



Evidence Spotlight | Mozambique | Global

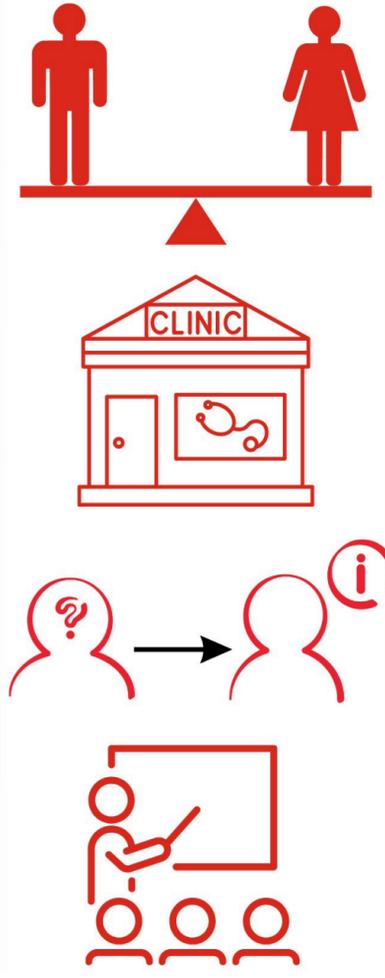
Priority: Sexual & Reproductive Health & Rights

CONTEXT

SC worked in partnership with Governments of Canada and Mozambique to improve sexual and reproductive health and rights (SRHR) for rural adolescents. This included awareness-raising, providing SRHR services, adapting harmful initiation rites, working with Children's Parliaments, and challenging gender norms.

WHY THIS MATTERS

In Mozambique, **48% of girls are married before the age of 18, and 44% of girls are pregnant before the age of 17.** Harmful social and gender norms contribute these rates, with girls dropping out of school and marrying young, making them more vulnerable to forms of violence. This is often due to the lack of SRHR information and services.



RESULTS

- Child marriage rates fell to 10% (down from 40%)
- Harmful attitudes towards gender are shifting.
- 92% of girls knew where to access SRH information at the end of the project (compared to 59% beforehand)
- 100% of SRHR services had at least three methods of contraception in stock (compared to just 20% before)
- Key changes were made to initiation rites, including stopping all abusive practices. 450 initiation rites providers trained and adopt these practices

IMPACT

Adolescent girls and boys in Milange, Morrumbala and Derre in Mozambique now have improved access to SRHR services, and views on harmful gender norms have begun to shift positively.

Improving Sexual and Reproductive Health and Rights (SRHR) for Rural Adolescents

Context: From 2018-2022, Save the Children worked in partnership with the Governments of Mozambique and Canada on the Ungumi project, which aimed to improve sexual and reproductive health and rights (SRHR) for rural adolescent girls and boys in and out of school in the Districts of Milange, Morrumbala, and Derre in Mozambique. A number of activities were implemented as part of the project, including:

- Providing adolescent friendly SRHR services.
- Raising awareness of gender equality and rights.
- Challenging harmful gender norms by working with communities to include boys and girls in activities that were previously frowned upon.
- Changing initiation rites that previously promoted child, early and forced marriage, negative masculine behaviours, and occasionally violence.
- Working with Children's Parliaments to build their knowledge and skills in adolescent SRHR, gender equality, sexual and gender-based violence (SGBV) and advocacy and lobbying.

SGBV is something normal that should be accepted
Endline - 2% (girls), 8% (boys)

Why is this important? In Mozambique, harmful social and gender norms contribute to girls dropping out of school and marrying young, making them more vulnerable to different forms of violence, health and sanitation risks, increased systemic inequality, and low self-esteem. In rural areas, this is often related to the lack of quality information and services related to SRHR, as these subjects are often taboo within communities. With limited access to contraception and knowledge about SRHR, harmful cultural practices can be passed on, leading to early marriage, early pregnancy, and an increased risk of contracting sexually transmitted infections. **This is particularly important in Mozambique, which has the 10th highest child marriage rate in the world, with 48% of girls married before the age of 18. 44% of girls also become**

Household chores should be shared equally
Endline - 57% (girls), 73% (boys)

What we achieved:

- Rates of child early and forced marriage in intervention districts decreased significantly. 40% of girls aged 15-17 were married at the start of the project, compared to 10% at the end. This was also partially due to a law banning child marriage being enacted in 2019.
- The empowerment of married and unmarried boys and girls aged 10-19 has been enhanced. Harmful attitudes towards gender have begun to reduce.
- Over 63,000 adolescents received sexual and reproductive health services during the project. This included the establishment of 12 mobile health brigades for adolescents in rural communities. 100% of these facilities had at least three modern methods of contraception in stock at the end of the project, compared to just 19% before. 92% of adolescents knew where to access SRH information and services at the end of the project, compared to 59% of girls and 70% of boys beforehand. Additionally, only 9% of girls said they would have difficulty getting permission to access SRH services, compared to 21% at the start of the project.
- Through advocacy and lobbying, the Children's Parliamentarians influenced the inclusion of children's concerns in the district-level social and economic plans and budgets in the three districts where the project operated. Children's Parliament initiatives also reached over 60,000 people through community radio broadcasts, including awareness sessions on adolescent SRHR topics in schools and communities.
- The project worked with initiation rite providers to identify, reflect, and change harmful teachings. Key changes included tailoring the topics and messages for different age audiences, adopting gender transformative messages, and immediately stopping all abusive practices. Over 450 initiation rites providers were trained and have now adopted these practices.

Men should make decisions about contraceptive use
Baseline - 46%
Endline - 22%

I feel shame about menstruation
Baseline - 39% (girls)
Endline - 69% (girls)

Challenges:

- Attitudes towards contraceptive use did not change.
- About a quarter of adolescents still felt SGBV was sometimes justified.
- There was no change in the percentage of adolescents who had witnesses or experienced bullying or threatening behaviour
- Only a minority of adolescents had reported or would consider reporting a case of SGBV and believed their report would be handled respectfully and appropriately.

It is ok for boys but not girls to attend school
Baseline - 25%
Endline - 9% (girls), 6% (boys)

Recommendations

- Changing community attitudes and behaviour is a slow, gradual process, taking longer than the 5-year project timeframe.
- The effects of the COVID-19 pandemic and flooding following two cyclones in early 2022 led to some changes in project implementation and may have led to an increase in SGBV.
- The project's sensitivity to the local context was appreciated by its stakeholders.

I can name at least two SRH rights
Baseline - 46% (girls), 12% (boys)
Endline - 27% (girls), 21% (boys)