



LISTENING  
TO YOUNG  
MOTHERS IN  
MOZAMBIQUE

# IN HER WORDS



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# Summary

Grounded in the perspectives of 22 young mothers in Mozambique, *In Her Words* offers a framework for funders and other power holders to take a two-generation approach to promoting nurturing care for children aged 0–3 and expanding opportunities and the realization of human rights for young mothers. Young mothers called for safe spaces to be girls, opportunities to be in community with other mothers; respectful health services for themselves and their children and youth-friendly, comprehensive sexual and reproductive health and rights information; educational opportunities for themselves and their children; and opportunities to become financially self-sufficient.

# Introduction

Children everywhere deserve an opportunity to lead fulfilling lives – to survive, develop and thrive throughout childhood and adolescence and to reach their full potential. Adolescent girls are worthy of opportunity and agency to lead their lives in the way they choose. This should remain true for those who become mothers. And yet, adolescent mothers and their young children (ages 0-3) are uniquely vulnerable, often invisible to policymakers and NGOs and shunned by their families and communities.

**In the first years of life, parents, intimate family members and caregivers are the closest to the young child and the best positioned to provide nurturing care (Nurturing Care, 2022). To equip caregivers with the resources to provide nurturing care, policies, services and community supports need to be in place. This is especially important for adolescent and young mothers who are particularly vulnerable and often the most marginalized from these supports.**

By listening to and amplifying young mothers' voices in Kenya, Mozambique and Tanzania, *In Her Words* takes a first step towards ensuring opportunity for young

mothers and nurturing care for their children.<sup>1</sup> In December 2021, dialogues were held with 22 young mothers ages 15 to 24 in Maputo and Nampula provinces in Mozambique. Conversations ranged from pregnancy to birth to parenting and addressed peers, families, communities, and systems. While the dialogues were guided by a set of questions, they were also an open forum for young mothers to discuss what felt most important to their lives and the lives of their children.

To put these voices in context, the report begins in Section 1 by outlining what the data show about the challenges facing girls and young women, existing policies designed to improve outcomes for girls and the gendered inequalities that help explain these challenges and policy limitations. In Section 2, the report shares insights and quotations from girls: weaving together an illuminating, and often painful, recount of young mothers' experiences and how they are treated for as pregnant and parenting girls and young women. It shows the deep, almost inseparable, connection between the role of marriage and all other aspects of her life – including pregnancy, and the depth and impact of violence she faces. The report concludes in Section 3 with the brilliant

<sup>1</sup> In Her Words captures the voices and perspectives of young mothers' from across Kenya, Mozambique and Tanzania. This specific report is focused on young mothers in Mozambique.

solutions young mothers recommend to the barriers they are facing.

It is clear young mothers are determined to give their children the best, but isolation, discrimination, violence and a loss of opportunity are major barriers. As the people closest to the problems they face and those with a deep commitment to their children, young mothers are best positioned to understand what solutions will work to address these challenges. Funders, policy makers, social service systems, communities and families all have a role to play in ensuring young mothers, and their children, can reach their full potential. **Listen to their words and invest in their solutions.**

# Section 1

## THE DATA AND POLICY LANDSCAPE

**48%** of young women aged 20-24 were married or in union by age 18

**38%** of adolescent girls in Mozambique (ages 10-19) have given birth to children

### Adolescence is a time of early marriage and motherhood for many girls in Mozambique.

**High rates of adolescent pregnancy and child marriage:** Many Mozambican girls become mothers during their adolescence; roughly 38% of adolescent girls in Mozambique (ages 10-19) have given birth to children (Jaén-Sánchez et al, 2020). Although the UN population division has suggested that adolescent fertility has been declining since 2011, as of 2021 Mozambique had the 6th highest adolescent (15-19) birth-rate in the world (Abrahams, N.D. and UNICEF, 2021a). Child marriage is also common; 48% of girls between the ages of 20 and 24 were first married/in union before the age of 18, and as of 2021, Mozambique had the 5th highest rate of child marriage (married by the age of

18) in the world (UNICEF Mozambique, n.d. and UNICEF, 2021).

Pregnancy during adolescence can be dangerous. Maternal mortality rates in Mozambique are mainly caused by “delays in access to quality care” - these delays included delays in decisions to seek care, delays in reaching healthcare facilities and delays in care being provided after arriving at health care facilities (Chavane et al, 2018).

It is worth noting that these figures may also be impacted by humanitarian crises. For example, after Cyclone Idai in 2019, humanitarian organizations and local communities noted “a troubling spike in gender-based violence (GBV), transactional sex, sexual exploitation, and child marriages,” (Gambir et al 2020). Similarly, the COVID-19 pandemic has seen an increase in some of the catalysts for child marriage, including lack of access to education, poverty and early pregnancy (Spotlight Initiative, 2021).

**Increasing contraceptive use.** Some shifts in early pregnancies among Mozambican girls may be on the horizon. Contraceptive use in Mozambique has increased, partially as a result of Mozambique’s inclusion in the FP2020 global initiative which aimed to increase access to family planning. Between 2012 and 2019, Mozambique had the fastest

**Figure 1: The Two-Generation Impact of Gender Inequality**

	Informal	Formal
<b>Individual</b>	Trauma as a result of gender-based violence harms young mothers' well-being. Young mothers lack <b>social support</b> to navigate the transition to motherhood. <b>Shame</b> keeps young mothers isolated and disconnected from services.	Gendered <b>poverty</b> puts girls at risk of early marriage. Many young mothers do not receive <b>support</b> from their child's father. Absence of <b>affordable quality childcare</b> blocks young mothers from pursuing education and work. <b>Lack of viable livelihoods</b> puts young mothers at risk of violence.
<b>Systemic</b>	<b>Rigid gender norms</b> contribute to high levels of early marriage. <b>Gender-based violence</b> is a pervasive rights violation. <b>Discrimination</b> pushes young mothers out of school.	<b>Policies</b> meant to protect girls and young women from violence and ensure educational and healthcare access are not enforced.

Note. This analytical framework was adapted from Gender at Work.

uptake of modern contraceptives globally (Bronstein, 2019). Contraceptive use among women doubled to 32% (FP2030, 2020).

**Increasing HIV treatment.** Similarly, it is estimated that in 2020 around 98% of women living with HIV received antiretroviral medication to reduce the risk of mother to child transmission (AIDSInfo, 2020). Deaths from AIDS related illness and new HIV infections have also slowly declined since 2018 (AIDSInfo, 2020). The national HIV burden, however, remains among the highest in the world, and women are disproportionately affected by new HIV

infections. In 2020, 62% of all new infections were amongst women and girls, and 72% of new infections amongst young people between 15 and 24 were amongst girls and young women (AIDSInfo, 2020).

**National policies are in place to support young mothers, but they continue to face educational discrimination and lack of access to sexual and reproductive health care.**

Mozambique has several national policies designed to protect children, young people and pregnant and parenting young women

specifically (see Appendix 1). Those policies are enshrined in:

- The Constitution of Mozambique Article 47
- The National Strategy for Early Childhood Development Project (DICIPE), 2012-2020 (World Bank, n.d.)
- The Law Against Premature Unions, 2019 (UNFPA—UNICEF, 2019)
- Liberalization of restrictive abortion laws in 2014 (CEDAW, 2018)
- Decree 435 revoked a previous law restricting pregnant girls' school attendance and requiring them to attend night school, 2018 (Salvi, 2019)

Within the last 10 years, Mozambique has seen shifts in two major policies that had previously harmed pregnant and parenting girls and young women. The first was the liberalization of the abortion law in 2014. Abortion had previously been criminalized in Mozambique since colonialization. The changes in the penal code recognized the right of women and girls over the age of 16 to access safe abortions, and those under the age of 16 to do so with the consent of a parent or guardian.

The second policy shift was the annulment of decree 39/2003 which allowed for the removal of pregnant girls from formal

education and for their placement into night classes. Research suggests that this law caused large numbers of students to drop out, with pregnant girls aiming to conceal their pregnancies so as to remain in mainstream classes (Salvi, 2016). Although male partners of pregnant girls and young women were included in the policy, they were often not penalized in the same way as girls and young women, especially if they were students at different schools, older local community members or teachers (Salvi, 2019).

**Despite these policy changes, a gap persists between policy and girls' experiences.** Human Rights Watch, for example, has noted that pregnant girls are still unable to attend school in practice and there are few means for schools to provide them with support (2021). Further research is required into the everyday experiences of pregnant girls in education, particularly in the context of the Covid-19 pandemic's impact on access to education, of gender-based violence and child marriage.

While abortion was legalized in 2014, barriers to safe abortion remain. No participants in a 2018 study had utilized legal avenues to access safe abortions from healthcare providers (Federico et al, 2018). Amongst women surveyed in 2017 and 2018, only 28.8% knew that abortion had been legalized

(Frederico et al, 2020). A paper published in 2020 highlighted significant gaps in access to contraception and safe abortion services:

“Unfortunately, the 2020 approved MOH strategy on school health based and adolescents’ health failed to emphasize the importance of long-acting reversible contraceptive methods for adolescents, having been excluded from the school package too. This represents a backlash in terms of adolescents sexual and reproductive rights in the country. ... It is problematic that safe abortion services for adolescent girls are still not fully available across the country according to the law. Moreover, implementation is poor in some health facilities where girls are being asked for payments for the services, creating barriers to exercise their rights. Unsafe abortions represent a significant threat and it is a cause of adolescent’s deaths that could be prevented. Addressing this issue is critical as it speaks to the protection of the right to life for adolescent girls” (AMODEFA, 2020).

These publications highlight a concerning disconnect between the changes in law, which aim to improve the lives of pregnant and parenting girls, and their implementation on the ground.<sup>2</sup>

Additionally, ongoing problems such as gender-based violence, sex trafficking and child marriage continue to have an impact on pregnant and parenting girls and young women despite the existence of policies attempting to address such issues. For example, the criminal code still requires official reporting of sexual assault in order for criminal prosecution to occur (Amnesty International UK, 2020). Amnesty International has noted that families, friends and communities often discourage survivors of sexual assault from reporting for numerous reasons. In addition, children and adolescents between the ages of 12-18 are excluded from policies on gender-based violence, leaving them without protection from abuse.

Girls and women with disabilities face additional barriers in accessing sexual and reproductive health services. Advocacy organizations have highlighted the persistent violence and educational discrimination against girls and women with disabilities and critiqued the lack of services available for the

community outside of certain urban areas. Violence, discrimination and lack of appropriate services harm disabled girls and women when they become pregnant (WFD, 2019).

### **Systemic gender inequality compounds the vulnerability of young mothers and their children.**

Gender inequality constrains young mothers’ options at every turn. It is built into formal rules and informal norms they must navigate. Gender inequality reduces young mothers’ access to resources and even shapes how they are taught to think about themselves. While young mothers often know what they need to address the challenges they face in providing nurturing care for their children, gender inequality reduces their access to necessary resources, services and social capital.

An analytical tool developed by Gender at Work (Figure 1) unpacks the dynamics of inequality along two axes – formal to informal and individual to systemic – to explain how gender inequality operates at the level of individual mindsets and access to resources and at the level of the collective in the form of norms and formal policy.

<sup>2</sup> See Appendix 2 for the UN Committee on the Elimination of Discrimination Against Women’s conclusion on child protection policies in Mozambique.

# Section 2

## YOUNG MOTHERS' EXPERIENCES OF PREGNANCY AND PARENTING ACROSS NAMPULA AND MAPUTO

### In her words: Her lived experiences from girlhood to parenthood

The data are clear about the challenges facing adolescent girls and young women in Mozambique. Every aspect of girls' lives is more challenging if they become pregnant early. Young mothers experience isolation, invisibility, discrimination, violence and a loss of opportunity.

At the center of it all: shame and isolation.

The fear and experience of shame from early pregnancy leaves girls isolated and alone. Shame and isolation damage young mothers' social and emotional wellbeing, curtail their education, harm their health, cut off access to the resources they need to provide nurturing care to their children and constrain their future.

### What Shame and Isolation Look Like for Young Mothers

**Marriage, or the promise of it, is at the center of young pregnancy. For many, it can feel like the only pathway to a different future.**

Early marriage is normalized and expected in Mozambique, and girls in Nampula and Maputo are no different. For many of the young mothers, marriage or the prospect of

marriage precedes pregnancy, and high rates of early marriage drives early pregnancies.

Young mothers articulate this expectation in a matter-of-fact way:

*"I am 24 years old, I got pregnant the first time when I was 17, the first pregnancy was not difficult because my husband supported me, he worked and always brought food and other things for us to survive, but after a while everything changed, in the second pregnancy I was living with my parents he no longer took good care of me, they are from the same father, I was studying."*

*"The father of my son, asked me to marry him and he came home with his family to show interest in me, I was 16 when he came to me. He said he wants to get married, and I accepted. They accompanied me to my husband's house and there we lived with his sisters and his mother."*

For many adolescent girls, finding a partner feels like the only pathway to a different future. In Nampula and Maputo, girls have few opportunities and often have a set of

terrible options to choose from. For some girls this means partnering with a man to get out of a violent situation or in an attempt to escape poverty. For others, marriage comes from external expectations or pressure from parents or caretakers to relieve their financial burden.

*"The problem is the people who live with us- who force us to have these practices of getting involved with someone to support us. My aunt doesn't work and those who support her are her children who already work. She started pressuring me to have someone so that person could support me. I got pregnant and that person abandoned me. I had to continue living with my aunt and look for another partner to help me."*

*"I suffered violence at home with my partner. I ended up running away to my cousin's house. My cousin's husband harassed me, and I had to go to my aunt's house. I ended up getting pregnant to have someone to help me."*

### Motherhood means a change in identity and a shift to adult responsibilities.

Marriage and motherhood are culturally expected, but still come with a sense of truncated childhood for many:

*"When you have a child your life changes a lot, you stop being a child and become more responsible and patient with others. I felt tired and my house was too far from the school, I had to stop going to school."*

*"Being a mother is what I dreamed of, but I was not a mother at the time I wanted. I felt very good at first, it was wonderful. But after seeing the baby, the difficulties came, buying milk and diapers. It did not work out with the father of the child and my mother was the one who supported me a lot."*

*“To be a mother is a gift, and to have love for others. I didn’t plan to have children, I was 18 years old, I wasn’t prepared to have a son or a husband, I was the only girl in my house, I wasn’t even prepared to go to the hospital. When my son arrived, I was afraid to breastfeed the child, but with time I got used to it, I learned from my mother-in-law and my husband.”*

Marriage can also mean lost dreams of what could have been and the future, inside and outside of marriage:

*“I was not prepared to have a child, I had not planned for the arrival of the baby, everything happened fast and when I realized I was already pregnant, I was afraid and very scared, although I always wanted to have a child it did not go well because I was not the right age to get pregnant. I had support from my sisters from the beginning, I am from Maxixe. I spent the end of the year and ended up pregnant, they didn’t allow me to work, the father of my son gives me an allowance at the end of the month, I use the money to buy diapers. My dream, I was bewildered, I am thinking of*

*opening a cosmetics business to be more independent, although I am here because my brothers help me. Well with the arrival of my son, I had no way to return to Inhambane, my dream was to do nursing, but then I had to stop studying. The father of the child in the beginning of the pregnancy refused to take over so this made me think that maybe I would have to be stronger to be able to raise my child without him.”*

Young mothers feel like their fate is written and they have little control over their current situations or their future:

*“Being a mother is good but very difficult. When I met the father of my second daughter I tried to manage. I had to be alone. I left in January for his house, at home it is not easy. He lives with his elder sister; in the situation I am in I cannot choose.”*

*“I had my first child when I was 17 years old, and today he is 6 years old. I left Maputo to study in Nampula. I had to leave my cousin’s house – she sent me to my husband’s house. The baby was 2*

*months old; I was helpless. What was left of me was to go home. I explained to her the situation, and she took care of me. She was with a husband who was not my father, things started to be very difficult, I did several businesses, I didn’t leave my son with anyone. The work was very tiring, long and I walked a lot.”*

Motherhood comes with many new responsibilities, creating financial and emotional stress. In a context of widespread poverty and limited financial opportunities, new mothers do what they can to provide.

Young mothers say:

*“But after I met my daughter’s father, I stopped using injections and went to bed with him without any protection. When the child came, he ran away, abandoned me, said child. I missed school and now I am focused on trying to see life, see something I can do to have money.”*

*“I have a tomato stand and other things. Almost every day I go to the market in Zimpeto Gwevar with tomatoes, onions, cabbage, and cucumbers for my stall. I live with my husband and my mother-in-law; they also help with the house expenses.”*

*“I sell cupcakes and cookies with my mother. She makes the cookies and I sell them. We wake up at night to pound the beans, grind them, and at dawn we fry them. I sell in the piri piri area. When I go to sell, I take the baby with me. I give him a bath before I leave and carry him with me.”*

*“I would like to have a land space to raise my child. To have something to sell and help sell. Because the babies get sick, and I have no money to take them to the hospital and pay for their medicine.”*

In already difficult financial circumstances, the COVID-19 pandemic – like any other shock – is making young mothers’ life so much harder.

*“Financially there are always difficulties, I have support from my husband and my brother, I am an orphan. I finished 12th Grade and went to the commercial institute. I worked in a bar, but it closed due to the pandemic. I have plans to go back to work. I would leave one in day-care if I could afford it.”*

*“My husband didn’t have a job, he was a handyman, he drank a lot and didn’t support anything at home. In my first pregnancy my husband took care of the family with the little he had, he organized himself so that we would have the basics at home and not go hungry, but in the second pregnancy he changed a lot to the point of letting me have a bad time at his house. When I left my husband’s house, I started to sell creams and roll-on, but with the pandemic the whole business stopped; now I stay at home and take care of the baby and the housework.”*

#### **Young mothers face significant violence and abandonment.**

Many young mothers’ relationships start as seemingly stable, but then violence grows over time. Violence at the hands of their partners comes either early in the marriage,

often with the onset of pregnancy, or a few years into parenting. One young mother says:

*“I ran away from home. When they left me there, at the beginning everything was very good, my husband gave me money and took good care of me. But out of nowhere it started to change, he drank a lot, he would come home drunk and beat me and insult me a lot at his house. When I got pregnant the situation was very difficult, he took money and went drinking, I starved to death. We didn’t have a good relationship because of the way he beat me. One day, tired of everything, I decided to leave for my brother’s house where I went to give birth. I gave birth at my brother’s house and decided not to return to my son’s father’s house. He abandoned us and does not care for the child. When I gave birth my brothers called him to inform him that I had already given birth, but he ignored, said he did not care because the child was not his, so I am being cared for.”*

What’s more, violence is normalized in young mothers’ families and communities:

*“The father of the child accepted the belly and took care of it. My boyfriend’s mother asked to keep the baby to help take care of it. The problem is domestic violence that doesn’t end, worse when he drinks alcohol. When I go to my mother’s house, he gets jealous and hits me. My family tells me to put up with it. His family only talks to my grandfather. They don’t have a clear position on the matter.”*

*“First he started to forbid me to leave the house, then he made a fuss when I went out and beat me a lot. I heard from the older women that home is just the way it is and that I have to put up with it and stay at home. My husband sometimes gave me money so that helped me. When I got pregnant and told him, he denied it, said that it was from other men that I had deceived him, said many things, and beat me.”*

In addition to experiencing violence, young mothers are abandoned by their partners, deepening the isolation that comes with adolescence and marriage. Many men break

their promises of marriage and caretaking responsibilities, denying the child is theirs altogether, disappearing when she announces her pregnancy or abandoning her early into parenthood. As a result, many of the young mothers are left with no support from the fathers.

This abandonment shows up painfully in the words of many young mothers:

*“When I became pregnant, we stopped seeing each other. He did not accept the baby. I never had his support for the pregnancy consultations nor when the baby was born. He disappeared. He doesn’t answer the phone.”*

*“The father of my child does not contribute to the child’s expenses. We are no longer together. He doesn’t even answer the phone. He has never accompanied for the weight.”*



*“My life has changed a lot since pregnancy, at the time I was taking care of myself, I took the pill hidden so I wouldn’t get pregnant, but when my partner found out, he told me to stop taking it because he said he wanted to have a child. And the moment I stopped, I got pregnant. After that he abandoned me and at 4 months pregnant, he didn’t come home, I saw that he hung out with the neighbours and other women, sometimes he beat me and wouldn’t let me talk to my family. I was afraid because he threatened me, left me at home crying every day. When I gave birth, he disappeared. I don’t know where he is, I don’t know if he returned to Nacala.”*

*“I had not planned it, I wanted to work and have a better future, but after I was pregnant I was living with my mother, I went to test the pregnancy I was thrilled, I called her, I stayed with my belly 7 months at my mother’s house, he did not come forward, I just went to his house, we went to rent the house and then they called me to his house in Chidenguele, and when I returned home I did not go back home, I gave birth at my mother’s house and returned there only with the baby.”*

*“My difficulties in having money and food increased when I had a baby. The father of the child had promised me marriage, he came to my house to introduce himself, and I went to live in his house, but when I lived with him, he beat me a lot and spoke to me very badly and did not respect me. I got tired of that life, when I became pregnant, he denied my belly, sent me away and I had to return to my home, he does not help at home, does not give money to support me and the child and it is difficult to live with these difficulties, the child has suffered weakness because he is sick in the hospital, they said he had malnutrition.”*

It is clear from young mothers’ words that many feel a lot of sadness about their relationships. And young mothers have almost no psychosocial support to address the challenges they face: becoming young mothers, violence and abandonment from partners and the let-downs of failed relationships.

#### **Marriage and motherhood cut off young mothers’ opportunity to go to school and compounds their isolation.**

Once a girl is pregnant, she no longer feels comfortable going to school – she fears being ridiculed and shamed. Young mothers’ comments also make clear that many have accepted that they now have new responsibilities and school is not a place for them.

*“I finished high school and was ready to start taking an accounting course at the trade school. I met my son’s father, we got involved and we had a child. I had to put the idea of graduating from college out of my mind at that point to focus on caring for my son.”*

*“After the birth, no one explained anything to me about continuing school. The school does not advise and does not expel. I stopped school in grade 12 and was waiting for some information from the school. I wish schools could be nicer. Encourage the girls to continue their studies. They used to badmouth and insult pregnant girls and now they ignore them.”*

*“My life has changed completely; at some point I was embarrassed to go out with my son on my lap because I didn’t know what the neighbours would think. It all happened so fast that I felt obliged to adapt and accept my new condition, I had to stop going to school because of my belly, it wasn’t exactly because they expelled me but because I felt ashamed to be there, to hear the teachers point to me as an example of perhaps a person who chose a bad path. I am the only woman at home so all family expectation, I stopped going to friends’ parties, I became a little more homely because with the arrival of the baby I had no one to leave it with, although my mother-in-law and my husband supported me unconditionally, the outings started to reduce in order not to give more work to people, when I wanted to go out I had to negotiate with my mother-in-law.”*

Although young mothers did not talk about them extensively, there are night schools in Mozambique that have been set up to support girls and young women that have dropped out or been pushed out of school. However, for young mothers who must work all day and need to care for children at night,

this arrangement does not support their circumstances.

**Families step in when young mothers do not have support, playing a critical role in their lives.**

Most of the young mothers interviewed said that their families played and still play an important role both in the pregnancy and in the care of their children. With lack of other childcare and limited economic opportunities, this support can be critical.

*“Atija’s husband was a young drug addict, whenever he used drugs, he beat my sister, locked her up and wouldn’t let her leave the house, took away her cell phone so she wouldn’t have contact with us, when I went to visit my sister, I could see that she was suffering. She refused to leave that relationship because he had threatened her with death. In one, I saw that he could kill my sister. I went to my aunt to help her get Atija out of her husband’s house. We did, and today we live together with our brother, we take care of our babies and also the house, we support each other as sisters do.”*

*“I did not plan to be a mother, I was not scared, I presented but then I went home, I live with my husband and my mother-in-law, he does not have a steady job he lives on odd jobs, many times my mother-in-law has supported us in buying food for the family when my husband does not succeed with odd jobs.”*

*“I was very lucky because although I didn’t plan my child, my older sisters were very supportive since the pregnancy. I know I can count on my sisters to leave my daughter.”*

Outside of family care, childcare can be a challenge. There are kindergartens, however their costs are so high that most young mothers cannot afford it.

## Section 3

### LISTENING TO HER FOR SOLUTIONS

Young mothers themselves know the solutions to the challenges they are facing. They have moving ideas to improve their own lives, their children’s lives and the lives of other girls and young mothers.

**Young mothers know the solutions to the challenges they are facing, including:**

- Access to livelihoods opportunities and capital/credit and savings for young mothers to start businesses and be economically empowered and independent.
- Access to safe spaces to be girls, and to be in community with other young mothers for support and peer learning.
- Access to non-stigmatizing education and healthcare for them and their children.
- Access to quality affordable childcare designed for young mothers.
- Access to holistic programs that among other components, center the young mothers and equip them to participate in research and policy engagement.
- Access to psychosocial and emotional support especially for young mothers with HIV/AIDS.

Nearly all the young mothers we spoke to felt abandoned by the government, unable to trust systems to protect and support them. Young mothers had several ideas for support

that could improve their lives and that of their children.

First, young mothers see a need for financial support so they might start a business to earn income and thus ensure their livelihood. They also hope for vocational training that gives some practical skills for income generation. They would also like to have access to savings schemes that recognize their challenges and status as young mothers and allows them access to credit when need be.

Second, some young mothers do want to go back to school. However, most feel the current options available to young mothers are not ideal. For example, Mozambique has night schools for young mothers, which for most is not an ideal option because they are not only exhausted by evening, but it’s also isolating for them and poses a risk to them as they must walk home in the dark. As a result, some young mothers suggested distance learning as a potential option. They also suggest a learning system that is designed with and for young mothers. Such a system would consider how hard it is to simultaneously be a mother and a student and accommodate their needs. For example, an option to have additional time to complete a school year, as the current school year runs from January to November with short breaks

in between. Because young mothers will miss school for a variety of reasons, including to care for their children, they need extra time to be able to perform well-enough to advance in their education.

Third, young mothers are used to being part of short and quick programs that seem to address the needs of the funder or the civil society organizations (CSOs) running the projects, rather than focused on the young mother's needs. Young mothers want holistic programs that recognise and prioritize their

needs and solutions as well as document and incorporate their perspectives and lived experiences into research and policy efforts.

Fourth, young mothers feel isolated and lonely due to the stigma they face in their communities. This stigma is heightened when a young mother also has HIV/AIDS. This group is often overlooked by policymakers and CSOs and overshadowed by the other needs of girls and young women. Young mothers would like programs that respond to their needs, including psychosocial and

emotional support and in particular programs that recognize and program to address the triple challenges faced by those with HIV/AIDS.

Lastly, young mothers have a difficult time earning income because they are caring for their children without the support of their partners. Mothers want affordable quality childcare centers, financial support to enrol, or to be able to leave their children in someone's care while they go to work or school. Not only would childcare give mothers a safe space for their children while they go to work, but the children would also have the opportunity to learn to read and develop empathetic relationships with other children. Young mothers also want childcare programs to provide nutritional programs for their children. With adequate childcare, young mothers will have peace of mind to study and perform better in school.

**Opportunities for investment to meet young mothers' needs**

Funders and other power holders have an opportunity to ground their investments in programs, advocacy and network-building to support young mothers' experiences, voices and ideas. In particular, there is an opportunity to resource holistic programs and organizations led by young mothers that work to reduce stigma and improve young

mothers' health. The most efficient mechanism to deliver funding to girl- and women-led organizations may be through local Mozambican and regional intermediaries, who are closely connected to organizations on the ground.

By listening to young mothers and investing in their solutions, funders can have the greatest impact on young mothers' lives and the lives of their children.

▪ **Invest in building young mothers' power and social capital**

E.g., Resource work led by young mothers that provides opportunities to challenge the systemic harms they face, build their social networks of support and to work collectively to meet their needs.

E.g., Fund girls' and young mothers' groups, NGOs, projects that integrate empowerment with livelihood, parenting (childcare) and SRHR training to ensure that the young mothers' needs are being met.

▪ **Invest in access to childcare**

E.g., Create affordable quality childcare options for young mothers to leave their babies in someone's care while they go to work or school.

**Figure 2: Holistic Recommendations from young mothers**

Gender at Work's analytical tool illustrates how young mothers' recommendations for two-generation solutions to the challenges they face would also address gendered inequalities.

	<b>Informal</b>	<b>Formal</b>
<b>Individual</b>	Support <b>safe spaces</b> to build community with other young mothers and mentors and disrupt internalized shame. Offer <b>psychosocial support</b> to young mothers living with HIV.	<b>Resource young mothers</b> to access health care, quality affordable childcare and nutrition programs. Design <b>educational programs</b> that meet young mothers' needs. Expand access to <b>livelihoods</b> opportunities, including start-up capital.
<b>Systemic</b>	Invest in building young mothers' <b>social capital and leadership</b> to shift culture and social norms around gender based violence, including early marriage and the role of boys and men.	Support <b>advocacy efforts</b> to ensure an enabling policy environment for pregnant and parenting girls to access respectful health care, education, childcare, safety at home and livelihoods opportunities.

Note. This analytical framework was adapted from Gender at Work.

# Appendix 1

## LAWS AND POLICIES DESIGNED TO PROTECT PREGNANT AND PARENTING GIRLS AND YOUNG WOMEN

- **Invest in access to livelihoods opportunities and capital**

E.g., Help young mothers participate in vocational training that gives some practical skills for income generation.

E.g., Provide financial support for young mothers to start businesses.

E.g., Provide training for young mothers to understand how to run a business.

- **Invest in access to education and technical training programs**

E.g., Explore distance learning opportunities for young mothers.

E.g., Support the existing night school models to be more friendly to young mothers by for example turning them to day schools.

E.g., Access to technical training programs.

- **Invest in reducing new infections of HIV/AIDS**

E.g., Explore partnerships with other actors working on HIV/AIDS prevention and promoting the use of condoms as a preventative measure.

E.g., Provide psychosocial support to young mothers who are HIV positive.

- **Invest to shift norms that uphold shame and stigma against young mothers, and challenge norms that justify intimate partner violence**

E.g., Support campaigns targeting patriarchal norms around early marriage, pregnancy and men's and boys' responsibility as parents.

E.g., Support campaigns targeting norms around violence against girls and women, with an emphasis on pregnant and parenting girls and young women.

- **Invest in programming that builds girls' power and works to reduce intimate partner violence**

E.g., Resource work led by young mothers that provides opportunities to challenge the systemic harms they face, build their social networks of support and work collectively to meet their needs.

E.g., Fund girls and young mothers' groups, local NGOs, projects that integrate empowerment with livelihood, parenting (childcare) and SRHR training to ensure that the young mothers' needs are being met.

E.g., Fund work that provides psychosocial support and social assets to young mothers and their children.

### Protection of Children and Young People

- Constitution of Mozambique Article 47

### Rights of Children

- 1 Children shall have the right to protection and the care required for their well being.
- 2 Children may express their opinion freely on issues that relate to them, according to their age and maturity.
- 3 All acts carried out by public entities or private institutions in respect of children shall take into account, primarily, the paramount interests of the child.

- 2008 6/2008 Anti-trafficking law with specific consideration for women and children.

- National Strategy for Early Childhood Development Project (DICIPE) for 2012-2020. Prenatal – age 6 Early Childhood Development programs across 350 communities in 5 provinces (World Bank, n.d.).

- Removal of article 223 from draft criminal code in 2014 which would allow rapists to avoid criminal prosecution if they married their accuser (Amnesty International, 2014).

- Resolution 18/2015 saw the creation of the Ministry of Gender, Child and Social Action (MGCAS) - "has as one of its main tasks: promotion, protection and materialization of children's rights, with a view to their integral development..." (OHCHR, 2014).

- 2016 – launch of national strategy to end child marriage. In 2019 the Law Against Premature Unions 2019 was passed (UNFPA—UNICEF, 2019); the law changed so that people may only get married at 18 instead of 16 with parental consent (Agence France-Presse, 2018).

- Health Sector Strategic Plan 2014-2019: aimed to reduce maternal and child mortality, increase access to and quality of SRH services, increase use of ART and reduce HIV transmission and new infection rates (Republic of Mozambique Ministry of Health, n.d.).

- Commitment to FP2020 which aims to expand access to contraceptives. The Government aimed to provide SRH services in all secondary schools – as of 2019 they had covered half of them (Countdown Europe, 2019).

### Protection of pregnant and parenting young women

- 2014 liberalization of abortion law that had been in place since the colonial administration. The changes allowed for women and girls over the age of 16 to have access to abortions, those under 16 require the consent of a parent or guardian (CEDAW, 2018).
- Decree 435/2018 revoked previous decree 39/2003 which allowed for the restriction of pregnant girls from formal education. Pregnant girls were previously transferred to night courses, along with partners if they were students (Salvi, 2019).

## Appendix 2

### ASSESSMENT OF THE UN COMMITTEE ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN

In 2019 the UN committee on the Elimination of Discrimination against women concluded the following:

“The Constitution affirmed the principle of universality, equality, and gender equality, while the Family Law established the equality of rights between women and men, as well as the shared leadership in the family and the recognition of couples living together. Mozambique was aware that without the economic, social, and political empowerment of women and the changing of gender roles in the society, the elimination of harmful traditional practices would not be possible. In this context, activities to promote women’s literacy, improve the rates of girls’ literacy, and reduce the incidence of early marriage of girls were being taken, among others.”

... “They [the committee] welcomed the enactment of several laws to combat discrimination against women and girls and the strengthening of the principle of gender equality in the existing laws, but raised concern about the implementation gap in many of the courageous laws that the country had enacted, which led to persistent discrimination, especially in inheritance and access to land. The use of temporary special measures had resulted in the greater participation of women in public and political life, but such measures fell short from

achieving progress in critical areas, especially in education and employment, and for particular groups of women who suffered intersecting forms of discrimination, such as women heads of household, refugee and asylum-seeking women, and women with disabilities. Domestic violence remained a major problem that affected almost 40 per cent of women and remained largely unreported, while rape and incest of young girls by family members were common but a taboo subject. Domestic servitude, forced labour, and sex trafficking remained crucial problems” (OHCHR, 2019).

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