9. Ensure that HIV prevention programmes continue to move beyond ‘abstinence-only’ approaches and, instead, expand young peoples’ access to a wider range of information and commodities, including male and female condoms.

10. Design evidence-based HIV prevention programmes that more specifically address the needs of girls and young women, especially those that may be highly vulnerable, such as those involved in transactional sex, in child marriages, prison or detention centers, survivors of gender-based violence and orphans.

11. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support services for girls and women, including those addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to sex workers, and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so.

12. Design HIV prevention programmes that are specifically tailored to young and older men and address their role in supporting HIV prevention for girls and young women. In addition, more aggressively promote the involvement of men in sexual and reproductive health programmes. Ensure that such efforts involve: building life skills (such as listening skills); examining gender dynamics in sexual relations; promoting positive models of masculinity; and providing opportunities for dialogue with girls and young women.

13. Strengthen HIV and AIDS awareness campaigns that target parents and community leaders. Ensure that they reiterate the ‘basics’ about the epidemic, challenge negative socio-cultural norms (such as multiple and concurrent partnerships) and articulate why girls and young women are vulnerable and need services.

14. Facilitate the active participation of girls and young women, including those that are marginalized and those living with HIV, in all aspects of national programming and decision-making relating to HIV and AIDS. Also, build their practical capacity in relevant areas, such as public speaking.

15. Consider the participation of girls and young women in national planning and policy formulation processes, and encourage girls and young women to be part of the decision-making process on HIV prevention and services for girls and young women.

16. Provide comprehensive PMTCT services, including antiretroviral therapy, for girls and young women living with HIV. Introduce legislation to protect children aged 15-24 years from child marriages and allow them to receive antiretroviral therapy.

17. Ensure that girls and young women living with HIV can access treatment within an environment that not only addresses their HIV status, but recognizes their broader needs relating to their gender, age and social status.

18. Promote universal access to antiretroviral therapy, while also promoting positive prevention. Ensure that girls and young women living with HIV can receive treatment within an environment that not only addresses their HIV status, but recognizes their broader needs relating to their gender, age and social status.

19. Strengthen the commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.

1. Review and strengthen Mozambique’s action in the light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. Take into account sections 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

2. More aggressively promote and enforce the Family Law, particularly its aspects relating to early marriage, and back it up with other gender-related legislation, such as to criminalize all gender-based violence, including spousal rape.

3. Introduce legislation to protect human rights within AIDS-related services. Examples include a Law to promote confidentiality within voluntary counseling and testing and to facilitate firm action if discrimination occurs against people living with HIV, especially in health care settings.

4. More effectively integrate services for sexual and reproductive health (including antenatal care) and HIV prevention (including voluntary counseling and testing). For example, ensure that alongside being offered prevention of mother-to-child transmission, a pregnant woman who tests HIV positive can also access options for future contraception.

5. Expand the depth and breadth of youth-friendly sexual and reproductive health services and address the barriers to their use. For example, increase the opening hours of Youth-Friendly Clinics and provide Youth Counsellors in community settings as well as schools, especially in rural areas.

6. Promote universal access to antiretroviral therapy, while also promoting positive prevention. Ensure that girls and young women living with HIV can receive treatment within an environment that not only addresses their HIV status, but recognizes their broader needs relating to their gender, age and social status.

7. Strengthen national protocols about HIV prevention within educational environments. For example, ensure that condoms can be distributed in schools and pregnant girls can continue in daytime classes. Also, ensure that teachers receive adequate training and monitoring to implement the HIV and AIDS aspects of the New Curriculum for Basic Education.

8. Strengthen the commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.
The new Family Law, passed in 2004, raised the legal age for marriage to 18 (with parental consent) and 21 (without parental consent). However, despite public awareness campaigns, many girls and young women remain unaware of its existence or misunderstand its content, and, in some areas, early marriage continues to occur.46

There is no minimum legal age for accessing sexual and reproductive health services without parental or partner consent. There is, however, a minimum legal age for undertaking an HIV test, which was recently lowered to 16.47

Abortion is still illegal in Mozambique. However, the Ministry of Health has issued a decree allowing abortions to be performed in certain hospitals in cases of endangerment of health or contraceptive failure. Moreover a draft law exists which would allow abortion to any woman when specific medical conditions within the health institutions exist (e.g. trained health personnel). This law is currently (July 2006) being discussed nationwide and expected to be presented to Parliament shortly.48

There is no law that defines domestic violence as a crime, although a proposal for such a law is being prepared and will require approval. The practice is reported to be widespread — restricting women’s ability to prevent unwanted sex, negotiate condom use and protect themselves from HIV infection.49

The law prohibits rape outside of marriage, although prosecutions are rare. It does not prohibit spousal rape — which is reported to be widely practiced and accepted.50

Sex work is legal, although it is restricted to certain areas and sometimes subject of police interference.51

Law No. 5/2002 of February 2002 rules for non-discrimination in the workplace against workers or candidates who are living with HIV. Beyond that, there is little HIV and AIDS-specific legislation, for example covering areas such as testing. The Government is, however, considering a more comprehensive law being promoted by organizations representing people living with HIV.52

Generally, there is increasing awareness about the special needs and vulnerabilities of girls and young women in relation to HIV prevention. However, there is no clear strategy for how to comprehensively promote and protect those needs through legal instruments, although the forthcoming Children Act will address some of the critical aspects.53

**Quotes and Issues:**

- “Early marriage contributes to the spread of HIV — as girls’ bodies are not yet fully developed and extra-marital relationships are more likely.” (Focus group discussion, 15-19 year olds, Maputo)
- “This is not the time to be a superman. It is not the time to have three, four, five, six women.” (Focus group discussion, 15-19 year olds, Maputo)
- “When the husband wants to have sex, his wife cannot refuse, she must have sex with him.” (Focus group discussion, 20-24 year olds, Maputo)
- “Many women are infected by their husbands who, even knowing their status, choose not to disclose it to them and don’t want to use a condom.” (Interview, Nurse, national NGO)
- “Many parents, especially fathers, still prohibit their daughters from using sexual and reproductive health services — arguing that they are too young to think about sex.” (Interview, Nurse, national NGO)
- “Most girls and boys think that the husband or boyfriend has the right to beat his partner. This affects women’s ability to negotiate in all senses.” (Interview, Country Representative, international NGO)
- “Many girls don’t go to the hospital and prefer to have an abortion under extremely risky conditions — because they know it is not something legal.” (Interview, Nurse, national NGO)
- “There is a need for legal instruments so that sex workers can receive medical and legal assistance.” (Interview, Programme Officer, United Nations agency)
- “There is a need for laws that clearly state women’s rights, including to education, health care and employment.” (Interview, Technical Adviser, international donor agency)

**Key Points:**

- The new Family Law, passed in 2004, raised the legal age for marriage to 18 (with parental consent) and 21 (without parental consent). However, despite public awareness campaigns, many girls and young women remain unaware of its existence or misunderstand its content, and, in some areas, early marriage continues to occur.

**Quotes and Issues:**

- “Early marriage contributes to the spread of HIV — as girls’ bodies are not yet fully developed and extra-marital relationships are more likely.” (Focus group discussion, 15-19 year olds, Maputo)
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- “There is a need for legal instruments so that sex workers can receive medical and legal assistance.” (Interview, Programme Officer, United Nations agency)
- “There is a need for laws that clearly state women’s rights, including to education, health care and employment.” (Interview, Technical Adviser, international donor agency)
• There are 133 sexual and reproductive health outlets and 30 voluntary counselling and testing sites.

• The key sources of sexual and reproductive health and HIV prevention services for young people, especially in urban areas, are: Gabinete de Aconselhamento e Testagem Voluntária (GATV) in health facilities; Cantos de Aconselhamento – or Youth Corners - in schools; and Servicos Amigos dos Adolescentes e Jovens (SAAJs) – or Youth-Friendly Clinics - in health facilities or NGOs. They provide a variety of generic services, such as counselling and information about sexually transmitted infections. These services often do not respond to the specific needs of young women and girls, or those already living with HIV.

• Male condoms are available in some health facilities and through social marketing outlets, but do not tend to be widely used by young people. There is limited availability of female condoms and the prices are considered high by users.

• Services for prevention of mother-to-child transmission are available at 74 government and NGO outlets. However, by September 2005, only 6.7% of HIV positive pregnant women were actually receiving ARVT.

• In 2005, 34 health facilities provided antiretroviral (ART) therapy. About equal numbers of males and females with advanced HIV infection were accessing the drugs, but fewer young people than adults were receiving them (3.2% compared to 8.6%).

• Some HIV prevention programmes for young people are paying increasing, sometimes almost exclusive, attention to abstinence-oriented approaches. Others focus on information, education and communication about AIDS as a disease, rather than addressing issues of vulnerability. However, several key stakeholders (such as UNICEF, UNIPA and the Ministry of Youth and Sports, Education and Health) promote broader multisectoral strategies that, for example, incorporate life skills, gender-sensitivity and condom promotion.

• There are almost no HIV prevention projects for girls and young women, apart from a few focused on sex workers and orphans.

• Young and middle-aged men are seen as key to HIV prevention for girls and young women. However, there are few services that specifically target them or programmes that build their social skills and gender sensitivity.

• There are some groups, such as Kuyakana, that provide positive prevention and other services for women who are living with HIV. There are few, if any, services that focus on girls or young women who are HIV positive.

• A lack of human resources continues to pose challenges to the capacity of the national health system. The province of Maputo has had the largest share of HIV/AIDS resources, outside which the provision of services is far more limited.
**PREVENTION COMPONENT 5 PARTICIPATION AND RIGHTS**  
**HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC.**

### QUOTES AND ISSUES:

“I don’t think they [international commitments] are applied. We are consumers of information that comes from outside and is never put into practice.”  
- (Interview, Counselor, NGO / government voluntary counseling and testing center)

“The National AIDS Plan reflects human rights. What is needed is how to make it operational.”  
- (Interview, Technical Adviser, international donor agency)

**MAJOR FINDINGS**

- **Mozambique ratified the Convention on the Rights of the Child on 26 April 1996 and acceded to the Convention on the Elimination of All Forms of Discrimination Against Women on 16 April 1997 and also the African Protocol for Women’s Rights in 2005. Progress on some areas, such as children’s rights, is considered to be positive, although, in general, the application of international commitments and rights-based approaches is considered to be very varied.**

- **The Board of the National AIDS Council does not include someone to specifically represent the interests of girls and young women. However, it does include representatives of the: Ministry of Youth and Sports; Ministry of Women and Social Protection; Association of People Living with HIV, Mozambican Association For Family Development; and Organization of Mozambican Women.**

- **The National Strategic AIDS Plan for 2005-2009 was developed through a participatory process, although the involvement of youth, including girls and young women, was not extensive.**

- **Overall, the active participation of girls and young women, particularly those from marginalized groups, remains low in national action on HIV and AIDS. However, a gender-sensitive programme has been launched to address the feminization of the HIV epidemic, and research on this issue is being undertaken by NGOs. The relevant National Strategic AIDS Plan and the International Women’s Coalition (Mozambique), are also engaged in initiatives to promote gender-based involvement.**

- **Community-based HIV prevention activities tend to target the general public. There are few that specifically encourage joint dialogue among girls/boys or young women/young men.**

- **The main network of people living with HIV is open to all positive people, including girls and young women. Most programmes provide targeted services for ‘people living HIV, but some are facilitating skills building and encouraging participation.’**

- **An increasing number of girls and young women living with HIV are ‘breaking the silence’ and speaking openly about their HIV status, for example at conferences.”**

### REFERENCES

- **UNAIDS (2006)** UNAIDS Data Brief: Children and Youth.