pdf_docs/PA00TD59.pdf
[76] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf
[77] Capurchande R, Coene G, Roelens K, Meulemans H. "'If I have only two children and they die... who will take care of me?' – a qualitative study exploring knowledge, attitudes and practices about family planning among Mozambican female and male adults." BMC Women's Health. 2017. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-017-0419-6 See, more broadly, Heise L, Greene M, Opper N. Gender Inequality and Restrictive Gender Norms: Framing the Challenges to Health. The Lancet; 2019. https://pubmed.ncbi.nlm.nih.gov/31155275/
[78] UNICEF, Casamento Prematuro e Gravidez na Adolescência em Moçambique: Causas e Impacto, 2015. https://www.unicef.org/mozambique/sites/unicef.org.mozambique/files/2019-02/Casamento-Prematuro-Gravidez-Adolescencia-Mocambique-Causas-Impacto.pdf

northern provinces of Mozambique than they are in Maputo City.[79] This is associated with lower levels of education compared to the south, and to high rates of child/early marriage and initiation rituals that begin just after a girls' first menstruation, often as early as age nine.[80] While Nampula and Zambézia have high indices of GBV and child marriage, it is notable that there has been and increase in donor and NGO programming that addresses gender inequality and promotes equal rights of women and girls.

Gender and social norms are also associated with myths about family planning methods, HIV/AIDS, and fertility. There are widely-held beliefs that family planning will affect future fertility, or do harm to women's health. It is also widely reported that men think of health services as "women's services."[81] Relatedly, young people held numerous misconceptions, often due to lack of education and dialogue about reproduction, around the risks of not using contraceptives. Societal taboos against discussing sex and related issues like consent and domestic violence lead to misunderstandings around dating, sex, and relationships.[82] Girls frequently report self-censoring discussions of health and risks for fear of losing their boyfriend if they bring up difficult or taboo topics, such as contraception and HIV risk.[83] Various cultures in Mozambique practice initiation rites for boys and girls that perpetuate existing gender inequality norm and may do harm[84] and ultimately affect health seeking behaviors, access and outcomes.[85]
Many young people turn to traditional forms of contraception, which includes "herbs, amulets, charms and magical medicine, most often provided by traditional healers."[86] Hegemonic concepts of masculinity and femininity and misconceptions about side effects of contraceptives also lead many to be wary of modern birth control. Disrespectful care, in the form of imposed contraceptive choice or lack of choice, is also a problem. Confusing or overly technical medical language at clinics also repels many adolescents and young adults from modern birth control.[87]

HIV: Many gender barriers and inequalities exist around knowledge, taboos, and risk associated with HIV. Culturally, it is common to refer to HIV/AIDS and other sexually transmitted infections as "women's

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[79] Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), ICF. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique 2015. https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm
[80] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf
[81] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf
[82] Capurchande R, Coene G, Schockaert I, Macia M, Meulemans H. "It is challenging... oh, nobody likes it!": a qualitative study exploring Mozambican adolescents and young adults' experiences with contraception. BMC Women's Health. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4967333/
[83] Capurchande R, Coene G, Schockaert I, Macia M, Meulemans H. "It is challenging... oh, nobody likes it!": a qualitative study exploring Mozambican adolescents and young adults' experiences with contraception. BMC Women's Health. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4967333/
[84] Rites Of Initiation In the Current Context: Adjustments, Ruptures and Confrontations Constructing Gender Identities-WLSA (2014)
[85] Perfil de Igualdade de Género de Moçambique Propriedade: Ministério de Género, Criança e Acção Social, Sandra Manuel, 2022
[86] Capurchande R, Coene G, Schockaert I, Macia M, Meulemans H. "It is challenging... oh, nobody likes it!": a qualitative study exploring Mozambican adolescents and young adults' experiences with contraception. BMC Women's Health. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4967333/
[87] Capurchande R, Coene G, Schockaert I, Macia M, Meulemans H. "It is challenging... oh, nobody likes it!": a qualitative study exploring Mozambican adolescents and young adults' experiences with contraception. BMC Women's Health. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4967333/

diseases," demonstrating a lack of knowledge and a practice of placing blame on women for the spread of HIV and STIs.[88] While young men are far more knowledgeable than women (51.5% compared to 30.2% of 15 to 24-year-olds) about HIV transmission and prevention, testing is somewhat more common among women than men (26% of women compared to 14% of men aged 15-49 receiving an HIV test in the last 12 months).[89] This suggests that knowledge of HIV transmission and prevention does not necessarily overcome the stigmas and cultural barriers to getting tested.

Masculinities: Hegemonic masculinities are closely linked to increased risk-taking and sexual behavior which increased vulnerability to HIV of both individual men & boys and their partners.[90] Men and boys are expected to demonstrate virility. At the same time, accessing health services is seen as a sign of weakness and shame.[91] Gender norms also raise risks for women. Women avoid talking to their partners about sexual pleasure or reproductive health for fear being perceived as overly knowledgeable and therefore unchaste. Women reported that even raising the subject could put her relationship in jeopardy or lead to intimate partner violence. Cultural ideas about chastity are also linked to child, early, and forced marriage, as girls are often married to protect them from sexual activity outside of marriage.[92] Other common barriers to HIV testing and treatment include a preference for traditional medicine, and a belief that medicine is unnecessary where symptoms of infection aren't present.[93]

Cultural norms and beliefs affect other areas of health as well. It is common within households that consent from male head of household is needed before women can seek care.[94] It has also been reported that women who arrive at a clinic with a male partner are more likely to be seen quickly, given priority over a woman who arrives at the clinic alone.[95] Household chores such as fetching water and gathering firewood and plants are typically assigned to women and girls. These early-morning outdoor activities increase the risk of malaria through exposure to mosquitoes outside the home without the protection afforded by residential spraying and insecticide treated nets (ITN).[96] Gender norms and

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[88] Galle A, Cossa H, Griffin S, Osman N, Roelens K, Degomme O. Policymaker, health provider and community perspectives on male involvement during pregnancy in southern Mozambique: a qualitative study. BMC Pregnancy Childbirth. 2019. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6819364/

[89] https://www.unaids.org/en/regionscountries/countries/mozambique

[90] Macia M, Maharaj P, Gresh A. Masculinity and male sexual behaviour in Mozambique. Culture, Health & Sexuality. 2011. https://pubmed.ncbi.nlm.nih.gov/21972786/

[91] Schwitters A, Lederer P, Zilversmit L, Gudo PS, Ramiro I, Cumba L, et al. Barriers to Health Care in Rural Mozambique: A Rapid Ethnographic Assessment of Planned Mobile Health Clinics for ART. Glob Health Sci Pract. 2015. https://pubmed.ncbi.nlm.nih.gov/25745124/

[92] Cruz GV, Domingos L, Sabune A. The Characteristics of the Violence against Women in Mozambique, 2014. https://www.scirp.org/journal/paperinformation.aspx?paperid=47544

[93] Audet CM, Chire YM, Vaz LME, Bechtel R, Carlson-Bremer D, Wester CW, et al. Barriers to Male Involvement in Antenatal Care in Rural Mozambique. Qualitative Health Research. 2016. https://pubmed.ncbi.nlm.nih.gov/25854615/

[94] Bandali S. HIV Risk Assessment and Risk Reduction Strategies in the Context of Prevailing Gender Norms in Rural Areas of Cabo Delgado, Mozambique. Journal of the International Association of Providers of AIDS Care. 2013 Feb;12(1):50–4.

[95] Bandali S. Norms and practices within marriage which shape gender roles, HIV/AIDS risk and risk reduction strategies in Cabo Delgado, Mozambique. AIDS Care. 2011 Sep 1;23(9):1171–6.

[96] Portugaliza HP, Galatas B, Nhantumbo H, Djive H, Murato I, Saúte F, Aide P, Pell C, Munguambe K. Examining community perceptions of malaria to inform elimination efforts in Southern Mozambique: a qualitative study. Malar J. 2019 Jul 11;18(1):232. doi: 10.1186/s12936-019-2867-y.

family dynamics, as well as education, income, and other attributes associated with gender will affect a woman's decision to seek care promptly or not.[97]

While many gender and social norms disadvantage females, some gender barriers also negatively impact men's health outcomes. Men typically do not accompany female partners to perinatal or child health visits and therefore have less knowledge of their children's welfare.[98] As males are not exposed to the concept of regular child health well-being visits, they have less general knowledge of good health behaviors and are less likely to seek health services. Men are known to be less likely to use insecticide-treated nets to prevent malaria, heightening their risk of infection.[99]

LGBTQI: Lesbian, gay, bisexual, and transgender (LGBT) people in Mozambique don't face the state-backed persecution and levels of violence seen in Uganda, Nigeria, and other parts of Africa. Being gay was decriminalized in 2015 and the government has even partnered with LGBT rights organizations, recognizing the role of civil society/advocacy groups in curbing HIV/AIDS. The government has refused, however, to register the largest LGBT rights organization, Lambda, as a legal entity, and some cabinet ministers refuse to meet with Lambda representatives. Bullying of gay children in rural areas is still common, and LGBTQ people still experience "discrimination and violence at home, at school, at work, within their religious communities, when accessing health services or seeking protection from the police."[100] Discriminatory cultural and religious beliefs also make LGBT people more vulnerable to poverty. which leads to unequal access to health services. For example, lesbian women face difficulty accessing HIV/AIDS treatment as well as stigma and disrespectful treatment which influences future care-seeking.[101]

Attitudes around disabilities: Disabled populations are more male than female (54% compared to 46%), mainly due to the past conflicts in which men fought. Assistance benefits for disabled people is a right guaranteed in article 95 of Mozambique's Constitution, Article 86 of the Constitution describes specific rights for people disabled in the National Liberation War, and the 1992 civil war, as well as their dependents.[102] Disabilities are widely misunderstood, and combined with gender expectations can be met with many forms of discrimination. In some communities, having a family member that has a disability is seen as a punishment or curse on the family, leading households to hide family members

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[97] Hildon, Z. J., Escorcio-Ymayo, M., Zulliger, R., Arias de Aramburú, R., Lewicky, N., Harig, H., Chidassicua, J. B., Underwood, C., Pinto, L., & Figueroa, M. E. (2020). "We have this, with my husband, we live in harmony": exploring the gendered decision-making matrix for malaria prevention and treatment in Nampula Province, Mozambique. *Malaria journal*, *19*(1), 133. https://doi.org/10.1186/s12936-020-03198-5

[98] Capurchande R, Coene G, Roelens K, Meulemans H. "'If I have only two children and they die... who will take care of me?' – a qualitative study exploring knowledge, attitudes and practices about family planning among Mozambican female and male adults." BMC Women's Health. 2017. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-017-0419-6

[99] USAID, Feed the Future Mozambique Agricultural Innovations Activity (FTF Inova). Findings from a Qualitative Study on Gender Norms in Farming, Input Use, and Distribution in Manica Province, 2018. https://pdf.usaid.gov/pdf_docs/PA00TD59.pdf

[100] The Global and Mail, "For Africa's LGBTQ community, there's a glimmer of new hope amid prejudice," 2020. https://www.theglobeandmail.com/world/article-for-africas-lgbtq-community-theres-a-glimmer-of-new-hope-amid/

[101] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[102] Mozambique Constitution, Article 95. Right to Assistance of the Disabled and the Aged, Rev 2007. https://www.constituteproject.org/constitution/Mozambique_2007?lang=en

with disabilities, as they feel ashamed.[103] People with disabilities disproportionately suffer from poor nutrition and health outcomes due to lack of access to care.[104] Additionally, women and girls with disabilities are often marginalized, including within their family, and face risk of GBV and inadequate health services.[105] When people with disabilities do seek services, they face bias and poor quality; healthcare workers may assume people with disabilities to be asexual and could not be sexually active, therefore they do not give them necessary SRH information and materials. This means that sexual and reproductive health needs of people with disabilities are not being sufficiently addressed or are being neglected.[106]

DOMAIN III: ROLES, RESPONSIBILITIES, AND TIME USE

In Mozambique, traditional gender roles divide work within households, allocating heavy lifting jobs, such as building, preparation of farmland, and caring for large livestock to men. Women, meanwhile, are tasked with all responsibilities related to home and family care, such as child care, water and firewood collection, cooking, and cleaning.[107] These roles are taught to children early in life, with boys trained to take on tasks deemed appropriate for their gender, such as hunting, warfare, and herding cattle. Girls are likewise instructed to carry water, cook, and fetch firewood.[108] Generally, women have more control over behaviors and activities within the household and men have more control over decisions outside of the home.[109] Child marriage reinforces these roles and responsibilities within families because early marriage forces young brides to stop attending school, become the primary caregivers of the household, and close off other avenues of employment or possible professional advancement.[110] Factors such as maternal education, household size, socioeconomic status are directly associated with health outcomes. For example, use of ITNs (insecticide-treated bed nets) is associated with maternal education, household size, socioeconomic status[111] and Portuguese literacy.[112]

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[103] Human rights of persons affected by leprosy in the Republic of Mozambique NGO submission to the 38th session of the Universal Periodic Review Submitted by NLR Mozambique, TLM Mozambique, AIFO Mozambique, ADEMO Monapo, ALEMO Cabo Delgado, and ILEP, October 2020

[104] DDP. 2008. Disability and HIV & AIDS in Mozambique. https://reliefweb.int/sites/reliefweb.int/files/resources/823631CDDF3F8D3F852574BB00653176-Full_Report.pdf

[105] WFD, Toward Inclusive Social, Economic, and Political Policies for Persons with Disabilities in Mozambique, 2019. https://www.wfd.org/what-we-do/resources/towards-inclusive-policies-persons-disabilities-mozambique

[106] Access Barriers to Health Services Perceived by People with Disabilities in Maputo-Mozambique" 1 MedDocs Publishers Published Online: Jan 26, 2023

[107] Food and Agriculture Organization of the United Nations. Customary Norms, Religious beliefs and social practices that influence gender-differentiated lang rights. https://www.fao.org/gender-landrights-database/country-profiles/countries-list/customary-law/customary-norms-religious-beliefs-and-social-practices-that-influence-gender-differentiated-land-rights/en/?country_iso3=MOZ

[108] Ndege, George, 2007. Culture and Customs of Mozambique. Greenwood Press.2007

[109] Hildon, Z. J., Escorcio-Ymayo, M., Zulliger, R., Arias de Aramburú, R., Lewicky, N., Harig, H., Chidassicua, J. B., Underwood, C., Pinto, L., & Figueroa, M. E. "We have this, with my husband, we live in harmony": exploring the gendered decision-making matrix for malaria prevention and treatment in Nampula Province, Mozambique. Malaria journal, 2020. https://scholarbank.nus.edu.sg/handle/10635/196757

[110] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[111] Instituto Nacional de Saúde, Instituto Nacional de Estatistica, Programa Nacional de Controlo da Malária, ICF. (2019). Mozambique Inquérito Nacional sobre Indicadores de Malária 2018. Maputo, Mozambique: INS/Mozambique, INE, PNCM, ICF. Available at http://dhsprogram.com/pubs/pdf/MIS33/MIS33.pdf.

[112] Moon TD, Hayes CB, Blevins M, Lopez ML, Green AF, González-Calvo L, Olupona O; Ogumaniha-SCIP Zambézia Consortium. (2016). Factors associated with the use of mosquito bed nets: results from two cross-

These gender roles and rules of division of labor and time between males and females have important implications for health activities and health outcomes. For example, women are tasked with teaching children basic hygiene practices like handwashing, personal hygiene, the proper use and cleaning of latrines.[113] Women and girls spend a significant portion of their day fetching water for their household, but given the limited amount of water they are able to transport, women often cannot bathe in private spaces. Their only option, therefore, is to bathe in close proximity to the water points where they are more likely to be subjected to violence.[114] In one study, over a third of women surveyed expressed concern for related to sanitation use, due to fear of robbery or physical or sexual assault.[115]

Subsistence farming is the primary livelihood of most Mozambican women, with 95% of all women working in subsistence agriculture compared to 66% of men. Women more often grow food crops for household consumption, unlike men who are more likely to grow cash crops. Taking on both agricultural responsibilities and household chores, rural women spend an estimated 14 hours working, compared to 6-8 hours for men.[116] Without the cash crop income, women have less access to credit, agricultural tools, and irrigation systems. These barriers reduce their productivity and increase the time required to cultivate crops. The burdens of time spent working in the fields, lack of decision-making power, and lack of income are all cited as barriers to women accessing health services and practicing positive health behaviors.[117]

Discrimination against people with disabilities is common with regard to employment, education, health care, and other services, and women are primarily the caretakers of people with disabilities. Women who act as full-time caregivers are often unable to work, farm, or access the health resources they need because they must stay at home caring for their family members. This burden on women is exacerbated in rural areas where the distance to health facilities is greater. Girls' school attendance is affected by the roles girls play taking care of sick or disabled family members.[118]

DOMAIN IV: ACCESS TO AND CONTROL OVER ASSETS AND RESOURCES

sectional household surveys in Zambézia Province, Mozambique. *Malar J.* 11(15):196. doi: 10.1186/s12936-016-1250-5.

[113] Houweling EV. "A Good Wife Brings Her Husband Bath Water": Gender Roles and Water Practices in Nampula, Mozambique. Society & Natural Resources. 2016. https://www.semanticscholar.org/paper/%E2%80%9CA-Good-Wife-Brings-Her-Husband-Bath-Water%E2%80%9D%3A-Gender-Houweling/6c61f1ea0873d28ac954376c499448b4b85b693c

[114] CARE. "Hope dries up? Women and Girls coping with Drought and Climate Change in Mozambique," CARE International, 2016. https://careclimatechange.org/wp-content/uploads/2016/11/El_Nino_Mozambique_Report_final.pdf

[115] Shiras T, Cumming O, Brown J, Muneme B, Nala R, Dreibelbis R. Shared latrines in Maputo, Mozambique: exploring emotional well-being and psychosocial stress. BMC Int Health Hum Rights. 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060455/

[116] African Development Fund (2005). Women's Entrepreneurship and Skills Development for Food Security: Pilot Project Appraisal Report. https://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/Mozambique_-_Women_s_Entrepreneurship_and_Skills_Development_for_Food_Security_-_Pilot_Project_-_Appraisal_Report.pdf

[117] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

[118] UNICEF. Access to humanitarian aid for women and men, girls and boys with disabilities. Available at: https://www.unicef.org/mozambique/media/2386/file/Access%20to%20humanitarian%20aid%20for%20women%20and%20men,%20girls%20and%20boys%20with%20disabilities.pdf

By law, women and men possess the same rights to assets, resources, and land-use rights. These rights are guaranteed under the Constitution of Mozambique, the Family Law, the Land Law, and other statutes and regulations.[119] In practice, however, lack of information and low literacy among women mean women do not/cannot understand their rights and advocate for themselves. Lack of income and access to resources is a common barrier to health services for women, as many lack the ability to to pay for transport to reach a health facility. Women have reported lack of access to their own money or savings and dependence on male partners for transportation to access health services, resulting in potential delays or impediments to their care access [120] These barriers are associated with significant health outcomes, of course, including maternal morbidity and mortality and poor nutrition.[121] In some families, proteins are given to the men, thus depriving women of nutritious food, which is especially dangerous during pregnancy. A 2018 World Food Program study revealed that young women have more expensive nutritional needs in the family because they require food/nutrients that are relatively more costly (including protein rich foods).[122] [123]

Many Mozambican women work in the informal sector and have limited opportunities to access credit, which in turn limits their ability to invest in other economic opportunities. This is in part due to low female literacy levels, lack of independent assets, lack of information and business experience. As a result, women owned businesses often access outdated or insufficient equipment and technology to successfully run a business.[124]

Lack of resources and economic opportunities coupled with heavy reliance on subsistence farming limits many Mozambican women's coping strategies in the face of hardships. A 2004 study found that 33% of households characterized as having extreme difficulties in subsisting were female-headed households. The study also found that female-headed households did not utilize risk management strategies, such as changing sources of income or seeking formal employment opportunities, and instead resort to negative coping strategies such as using savings to purchase food or skipping at least one meal a day.[125]

In a few areas of Mozambique matrilineal and matrilocal customs exist, whereby family land is inherited by daughters. This is the case in some areas of Zambézia and Manica. However, even in these communities, traditional gender norms and restrictions on free movement and control of financial

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[119] See, e.g. Lei da Família: Lei nº 10/2004 (Family Code), 2004. https://www.law.cornell.edu/women-and-justice/location/mozambique

[120] Munguambe, K., Boene, H., Vidler, M. et al. "Barriers and facilitators to health care seeking behaviors in pregnancy in rural communities of southern Mozambique." Reproductive Health (2016). https://doi.org/10.1186/s12978-016-0141-0

[121] Collier et al., A Profile on Gender Relations, Towards Gender Equality in Mozambique, 2007. https://cdn.sida.se/publications/files/sida31600en-towards-gender-equality-in-mozambique.pdf

[122] Perfil de Igualdade de Género de Moçambique Propriedade: Ministério de Género, Criança e Acção Social- Sandra Manuel (2022)

[123] Alcançar GESI Analysis, HI 3060- 2019

[124] African Development Fund (2005). Women's Entrepreneurship and Skills Development for Food Security: Pilot Project Appraisal Report. https://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/Mozambique_-_Women_s_Entrepreneurship_and_Skills_Development_for_Food_Security_-_Pilot_Project_-_Appraisal_Report.pdf

[125] African Development Fund (2005). Women's Entrepreneurship and Skills Development for Food Security: Pilot Project Appraisal Report. https://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/Mozambique_-_Women_s_Entrepreneurship_and_Skills_Development_for_Food_Security_-_Pilot_Project_-_Appraisal_Report.pdf

resources remain.[126] Patriarchal social norms and local laws still inhibit women from fully realizing their rights. In matrilineal communities, there are no significant differences in the uptake of health services or access to maternal and child care.[127] For instance, women in Nampula reported they did not have control over money for ITNs for malaria prevention. No marked increase in access to ANC services was reported either.[128] Even in individual cases where women are socially and economically self-reliant, financial empowerment does not necessarily protect them from GBV, nor grant better access to health care decision making. Studies indicate that GBV remains a problem even where women are in a position to question rigid gender roles, and that limited decision-making power regarding women's own health persists.[129]

In addition to women's access to material assets in society, access to information, including health information, may be limited among rural women. For many Mozambicans in rural areas, their first link with healthcare information is through the APE (Agente Polivalente Elementar) or Community Health Worker from their community, due to limited formal health care staff. As of 2020, there was a gap in labor force gender balance of these workers, where 26.3% were women and 75.8% were men. While there is an effort to increase the number of women, the gap exists and has some implications in access to health information and services. The gender imbalance may affect access to information around SRH and maternal and child health as women may not be comfortable discussing such issues with a male APE.[130]

Due to discrimination, people with disabilities and LGBTQI groups may have limited access to assets and employment opportunities, limiting their ability to travel to health centers and seek care. Upon arrival these groups may also face attitudinal barriers in receiving quality services. People with disabilities may face further barriers such as increased cost of transport due to their disability, and in some cases communication or physical barriers.

DOMAIN V: PATTERNS OF POWER AND DECISION-MAKING

Women are well represented in Mozambique's multiparty parliamentary system of government, with 42% of the national Parliament seats (105 of the 250) filled by women.[131] In fact, Mozambique is in the top 20 countries for female representation. At the lower levels of government, women fill 37% of local government seats, though regional differences exist. In the southern and central regions, more women

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[126] Ugaz-Simonson, K. (2020). Lessons on gender, youth, and social inclusion in Zambézia Province, Mozambique. Washington, DC: USAID Integrated Land and Resource Governance Task Order under the Strengthening Tenure and Resources Rights II (STARR II) IDIQ. https://land-links.org/wp-content/uploads/2021/03/ILRG-Mozambique_LN-gender-and-youth_final.pdf

[127] Hildon, Z.JL., Escorcio-Ymayo, M., Zulliger, R. et al. "We have this, with my husband, we live in harmony": exploring the gendered decision-making matrix for malaria prevention and treatment in Nampula Province, Mozambique. Malar J 19, 133 (2020). https://doi.org/10.1186/s12936-020-03198-5

[128] Hildon, Z.JL., Escorcio-Ymayo, M., Zulliger, R. et al. "We have this, with my husband, we live in harmony": exploring the gendered decision-making matrix for malaria prevention and treatment in Nampula Province, Mozambique. Malar J 19, 133 (2020). https://doi.org/10.1186/s12936-020-03198-5

[129] Hines DA. Predictors of sexual coercion against women and men: a multilevel, multinational study of university students. Arch Sex Behav. 2007. https://pubmed.ncbi.nlm.nih.gov/17333324/

[130] Redressing the gender imbalance: a qualitative analysis of recruitment and retention in Mozambique's community health workforce Rosalind Steege, Miriam Taegtmeyer, Sozinho Ndima, Celso Give, Mohsin Sidat, Clara Ferrão & Sally Theobald (2020)

[131] World Bank, Proportion of seats held by women in national parliaments (%) - Mozambique, 2021. https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?locations=MZ

are in district and administrative posts than in the northern parts of the country. Evidence from other countries suggests that having women in government corresponds with support for public investment in WASH and health system infrastructure.[132] Given the high ratio of female representation in national and local government, there are significant opportunities to elevate the need for improved maternal, child, nutrition, and other health interventions. Despite this opportunity, it is important to recognize that the presence of women in leadership positions does not automatically translate to power, women's empowerment and nor does it increase women's liberation at all levels of society.

Currently, the health sector lacks the human resources and a solid infrastructure to function well. This is particularly problematic in rural areas.[133] Despite the above-listed advances in gender equality legislation and gender strategies from various ministries, weak implementation. The de jure legal and policy framework exists, but the de facto systems of gender-imbalanced patriarchy and social order still controls behaviors and leave women and girls widely disadvantaged. The de facto patriarchal system is still in control within the families, communities, and institutions and still drives acceptance of GBV and many of the gender barriers leading to poor health outcomes.[134] For example, the Law on Domestic Violence Practiced against Women (Law n. 29/2009,. 29th September) prohibits violence empowers the Ministry of Women Gender and Social Affairs to coordinate services of the Ministry of Justice, and Ministry of Health for survivors of GBV. However, coordination has been challenging and there is a lack of communication between police, health care workers, and the Institute for Legal Assistance and Representation.[135]

Despite the legal and policy framework, women generally have very little decision-making power within households. This lack of control contributes to negative health outcomes.[136] In the area of antenatal care (ANC), women face important structural, cultural and normative barriers to early and appropriate access to ANC services. For example, male partners of pregnant women were noted to discourage early revelation of pregnancy, complicating early ANC attendance, and women often lacked the decision-making autonomy to seek care.[137] Often the decision to give birth in a hospital or not is made by the husband or mother in law and not the pregnant person. Likewise, the pregnant person is not permitted to decide when it is appropriate to seek medical care.[138] In recent years, midwives known as "matronas" have been able to manage the care of pregnant women and encourage women to deliver in facilities. Matronas serve as skilled birth attendants to mitigate hemorrhages and other complications and

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[132] Chattopadhyay, Raghabendra and Esther Duflo." Women as Policy Makers: Evidence from a Randomized Policy Experiment." Econometrica, 2014. https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1468-0262.2004.00539.x

[133] USAID. Opportunities for integrating gender transformative programming throughout MCHIP. Maputo: USAID; 2013. https://pdf.usaid.gov/pdf_docs/PA00KNSH.pdf

[134] Ahinkorah, B.O., Dickson, K.S. & Seidu, AA. Women decision-making capacity and intimate partner violence among women in sub-Saharan Africa. Arch Public Health 76, 5 (2018). https://doi.org/10.1186/s13690-018-0253-9

[135] UNICEF, Situação das Crianças em Moçambique 2014. https://www.unicef.org/mozambique/media/571/file/Situa%C3%A7%C3%A3o%20das%20Crian%C3%A7as%20em%20Mo%C3%A7ambique%202014.pdf

[136] Bandali S. Norms and practices within marriage which shape gender roles, HIV/AIDS risk and risk reduction strategies in Cabo Delgado, Mozambique. AIDS Care. 2011. https://pubmed.ncbi.nlm.nih.gov/21476146/

[137] Munguambe K, Boene H, Vidler M, Bique C, Sawchuck D, Firoz T, Makanga PT, Qureshi R, Macete E, Menéndez C, von Dadelszen P, Sevene E. Barriers and facilitators to health care seeking behaviors in pregnancy in rural communities of southern Mozambique. Reprod Health. 2016. https://pubmed.ncbi.nlm.nih.gov/27356968/

[138] Firoz, T., Vidler, M., Makanga, P.T. et al. Community perspectives on the determinants of maternal health in rural southern Mozambique: a qualitative study. Reprod Health 13, 112 (2016). https://doi.org/10.1186/s12978-016-0217-x

accompany the mother and child to the health center postpartum. Even so, it is still common for women in need of facility care to wait for her husband or in-laws to decide whether her condition is serious enough to warrant travel to a health center. This informal system can be especially problematic if the husband is unavailable or traveling for work.[139] Another recent study determined that mothers-in-law were also determined to be key influences on familial behavior, particularly related to ANC care-seeking women.[140]

ONGOING PROGRAMS AND RECOMMENDATIONS:

The Government of Mozambique has collaborated with USAID and other partners to address maternal and child health needs with increasing investment in RMNCH interventions and other health services. USAID's Global Health's flagship Maternal and Child Survival Program (MCSP), tasked with preventing child and maternal deaths, is introducing and supporting high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners.[141] MCSP implemented RMNCH activities in two focus provinces, Nampula and Sofala.[142] Meanwhile, the qualitative male engagement study by MCSP Mozambique evaluates the feasibility and acceptability of male engagement interventions that encouraged couples' communication aimed at increasing antenatal care attendance, joint birth preparedness and complication readiness plans, institutional birth, and use of modern Family Planning. The study also explores how decisions between couples are made and what may influence their decisions about seeking RMNCH services.[143]

In an effort to improve education, new efforts have emerged to prioritize and advance girls' access to education, including a new Gender Unit within the Ministry of Education and Culture and the Promoting Advancement in Girls' Education in Mozambique (PAGE-M) partnership.[144] PAGE-M is also striving to ameliorate the policy to implementation gap directly by working with the government to garner support for and scale-up of best practices to reduce demand-side barriers, promote and improve girl-friendly schools, and increase the quality of education. In other work, MINEDH has produced radio campaigns and advertisements to encourage families to enlist their children in schools, with a focus on enrolling daughters and valuing girls' education. It has adopted a "spokesperson" approach, which mobilizes

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[139] Firoz, T., Vidler, M., Makanga, P.T. et al. Community perspectives on the determinants of maternal health in rural southern Mozambique: a qualitative study. Reprod Health 13, 112 (2016). https://doi.org/10.1186/s12978-016-0217-x

[140] Hildon, Z.JL., Escorcio-Ymayo, M., Zulliger, R. et al. "We have this, with my husband, we live in harmony": exploring the gendered decision-making matrix for malaria prevention and treatment in Nampula Province, Mozambique. Malar J 19, 133 (2020). https://doi.org/10.1186/s12936-020-03198-5

[141] Maternal and Child Survival Program - Mozambique (MCSP-Mozambique), https://www.globalwaters.org/HowWeWork/Activities/maternal-and-child-survival-program-mozambique#:~:text=Maternal%20and%20Child%20Survival%20Program%20%2D%20Mozambique%20(MCSP%2DMozambique),preventing%20child%20and%20maternal%20deaths.

[142] Male Engagement and Couples Communication in Reproductive, Maternal and Child Health in Nampula and Sofala Provinces of Mozambique, MCSP, 2019. https://www.mcsprogram.org/resource/male-engagement-and-couples-communication-in-reproductive-maternal-and-child-health-in-nampula-and-sofala-provinces-of-mozambique/

[143] USAID/MCSP, Male Engagement and Couples Communication in Reproductive, Maternal and Child Health in Nampula and Sofala Provinces of Mozambique, 2019. https://www.mcsprogram.org/resource/male-engagement-and-couples-communication-in-reproductive-maternal-and-child-health-in-nampula-and-sofala-provinces-of-mozambique/

[144] Collier et al., A Profile on Gender Relations, Towards Gender Equality in Mozambique, 2007. https://cdn.sida.se/publications/files/sida31600en-towards-gender-equality-in-mozambique.pdf

national and regional celebrities and religious leaders of different faiths to rally grassroots and family support for school enrollment.[145]

UNICEF and UNFPA have piloted the Gender-Transformative Approach (GTA) tool to address child marriage by addressing the underlying root causes and gender inequalities that lead to child marriage. The Report is an evaluation of the GTA used to impact various outcomes - the "gender equity continuum." Specifically, these are designed to address gender in a transformative way, looking at girls skills, agency and empowerment; masculinities and engaging men and boys; enabling environment and community mobilization; Information and services; and Structural change in the form of institutional partnerships.[146]

The Report cited that power dynamics differ according to gender in Mozambique; while several programs work to improve women's empowerment, there are unmet opportunities to better engage boys and young men in building positive masculinity and improving power dynamics. The Report also advocates for creating opportunities and enabling an environment for women to actively participate in decision-making in their communities.[147]

Promundo and Concern, the two organizations most engaged in male engagement activities, piloted the "Engaging Men" project in 17 communities across the Zambezia and Manica provinces in Mozambique in July of 2016. A survey of the participants was conducted both before and at the end of the 14 sessions, highlighting four key indicators of success: gender attitudes, household decision-making, financial decision-making, and division of labor within the home. Analysis of this data reveals that the dialogue clubs made a significant impact across these areas. The program also saw significant changes across the three additional indicators, including the gendered division of labor and general household decision-making. At the end of the program, according to the evaluation, 86 percent of households reported greater sharing of household decision-making around finances, and 69 percent of households reported a more equal division of labor. In both categories, men reported slightly more positive results than women did.[148]

UN Women's Mozambique National Gender Statistics Assessment focused on identifying data and capacity gaps in Mozambique's national statistical system (NSS) and identifying how these gaps can be bridged to increase production, uptake, and use, as well as improve the management of quality gender statistics in the country. The study identifies a number of challenges including inadequate normative frameworks and infrastructure to support statistical production, large time gaps between household surveys and censuses, limited dissemination and use of gender data and statistics across the NSS, and weak administrative data quality and systems.[149] UN Women also has some general data on women's

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[145] International Federation for Human Rights. Women's Rights in Mozambique. Paris: International Federation for Human Rights; 2007. https://www.fidh.org/IMG/pdf/mozambique474angconjointfemme.pdf

[146] UNICEF-UNFPA Global Program to End Child Marriage, Mozambique Country Report, 2021. https://www.unicef.org/media/113201/file/GTA-Mozambique-2021.pdf

[147] UNICEF-UNFPA Global Program to End Child Marriage, Mozambique Country Report, 2021. https://www.unicef.org/media/113201/file/GTA-Mozambique-2021.pdf

[148] Equimundo: "Engaging Men to Improve Nutrition in Rural Mozambique: Results from an Equimundo and Concern Worldwide Partnership," April 22, 2019. https://www.equimundo.org/engaging-men-to-improve-nutrition-in-rural-mozambique/

[149] UN Women, Mozambique National Gender Statistics Assessment, 2021. https://africa.unwomen.org/sites/default/files/Field%20Office%20Africa/Attachments/Publications/2021/12/Assessment%20of%20Mozambique%20National%20Gender%20Statistics%20System3009202101.pdf

livelihoods and education,[150] as well as general information about laws & policies on gender, GBV/VAW, and related issues.[151]

Efforts have been made to address GBV with integrated services and care (atendimento integrado in Portuguese) at hospitals or police stations where women can report violence and seek appropriate response and service referrals. The initiative includes interconnected services of the various sectors of Mozambican Government ministries, namely the Ministry of Health (MISAU), Ministry of Women and Social Action (MMAS), Ministry of the Interior (MINT) and Ministry of Justice (MIJUS).[152] The integrated assistance program is part of the implementation of the Gender Policy, in line with the Government's Five Year Plan (2010-2014) and the National Action Plan for the Prevention and Combat of Violence (2008-2012), on the need to protect women's human rights with a view to raising their awareness, as well as awareness in communities. However, these initiatives have been unmined by a lack of safe houses/shelters. Women are therefore usually encouraged to go to their parents or another relative's home, but women fear losing access to their children, or losing property rights in which they have invested, or that their family will be forced to repay their marriage dowry. Healthcare providers may also reflect the prevailing social norms about violence and victim-blaming and have been known to refuse to report abuse. In some cases, providers even counsel women to return to an abusive or violent partner or spouse.[153]

[150] UN Women, Mozambique Africa, 2022. https://data.unwomen.org/country/mozambique

[151] UN Women, Prevalence Data on Different Forms of Violence against Women, 2020, https://evaw-global-database.unwomen.org/en/countries/africa/mozambique

[152] Presentation of the Multisectoral Mechanism for Integrated Assistance to Women Victims of Violence Operationalization of Integrated Service (approved by the Council of Ministers in 2012) Ministry of Women and Social Action Published in "Other Voices", nº 41-42, May 2013. https://www.wlsa.org.mz/artigo/apresentacao-do-mecanismo-multissectorial-de-atendimento-integrado-a-mulher-vitima-de-violencia-operacionalizacao-do-atendimento-integrado/

[153] USAID. 2019. Gender Assessment for USAID/Mozambique Country Development Cooperation Strategy Final Report. https://pdf.usaid.gov/pdf_docs/PA00WGW3.pdf

Domain	Recommendations
Knowledge, beliefs and perceptions	- Dialogues/discussion with health sector staff about gender biases and include this topic in humanization related training of staff and expose health workers to DHS data and promote data analysis sessions as a tool to sharpen their understanding about the age of sexual debut in Mozambique/their province) - SBC interventions should address misinformation around health seeking behavior, including: family planning methods related to gender norms that could undermine SRHR efforts targeting girls, nutrition beliefs that have negative consequences, etc. - Address the role of social norms, both as barriers and contributors to achieving health and development outcomes; - Train healthcare professionals in issues related to people with disabilities. These training courses could be included in existing curriculums - As gay men and MSM are often the target of HIV/AIDS and SRH programs, Queer and lesbian women are not well covered; SRH programs design should consider how all LGBTIQ groups can be supported
Access to assets	- Nutrition programs should be linked to income generating activities when and where possible - Tailor programming which engages families and communities to empower girls and women to gain access to assets
Practice, participation, time and space	- The Activity should also consider how practical needs outside of health affect health seeking behaviors, and coordinate with other IPs and communities to link interventions that increase water access and energy alternatives for cooking. - In parallel, engage with communities in conversations about more equal division of labor in the household for better nutrition and health outcomes - Work with partners and communities to create conditions that promote inclusion of people with disabilities.
Balance of power and decision-making	- Activities promoting family health should also consider and address masculinities and find ways to work with men - Similarly, if appropriate activities may engage and interact both men and women in conversations around gender equality when appropriate
Legal rights and status	- Training to health care workers can reference relevant national policy (many of which are progressive and strive towards equality) and use the opportunity to reflect on the difference between policy and communities lived reality.

Domain	Recommendations
	- While addressing and directly combating child-marriage is outside the scope of this Activity, health care workers and partners should be aware of socio-economic factors that contribute to child marriage, and link with other partners working on the issue and providing complementary services that may inhibit child marriage.
Gender-based violence	- Integrate GBV into gender equality and masculinity dialogue with community and families. GBV is a cross-cutting issue and must be included in community dialogue and advocacy in all sectors and activities, including trainings to healthcare workers and sensitization to community members - Link mental health services with programming and consider integration of psychologists and mental health professionals - Need to prepare health center personnel to understand and discriminate against harmful social norms that imply inequality and discrimination against women and men with disabilities and other marginalized individuals - Promote institutional capacity for the integration of gender, human rights, and response to violence in the health sector.
Integration of Gender and Inclusive Development in programming	- IPs must ensure that their Gender and Inclusive Development Action Plans are integrated into yearly workplans - Co-creation workshop should cover gender and social inclusions - Provincial IP coordination meetings and industry days should include gender and inclusive development topics