

TABLE OF CONTENTS

HIGHLIGHTS	2
SYNOPSIS	3
BACKGROUND	4
POLICY & LEGAL FRAMEWORK	6
CAMPAIGNS	8
COVID-19 IMPACT	9
THE ROLE OF MEDIA	10
CONCLUSIONS & RECOMMENDATIONS	11
REFERENCES	13

HIGHLIGHTS

FEMALE GENITAL MUTILATION

- Female genital mutilation is reportedly not widely practised in Mozambique.
- The prevalence of FGM in Mozambique is 0.4%.
- In Central Mozambique, 98.8% of women had practiced elongation of their labia minora – a practice still debatable on whether it falls under FGM.

EARLY AND CHILD MARRIAGE

- Mozambique has one of the highest prevalence rates of child marriage in Africa and in the world, with 1 in 2 girls being forced to marry before turning 18.
- 53% of girls in Mozambique are married before their 18th birthday and 17% are married before the age of 15.
- 10% of boys in Mozambique are married before the age of 18, which makes Mozambique one of the top 20 countries globally with the highest prevalence of child marriage among boys.
- Mozambique's 2017 Population Census reveals that 56% of 17 year-old married girls having children.
- Prevalence of child marriage is more than twice as high in rural areas (35% of ever married girls aged 15-17) than in urban areas (15%) ¹.
- Girls in Mozambique who are in school are about eight times less likely to marry as a child compared to girls who have never attended or have left school

ACCESS TO SAFE ABORTION

- Abortion is legal in Mozambique upon request during the first 12 weeks of pregnancy and later in cases of rape, incest and foetal anomaly.
- Family planning coverage in Mozambique in 2020 fell by 32% because of the Covid-19 pandemic in Mozambique.
- One in every two teenage girls, aged between 15 and 19, has delivered a child or is pregnant for the first time.
- On average, a woman has at least five children in Mozambique.
- Of every two deaths one is among women aged between 15 and 24 years, and is related with pregnancy, childbirth and abortion.
- It is estimated that 6.7% of maternal deaths are due to complications due to abortion in Mozambique.
- The average cost of all abortion procedures (examination and treatment) was approximately USD 13 at a public health facility.
- In Southern Africa, only Mozambique and South Africa give women a chance to terminate pregnancy during the first trimester.
- The proportion of women that report ever having terminated a pregnancy is 9%.
- The number of unintended pregnancies between 2017 and 2018 was 297.000 ².

SYNOPSIS

This policy brief seeks to highlight female genital mutilation, early and child marriages as well as access to safe abortion in Mozambique in relation to women and child rights. The paper addresses how widespread these issues are in Mozambique and the efforts that the government and civil society are taking to ensure that women and girls' rights are observed. This policy brief explores the public health and concerns surrounding FGM, child marriages and unsafe abortion in Mozambique and discusses ways to make it both rarer and part of positive policy change.

The brief addresses the impacts of FGM, early and child marriages and access to safe abortion. The impacts include health, population, education, employment, agency, and violence, among other outcomes. The welfare, budget, and non-monetary costs of child marriage are estimated where data is available. Legal/institutional aspects and options to reduce the practice are also discussed.

The brief sets to draw recommendations and link them with existing strategies to curb FGM and child marriages while contributing towards access to safe abortion. The paper will contribute towards a pool of knowledge on FGM, safe abortion and child marriages including studies with innovative data-collection methods needed to inform project design and planning to protect girls and women's rights. The brief highlights the adverse effects such as the health and economic costs of the three issues, the need for disaggregated data to inform campaigns and policies, understanding the root causes and a look of the legal and policy framework. The brief also describes alternatives to traditional programmatic work as a means to overcome challenges presented by COVID-19.

2022 policy
brief

BACKGROUND

FEMALE GENITAL MUTILATION

FGM consists of the (partial or complete) removal of the external female genitalia, and the infliction of other injuries to the female genitalia for no medical reasons. There are several variations, including partial or complete removal of the clitoris, of the labia minora and majora, the narrowing of the vaginal opening by joining the two sides of the wound, leaving only a small opening for urine and menstrual fluids, and any other non-medical injury such as scraping, incising, pricking or burning. FGM causes pain, infection, problems with sexual intercourse, problems with urination, problems with childbirth, and death ³.

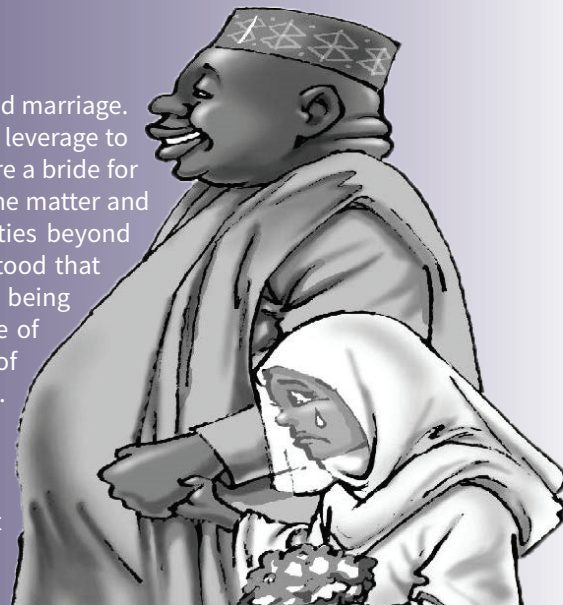
Although FGM is not widely spread in Mozambique, Elongation of the Labia Minora in Tete Province, Central Mozambique is common – the debates prevail if this FGM. Discomforting itchiness and lower abdominal pain were more frequent in women who had stopped labial elongation than in women who were currently practicing ⁴.

EARLY AND CHILD MARRIAGES

Child marriage is defined as a marriage or union taking place before the age of 18 ⁵. Child marriage has significant negative impacts; not only for girls, but also for a range of development outcomes. The negative impact of child marriage for a girl's health, education, and well-being is often larger when the girl marries very early. Child marriage is known to have a negative impact on school enrolment and attainment. ⁶ The earlier a girl marries, the more likely it is that she will drop out early and thereby have a low level of education attainment. Child marriage is associated with lower education attainment and a lower likelihood of literacy.

A mixture of social and cultural norms and socio-economic inequalities drives the occurrence of child marriage in Mozambique. *The root cause of abortions is unintended pregnancies, which is linked to unmet needs for contraception, but also the high rate of sexual violence and teenage pregnancy* ⁷. In the context of Mozambique, the largest impact on the prevalence of child marriage is school attendance. Girls who are in school are about eight times less likely to marry as a child compared to girls who have never attended or have left school ⁸. Mozambique is embarking on a multi-faceted strategy to end child marriage, adding momentum to the global effort to stop a practice that harms young girls. The government will use legal means to enforce new measures, but long-term success of the program mostly depends on changing cultural norms ⁹. Around 48% of girls in Mozambique get married before they reach the age of 18 and 14% are wed before they hit 15. Child brides are more likely to have fatal complications during childbirth because of their undeveloped bodies. They're also at a greater risk of experiencing sexual and domestic violence as well as contracting diseases such as HIV.

In Mozambique, social arrangements are shaped by the tradition of child marriage. Young girls are groomed for marriage from a young age to give families leverage to raise money or goods. For example, a family can pay off a debt or secure a bride for their son by selling their daughter into marriage. Girls have no say in the matter and are often removed from school and barred from pursuing opportunities beyond household chores. The groups involved in creating the reform understood that change would have to come from within communities rather than by being imposed from outside¹⁰. Mozambique has the sixth highest prevalence of child marriage in the world, and the 12th highest absolute number of women married or in a union before the age of 18 globally – 750,000. According to the 2011 DHS, child marriage is more prevalent in the rural areas and the in the Northern and Central regions. In the province of Niassa, almost one quarter of women (24%) were married by the age of 15¹¹. Child marriage is driven by gender inequality and the belief that girls are somehow inferior to boys.



ACCESS TO SAFE ABORTION

Until 2014, abortion was permitted in Mozambique only to save the life of the woman and to preserve her physical health (and even those criteria were not widely known or acknowledged by civil society or most in positions of authority). There is still limited knowledge of the country's abortion law. Social factors such as education status, religion, residence in a large city as well as pregnancy history were associated with having knowledge of the abortion law. Only a small percentage of women perceived abortion as beneficial to women's health. There is a need for widespread sensitization about the new law and its benefits.

Some causes of abortion in Mozambique include limited access to contraception due to financial, social and cultural barriers resulting in unwanted pregnancies. The status of abortion law has an impact on the availability of safe abortion services. Research shows that countries with enabling laws on abortion have less unsafe abortions and fewer complications linked to abortion¹². Mozambique is an interesting case in this perspective, as it has recently seen a shift in abortion legislation.

Mozambique liberalised its abortion law in 2014, granting legal abortion on request in the first 12 weeks of pregnancy, and longer upper limits in cases of rape, incest and fetal anomaly¹³. Despite decriminalising abortion, barriers that prevent women accessing abortion care remain; the law is often not being implemented. Avoidable deaths are still happening. An estimated 11-18% of hospital maternal deaths are due to unsafe abortion, the same figure as in 2008.

Women under 16 years of age or women who are not able to decide by themselves need parental or guardian consent. The preconditions to accessing the abortion services include a request letter, and an examination to determine the gestational age and to check for possible contra-indications for abortion. There is still a substantial proportion of illegally induced abortions taking place outside the health facilities due to lack of knowledge about Mozambique's abortion laws.

Post Abortion Care (PAC) is also available in Mozambique. Medical school curricula also provides additional training resources for physicians and maternal and child health nurses. Pre-service or in-service training curricula include comprehensive PAC, emphasizing surgical treatment for complications with manual vacuum aspiration and medical treatment with misoprostol. Women in Mozambique face multiple barriers to accessing PAC services. The primary obstacle that women face is the stigma related to discussing sex and RH, which leads to negative behaviours and attitudes. Additional challenges, including a lack of human resources, further limit access to PAC services, especially in rural and remote areas of the country¹⁴. The proportion of women that report ever having terminated a pregnancy is 9%.



POLICY & LEGAL FRAMEWORK

FGM

Mozambique ratified the African Charter on Human Rights and of people and signed a protocol on women rights, which in its article 14 provides that sexual and reproductive rights related to women must be respected and encouraged. These rights includes: the right to control their fertility; the right to decide whether to have children, the number of children they want to have and the spacing between them; the right to choose any method of contraception; the right to self-protection and to be protected against sexually transmitted diseases. In the Mozambican Constitution, in its chapter III, article 116, numbers 1 and 4 provide that "The medical and health care for all citizens is provided through a national health system which benefits all Mozambican people."

EARLY AND CHILD MARRIAGES

Mozambique has committed to eliminate child, early and forced marriage by 2030 in line with target 5.3 of the Sustainable Development Goals. Mozambique co-sponsored the following Human Rights Council resolutions: the 2013 resolution on child, early and forced marriage, the 2017 resolution on recognising the need to address child, early and forced marriage in humanitarian contexts, and the 2019 resolution on the consequences of child marriage¹⁵. Mozambique also signed a joint statement at the 2014 Human Rights Council calling for a resolution on child marriage. Mozambique co-sponsored the 2018 UN General Assembly resolutions on child, early and forced marriage.

Mozambique ratified the Convention on the Rights of the Child in 1994, which sets a minimum age of marriage of 18, and acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1997, which obligates states to ensure free and full consent to marriage. During its review in 2019, the CEDAW Committee expressed concerns about the persistence of harmful practices like child marriage and the absence of convictions, and recommended Mozambique to continue to engage with communities, including community leaders and parents, on the negative impact of child marriage, and to criminalise all harmful practices.

In 2019, the Child Rights Committee also expressed concerns about the extremely high rates of child marriage in Mozambique. The Committee urged the country to take all necessary measures to eliminate child marriage and initiation rites for girls, to ensure that the National Strategy for preventing and combating child marriages (2016–2019) is adequately resourced, extended beyond 2019 and effectively implemented, and to develop comprehensive awareness-raising campaigns with different stakeholders¹⁶.

During its 2016 Universal Periodic Review, Mozambique supported recommendations to establish the minimum age of marriage at 18 years old and to operationalise a gender strategy within the education system in order to combat child marriage. In 1998 Mozambique ratified the African Charter on the Rights and Welfare of the Child, including Article 21 regarding the prohibition of child marriage.

CHILD
NOT
BRIDE

In 2005 Mozambique ratified the African Charter on Human and People's Rights on the Rights of Women in Africa, including Article 6 which sets the minimum age for marriage as 18. Mozambique is one of 20 countries which has committed to ending child marriage by the end of 2020 under the Ministerial Commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa.

The Family Law, Article 30, prohibits marriage before 18 years of age. Under the Family Law 2004 the minimum legal age of marriage is 18 years, with no exceptions (following its amendment in 2019). Early, forced, arranged marriage and teenage pregnancy is considered as another form of violence of young children, since women are forced to have sex with their husbands, who are usually older and experienced, and they do not enjoy their rights to sexual and reproductive negotiation. And, in this case, according to the new code of criminal procedure, Article 220, states that those practicing sexual act with someone less than sixteen years old, with or without consent, not involving copulation, is punished with imprisonment from two to eight years.

In December 2019, the Mozambican Parliament approved its first law criminalizing unions with minors (under 18-year-olds). This was the culmination of years of efforts by the Government, civil society and rights-based organizations, concerned that almost half of girls in Mozambique married before 18¹⁷. In addition, the Parliament approved a revision of the Family Law criminalising the marriage of persons under 18 years with the consent of parents.

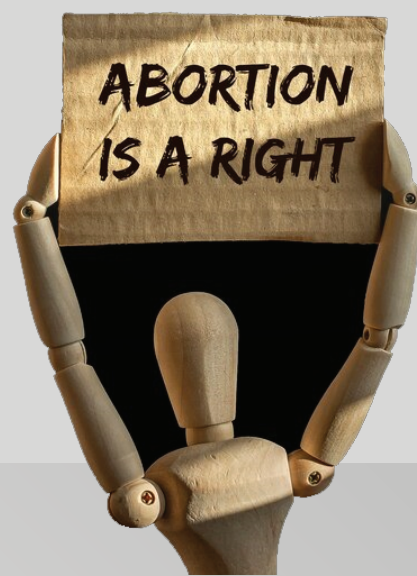
The Ministry of Gender, Children and Social Affairs developed a National Costed Strategy to Prevent and Eliminate Child Marriage (2016-2019) which is being implemented in collaboration with UNICEF, UNFPA and the Girls Not Brides national partnership (CECAP)¹⁸. The strategy was reformed in 2020 in light with the expiration of the targets.

ACCESS TO SAFE ABORTION

The new Mozambican Criminal Procedure Code, in its Law 35, article 168, number 5 says that "Abortion performed by a doctor or another health professional authorized to do so, or at their direction, on an official health establishment or officially recognized and with the consent of the pregnant woman is not punishable when it is practiced in the first twelve weeks of pregnancy".

When Mozambique's abortion law was liberalized in 2014, it was hailed as a major step forward for expanding access to safe abortion care. The reform allowed legal abortions on request during the first 12 weeks of pregnancy. The country's penal code dating back to the 1800s remained an obstacle to women's ability to determine their sexuality and reproductive health, including access to safe abortion care¹⁹.

Revision of the penal code has paved the way toward meaningful implementation of the abortion law, which is one of Africa's more liberal laws and a model for other countries



CAMPAIGNS

FGM

There is not enough evidence on FGM campaigns in Mozambique as it is not widely practiced. FGM is normally popularised during training and capacity building activities on women's rights.

EARLY AND CHILD MARRIAGES

The advocacy of civil society and human rights organizations enabled the issue of child marriages to be increasingly been recognized as a national priority – with the new law on the prevention of child marriage approved in Mozambique in July 2019. In September 2021, Mozambique traditional leaders agreed on an action plan at a national forum to address child marriage and gender-based violence in their communities during a dialogue facilitated by UN Women channelled through the Council of Traditional Leaders of Africa (COTLA)²⁰. The Spotlight Initiative is working collaboratively with public institutions, civil society and a network of around 300 community leaders to educate communities about the harmful effects of child marriage, and to teach them about the country's recently approved law which criminalises it. Mozambique's first lady Isaura Nyusi, has urged traditional leaders are the guardians of social norms and allies in ending gender-based violence and child marriage as part of the campaign to end child marriages.

Girls Not Brides, a non-profit that combats child marriage, worked with the government to bring community members into the process. They consulted community leaders, civil society groups, girls, women, men--anyone related to the tradition--to get a holistic understanding of how this practice could be dismantled. Their program has eight pillars that cover “education, awareness campaigns, access to family planning and sexual and reproductive health services, improved laws and policies, as well as research and monitoring ²¹.”

Mozambique is a focus country of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage, a multi-donor, multi-stakeholder programme working across 12 countries over four years. As part of the Global Programme, in 2018 more than 200,000 Mozambican girls were reached with life skills interventions and approximately five million people were engaged as part of a mass media campaign against child marriage²².

ACCESS TO SAFE ABORTION

The Associação Moçambicana de Obstetras e Ginecologistas (AMOG) collaborated with the Social Communication Institute to assess the most effective method to strengthen awareness of safe abortion services, and how women and girls can claim their rights. They examined local learning about barriers to women's participation in interactive radio shows which highlight gender inequalities. They used these insights to tailor their own community radio initiatives, making sure that they reached women and girls, as well as making sure that those responding did not feel stigmatised for answering questions about abortion. The radio shows, in local languages, reached across five provinces, with an audience of around 870,000 people during 'Women's Month'.

Ipas Mozambique and others have worked to implement safe abortion services, raise awareness and advance the reproductive health and rights of women and girls in Mozambique. Another campaign is that happening during the 16 Days of activism of 2020. This included the Mozambique Radio, launched an information campaign to spread awareness of Mozambique's abortion law. Radio listeners in Sofala, Maputo, Tete, Nampula and Xai Xai tuned in to Mozambique radio and participated in a series of radio call-in shows to ask questions and provide thoughts on how awareness and understanding of Mozambique's abortion law could be strengthened.

COVID 19 IMPACT



FGM

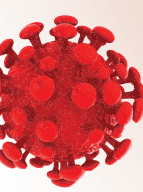
There is not enough evidence on the impact of Covid 19 on FGM in Mozambique as it is not widely practiced.

EARLY AND CHILD MARRIAGES

Emerging evidence shows that adolescent girls are being severely impacted by the pandemic and are experiencing increases in violence, child marriage and teenage pregnancies, driven partially by school closures and limited access to sexual and reproductive health services. There is fear that the restrictions imposed by COVID-19 may have resulted in an increase in child marriage in Mozambique, as in other countries. School closures, economic pressure and limited access to sexual and reproductive health services are seen as some of the main drivers of these problems, with far-reaching consequences for women and girls. Curbing child marriage amidst the COVID-19 pandemic will take decisive action, further investment, and active engagement from local leaders with their communities.

Just like the natural disasters in Mozambique, Covid 19 is proving to worsen the poverty levels and child marriages in the country. For example, many families used child marriage as a coping mechanism in a context of food scarcity, poverty and economic insecurity. Anecdotal evidence from field-based humanitarian workers about child marriage taking place in the affected areas shows that child marriages thrive in poverty stricken families²³. In Mozambique, calls to the Child Helpline showed that children made 16,244 calls from January to April 2020 which was double the number of calls made during the same period in 2019. Child marriage, abuse and neglect, and school-related problems such as school dropouts, lack of school materials and sexual harassment in schools, were among the reasons people called the helpline²⁴.

ACCESS TO SAFE ABORTION



Mozambique has committed to provide for safe abortion service even during the covid-19 pandemic. Through organisations such as Ipas, a multifaceted approach to ensuring women and girls can still access needed reproductive health care with minimal risk of COVID-19 infection during the pandemic is implemented. In Zambezia Province, for example health centers that offer comprehensive abortion care to ensure use of best practices for limiting the spread of COVID-19 are fully functional. In Nampula Province, which currently has the highest number of COVID-19 infections in the country, Ipas conducted an online training for almost 350 health providers and more than 70 district and health facility managers on how to reduce the risk of infection for both providers and patients within maternal and child health-care services.

THE ROLE OF MEDIA

THE ROLE OF MEDIA

Radio programmes and mini-dramas have been useful in contributing towards child marriage campaigns. For example, a mini-drama of six episodes addressing COVID-19 related issues were broadcast to reach young people with messages about COVID-19, child marriage and gender-based violence. Counsellors are being trained to deliver remote psycho-social support, referrals to health services and strengthening linkages with helplines such as Linha Verde regarding reporting of sexual exploitation and abuse cases. These initiatives are popularised via community radio. For safe abortion advocacy, media has been critical in Mozambique. Key messages on the topic are integrated into communication formats with proven effectiveness in Mozambique – such as radio programmes, magazines mixing entertainment and information, community theatre plays – and adjusted to the medium used and the most appropriate type of language for the target audiences of communication materials produced by the Ministry of Health and partners. Supporting journalists to write accurate and engaging stories about safe abortion, and disseminating messages to communities, to help sensitise and change social norms.



CONCLUSIONS AND RECOMMENDATIONS

FGM

Despite the low incidence of FGM in Mozambique, the country should remain vigilant as such practice may spread due to migration and inter culture influence. Laws should be always enforced for any occurrence.

EARLY AND CHILD MARRIAGES

There is a correlation between high levels of child marriages and poverty. The World Bank estimates that ending child marriage in Mozambique could see a 15.6% rise in earnings for women who married early, and would generate an additional USD 375 million in earnings and productivity for the country. Campaigns that include community leaders, faith and traditional leaders as well as policy makers. Perpetrators of child marriages must be prosecuted and justice served. Multi-stakeholder campaigns to communicate and socially mobilise communities is essential.

Such campaigns should include improving girls' access to education and sexual and reproductive health services. Services need to be improved in supporting married girls with possibility of re-integrating them into the schooling system. While the law seems strict to set the age of marriage at 18, continuous reforms including support and education services are essential. Child marriage is driven by gender inequality and the belief that girls are somehow inferior to boys. During Covid 19, girls should be allowed to continue with extra curricula activities such as girls clubs with all protocols observed.

ACCESS TO SAFE ABORTION

Mozambique has committed to provide for safe abortion service even during the covid-19 pandemic. Through organisations such as Ipas, a multifaceted approach to ensuring women and girls can still access needed reproductive health care with minimal risk of COVID-19 infection during the pandemic is implemented. In Zambezia Province, for example health centers that offer comprehensive abortion care to ensure use of best practices for limiting the spread of COVID-19 are fully functional. In Nampula Province, which currently has the highest number of COVID-19 infections in the country, Ipas conducted an online training for almost 350 health providers and more than 70 district and health facility managers on how to reduce the risk of infection for both providers and patients within maternal and child health-care services.

Despite the legal nature of abortion in Mozambique, there is still much work to be done to remove barriers to safe abortion services. All women in Mozambique need to have access to Family Planning and Safe Abortion services, regardless of their socioeconomic status, race, religion, culture and marital status. Holistic action is critical including work that reaches the whole of civil society, but takes as focal points the community and religious leaders, women and youth, the providers of safe abortion services, key government partners (Ministry of Health; Ministry of Education; Ministry of Youth and Technology; Ministry of Women, Gender, Children and Social Action; and Ministry of Justice), as well as legislators (Assembly of the Republic). There is need for generation of better evidence and data, through partnering with universities and the Ministry of Health, to facilitate better understanding of the issue and the barriers to law implementation.

Some common observations for the three issues include:

POVERTY

Half of the population in Mozambique lives in poverty. This puts girls and women at increased risk of being married off as many families see child marriage as a means for economic survival, in addition to the incentive of obtaining the bride price. There is need to also make safe abortion services more accessible in Mozambique and post abortion care cheaper.

HARMFUL TRADITIONAL PRACTICES

Polygamy prevails in many communities and interlinks with child marriage because many girls are married off as second or third spouses to wealthy men. Traditional gender norms contribute to perpetuate child marriage in rural Mozambique by attributing a high value to the virginity of girls. Sexual initiation rites also encourage the subordination of a girl to her husband. These fuel child marriages and unwanted pregnancy.

ADOLESCENT PREGNANCY

Adolescent pregnancy is closely linked to child marriage. In rural areas, the majority of adolescent mothers are married. On average, girls have their first child 15 months after they get married. Access to contraception could significantly reduce teenage pregnancies and child marriage, as well as unsafe abortion.

LEVEL OF EDUCATION

Girls with secondary education are less likely to be married by age 18, compared with girls with no education at all. Investing in education of girls will ensure that child marriages are an issue of the past as well as unsafe abortions.

ACCESS TO SAFE ABORTION

LAW REFORM

Laws and policies on abortion should protect women's health and their human rights according to the Maputo Protocol. An enabling regulatory and policy environment is needed to ensure that every woman who is legally eligible has ready access to safe abortion care.

POLICY IMPLEMENTATION

Expansion of quality postabortion care services must continue to help women avoid disability and death. Efforts should focus on providing modern and less invasive methods of postabortion care, such as manual vacuum aspiration and misoprostol, along with training of health personnel to provide prompt care for women suffering from complications of unsafe procedures.

TRAINING AND SUPPORT

Sexuality education and access should be upscaled and aligned with quality post abortion care in order to reduce unintended pregnancy and unsafe abortion.




REFERENCES


- ¹ Mozambique 2017 National Census
- ² FP2020 Core Indicator 2017–18 Summary Sheet
- ³ European Commission, Questions and Answers about Female Genital Mutilation
https://ec.europa.eu/commission/presscorner/detail/en/QANDA_21_402
- ⁴ African Journal of Reproductive Health, Determinants of Elongation of the Labia Minora in Tete Province, Central Mozambique: Findings of a Household Survey, 2016
- ⁵ World Bank, Country Profiles on child marriages, 2016
- ⁶ World Bank Open Knowledge, Mozambique country profile on child marriages, 2019
- ⁷ Gender Links, SRHR Barometer, Safe Abortion Chapter, 2021
- ⁸ UNFPA; Trends and patterns of child marriage in Mozambique, 2020
- ⁹ Global Citizen, Mozambique launches ambitious plan to end child marriages, 2016
- ¹⁰ Girls Not Brides, Country Profile, Mozambique, 2016
- ¹¹ Mozambique Demographic Health Survey, 2011
- ¹² Founders A, Shah IH, Evidence Supporting broader access to safe legal abortion, 2015
- ¹³ International Campaign for Women's Right to Safe Abortion: Mozambique Advocacy Project, 2020
- ¹⁴ Post Abortion Care Organisation, Mozambique Post Abortion Care Brief, 2018
- ¹⁵ UNFPA, Country Profile, Mozambique, 2018
- ¹⁶ Girls Not Brides, Mozambique Country Profile, 2019
- ¹⁷ Spotlight Initiative, Mozambique community leaders become allies in ending child marriages, June 2021
- ¹⁸ Mozambique National Strategy to Prevent and Eliminate Child Marriage, 2016
- ¹⁹ Ipas, Mozambique's penal code review recognises the legal right to abortion, 2020
- ²⁰ UN Women in Africa, 2021, COTLA commitments to end harmful practices.
- ²¹ Girls Not Brides, Mozambique Country Profile, 2016
- ²² UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage, 2019
- ²³ Save the Children, the effects of Natural Disasters on child marriages in Mozambique, 2018
- ²⁴ UNICEF, Child Marriage in Covid-19 contexts, 2021
- ²⁵ International Federation of Gynaecology and Obstetrics, Mozambique call to strengthen gender equality and access to safe abortion.

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