



Linking Policy to Programming

Situational analysis on young key populations' sexual and reproductive health and rights in Mozambique

This brief presents the findings of a situational analysis of the sexual and reproductive health and rights (SRHR) of young key populations (YKPs)¹ in Mozambique, undertaken by HEARD, University of KwaZulu-Natal. The analysis was part of a larger, multi-country project (2017-2020) which seeks to strengthen the legal and policy environments for YKPs and improve their SRHR in Southern Africa². The analysis brought together existing and new data in order to capture the political, legislative, socio-economic and socio-cultural issues that affect the SRHR of YKPs. Data collection included qualitative and quantitative data from published and grey literature and existing data sets, as well as primary data obtained through key informant interviews with actors from government, international organisations or NGOs working with young people on issues of SRHR³.

Key Findings

The Socio-Economic and Legal Context

Young people aged 15-24 years constitute 20% of the country's population, which translates into 5.6 million young people [1]. They are Mozambique's post-war generation raised during the aftermath and recovery from a long civil conflict which disadvantaged them from an early age. Multiple adverse exposures, such as poor living conditions, poor nutrition and restricted access to health care and education - as systems were rebuilt - occurred during their childhood. The effects are felt today. The majority of young people in Mozambique have no access to formal employment, nor the prospect that this will change in the near future. With an estimated 300,000 young people newly entering the labour market every year, competition is fierce. As skill sets are low, young people have not much option than to accept employment in the informal sector [2].

Young people's inability to enter the labour market and secure a stable and salaried job implies a continued dependence on parents or other relatives, effectively blocking their transition to adulthood which includes a self-supporting household. This phenomenon, also termed 'waithood', is not unique to Mozambique, but witnessed across the continent as a result of the youth bulge.

There is considerable social pressure on young people to establish a family, even if they lack the necessary social, material and professional conditions to do so [3]. Teaching on family values and normative behaviours starts from early childhood with the aim to facilitate young people's integration in the community and acceptance as an adult. Initiation into sexuality is a critical part of this passage. Mozambique's cultural traditions, encouraging early sexual debut and marriage for girls, are reflected in the statistics, whereby almost half of the girls have their first pregnancy between the age of 15-19 and the contraceptive uptake in this age bracket is low [4]. Though urban girls are less exposed to the practice of early marriage, the difference does not translate in a much lower adolescent pregnancy rate. The relatively high occurrence of pregnancies out of wedlock give rise to other forms of vulnerability for the urban adolescent, resulting from an increased dependency and stigma around their social position.

A collection of laws, policies and guidelines frame the sexual and reproductive health rights of Mozambique's citizens, including those belonging to key populations. The country's core legislative piece, the Constitution (2004), affirms their fundamental right to health and obliges the State to 'promote the extension of medical and health care and equal access of all citizens to the enjoyment of this right' [5]. Moreover, the Constitution emphasises social justice, quality of life and the promotion of human rights and equality regardless of colour, race, sex, ethnicity, place of birth, religion, educational level, social status, marital status, profession, and political orientation. Further commitments for the social inclusion, protection and care of vulnerable and marginalised groups in society are anchored within the Social Welfare policy (1998), and for children, in the Law for the Promotion and Protection of Child Rights (2008) [6,7].

Important legal reforms in the past five years, which decriminalised sex work and homosexuality and allowed for alternative measures to imprisonment, have been followed by the development of KP-specific policies and strategies aimed at increasing the uptake of services and removing health service barriers for key populations. The proposed package broadens the service focus on HIV control to also offer screening and treatment of other sexually transmitted diseases and tuberculosis, family planning, cervical and prostate cancer screening and attend to issues of sexual and gender-based violence [8]. Dialogue and collaboration among government ministries and between them and civil society and international partners, coupled with external funding for KP interventions, have raised the profile of work and led to the formation of several working groups. The government at various levels has tolerated the existence of key populations in such a way that organisations led by these groups or working to support them have not been facing reprisals or recriminations.

The willingness to reach adolescent and young KP with these efforts is less apparent. The country's legal frame for minors coupled with the sensitivities attached to the practices or identities of the different KP groups make it very difficult for governmental and non-governmental providers to work in this space. Current legislation and age limits set to protect them appear ineffective in practice and, at times, counterproductive. As a result, young KP members below the age of 18 are vulnerable to situations of harm and exploitation whilst health, social and legal support are not available to them in the same degree as for their adult peers.

Furthermore, there is an observed lack of research on the SRHR of young KP leaving a large void in our understanding of health-seeking behaviour and how their needs and circumstances differ from adolescents and young people in general in Mozambique, who mature in a context of severe poverty, unemployment and cultural practices that encourage sexual debut and marriage at an early age. Hence, the overlapping vulnerabilities of being an adolescent as well as a member of a key population are yet to be fully understood in order to relate them to SRH outcomes; outcomes which remain largely obscured in general population data.

The data that are available on key populations focus on HIV indicators and reveal a rapid increase of transmission risk on entering adulthood. This has provided the rationale for interventions and funding to prioritize HIV prevention, testing and treatment among female sex workers, men who have sex with men, people who inject drugs and prisoners. Out of these groups, most attention is being directed toward adult female sex workers and men who have sex with men.

Key issues per young key population group

Young sex workers

While the act of sex work per se is no longer considered a crime in Mozambique, indecent behaviour and inducement or promotion of transactional sex or sex work are, according to the Penal Code (2014) [9]. This has created uncertainty among sex workers as to which of their practices may remain punishable. There is a sharp contrast between the normative views on sex work as a prohibited and immoral activity in society, and some traditional customs which intertwine with practices of transactional and intergenerational sex in Mozambique. The widespread occurrence of some form of sex work and the need to intervene, particularly in the underage group, are a prompt for legislators to start regulating the sex industry. What shape or form this will take is still unclear. Existing HIV/SRH initiatives largely concentrate on adult female sex workers who operate on the street and in known venues. There is some evidence available that preventive services fall short in reaching the underaged, who are not considered sex workers in the legal sense [10]. It is unclear to what extent male sex workers, a group believed to be on the increase, are reached by the SRH-related services which target the men who have sex with men (MSM), or if and where this group makes use of alternatives.

Young lesbian, gay, bisexual, transgender and intersex individuals (LGBTI)

The law decriminalizes homosexuality but because criminal law is at no point grounded on sexual orientation, protection of this group based on the law is fragile. In the past decade, considerable progress has been made to bring the taboo subjects of

sexual and gender diversity into the public debate. Societal views on LGBTI people, particularly in urban settings, are said to be tolerant. However, disclosure or living openly as a homosexual or transgender remains a challenge in the face of prevailing religious and cultural norms and pressures to establish a family. There is limited knowledge of how young people manage the pressure to conform, if and where they seek support for questions around sexual and gender identities. Provision of SRH services as well as research on LGBTI primarily evolves around the group of adult MSM, leaving large gaps in our understanding of SRH outcomes and needs of lesbians, bisexual women and intersex people.

Young people who inject drugs

Country legislation penalises people who use, sell or possess drugs but at the same time also assumes active responsibility for their protection and rehabilitation. Individuals who have not reached the age of maturity are exempt from the punishment of imprisonment and a fine. An important loophole in the law may still lead to their arrest. It concerns the reference to the age of maturity, which is not articulated and hence subjective to misinterpretation, depending on the law that is used to penalise the individual. Current reality is that people who inject drugs are not receiving the necessary attention nor services, apart from some scattered interventions led by a handful of civil society organisations. The Ministry of Health (largely responsible for enactment) is challenged by the gaps that exist on the size and whereabouts of this group, resource constraints to build rehabilitation centres, as well as by reputational risk considerations in establishing harm reduction programmes for a group which society considers as 'marginals'. At the time of the assessment, there were plans to pilot the first methadone programme in the country.

Young prisoners

Prison policy (2002) establishes that prisoners in custody of the penitentiary retain all their rights, except for those explicitly restricted or removed by the sentence they must comply to [11]. It also states that inmates will receive health care during their imprisonment, incl. periodic HIV testing and information on prevention and that those infected with HIV will be monitored and receive treatment. The Law on Children in Conflict with the Law (2008) further states that young prisoners, aged 18-21 years, are to be separated from adults and be permitted regular visits from their parents [12]. There has not been any research on the exposure of young prisoners to risk situations in a setting where constitutional rights such as right to dignified living conditions and public trial are under pressure and age-based separation is not fully enacted by the prison system. There are considerable access barriers for prisoners in general to receive health services, including life-saving treatment such as anti-retroviral therapy [13]. Provision of condoms and lubricants to prisoners continues to be a highly contentious issue and measures of prevention are confined to education and training and, where available, counselling and testing. Only a few NGOs operate inside the prison on issues of health and reintegration.

Conclusion

Findings illustrate the complexities of improving the SRHR of YKP. There are the structural determinants which affect Mozambique's growing group of young people, such as lack of active labour market policies and harmful cultural practices, and those that affect young key populations in particular such as the ambiguities within and between laws and policies and the societal disapproval towards behaviours that are linked to drug use, crime and prostitution which place young addicts, prisoners and sex workers at the margins of society. Findings point at a level of openness and tolerance towards homosexuality, with the decriminalisation signifying an important change in the legal position of young gays and lesbians, however, very few studies have further examined this at a household and community level. For all YKP groups, there is need for more precise knowledge on the specific drivers of their vulnerability, within the broader, challenging context of being an adolescent or young person in Mozambique, and with a view to guiding SRHR policies and programming.

1 Groups of young people considered 'key populations' in the HIV response include sex workers, lesbians, gays, bisexuals, transgender and intersex people, people who inject drugs and prisoners
2 HEARD collaborates in this project with the United Nations Development Programme (UNDP) and African Men for Sexual Health and Rights (AMShER).
3 Interviews were conducted with thirty-eight key actors, representative of different institutions at national and provincial levels and residing in the capital cities of Maputo, Sofala and Nampula provinces.

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Further information:

Further details on this multi-country research project can be found on <https://www.heard.org.za/research-post/linking-policy-to-programming-2/> and on <https://www.africa.undp.org/content/rba/en/home/about-us/projects/linking-policy-to-programming.html>

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