



REPUBLICO F MOZAMBIQUE
PRESIDENCY OF THE REPUBLIC
OFFICE OF THE FIRST LADY

**Proposal of Lesson of wisdom from Her Excellency Isaura Ferrão Nyusi, First Lady of the
Republic of Mozambique, in the Annual Lecture in Memory of Helen Kanzira.**

*Subject: “Sexual and Reproductive Rights – Women and Girls Sexual and Reproductive
Health”*

Maputo, 30 May 2017

Dear Participants;

Ladies and Gentlemen

Please allow me to start my presentation by expressing my solidarity and comfort to all the families of Africa, the world and, in particular, my home country, who lost a mother, a daughter, a sister, an aunt, a niece, a granddaughter or a friend from complications related to pregnancy, childbirth or immediate after-birth period.

In addition, I would like to address a word of encouragement to all those who contribute tirelessly with several initiatives towards the **promotion of sexual and reproductive rights of women and girls** and, those related with measures towards reducing the negative impact of the main causes of maternal death.

Also, I would like to thank the Eduardo Mondlane University Law School for the invitation to address this intervention at this **Annual Lecture** in memory of **Helen Kanzira**, a woman who died very painfully and serves as an inspiration so that we all fight for the **sexual and reproductive rights**, especially for women and girls.

I feel encouraged by the opportunity given to me to share ideas about **sexual and reproductive rights** and discuss how they influence the health of women and girls in Mozambique.

Ladies and Gentlemen

My presentation will be based on the words of the French illuminist philosopher **François-Marie Arouet**, also known under the pseudonym of **Voltaire**, who lived during the period between 1694 and 1778, who once said: *“If you want to talk to me, please start by defining the terms that you use”*. Thus, I have a few concepts or key-words.

Sexual Rights and Reproductive Rights – consist of 2 (two) sets of rights which, on the one hand, must be understood separately and, on the other hand, are connected and complement each other.

Sexual Rights – refer to a set of norms, laws, thus, rights concerning sexual freedom.

Reproductive Rights – refer to a set of norms, and laws concerning the autonomy of men and women to decide whether they want children as well as when they want to have them, that is, a reproduction free from discrimination, coercion and any kind of violence. .

Dear Participants

Sexual health requires a positive approach with regards to sexuality, sexual relations, as well as the possibility of having safe sexual experience, with pleasure, since to achieve and keep sexual health, one must respect, protect and satisfy the sexual rights of everyone.

Women and girls will not have the possibility of enjoying their sexual and reproductive rights by simply *having institutions and a society that are ready to promote them*. **Women and girls need to be prepared as well.**

Thus, the **Right to Information** and the **Right to Education** are equally critical to materialize the right to sexual and reproductive health.

According to the investigation report on the Immunization, Malaria and HIV/AIDS Indicators in Mozambique, conducted in 2015, analyzing them separately by level of education, the report indicated that:

- ***Between women aged 15 to 49***, the use of modern contraceptive methods is twice (2) greater in women at high school as compared to those with no education.
- ***The percentage of adolescents and young people aged between 15 and 19 who have been pregnant at a certain point***, is the double for those with no education at all, as compared to those with secondary education;
- **The percentage of pregnant women who completed 4 ante-natal consultations**, is the double in those with secondary education as compared to those with no education at all;

- *The coverage of institutional childbirth in the country is about 70%.* Women with no education at all have 59%, whereas, those with secondary education have 93% coverage as far as childbirth is concerned, which shows a 34 per cent difference;
- *Between women aged between 15 and 24,* the percentage of those who have wide knowledge about prevention of HIV is about four times greater in those with higher education as compared to those with no education at all.

Therefore, these data unequivocally show that the debate about sexual and reproductive rights should not be separated from fundamental rights and, especially, *the rights to education and information.*

Data also show that the **level of education** of women and girls is proportional to the chances of enjoying their **sexual and reproductive rights**. Thus, and obviously, ensuring education and Access to information constitutes a significant gain to ensuring the right to sexual and reproductive health.

Unfortunately, most of the times, the prioritization of matters related to education and empowerment of girls are weakened by the limited Access to resources. For this reason, it is extremely important to stress that the discussion of sexual and reproductive rights requires an adjustment to a certain sociocultural context.

The above-mentioned report further shows that out of the 93 % of women who attended at least one **ante-natal consultation**, only 70% deliver at the health facilities. This means that about 23 % of women deliver under risk conditions.

It is our duty as a society and an academic class to deepen the knowledge on these matters and hold productive discussions which will help us move fast towards a society where the rights and obligations of all are respected by all.

We cannot talk about sexual rights without mentioning the situation of maternal death in the country. This is one of the major challenges we face and reflect how sexual and reproductive rights are being materialized.

Despite the significant progress in the country, maternal death rate is still high. On average, 13 women die per day in the country from pregnancy, childbirth and after-birth related reasons. Most of those could be avoided and they mainly affect adolescents and young women, who could not have a choice, between going to school and marriage. Someone else decides for them and, unfortunately, this person takes the wrong decision. We must do our best to change this situation.

Dear Participants,

The Presidential decree 27/90 of 10 September, which established the Office under my direction, gives me the power to develop activities with both national and international community in order to boost the resolution of several problems, especially social and cultural.

In this, **at a national level**, I am committed to the development of several activities to contribute to the national effort towards reducing maternal, neonatal and child death concerning:

- Advocacy for the provision of free maternal health services;
 - Implementation of CARMMA (**Accelerated Campaign for the Reduction of Maternal, Neonatal and Child Death in Africa**) and advocacy for the allocation of more funds to intensify care services;
- Advocacy for resource and funds mobilization for Maternal, Newborn and Infant Health Programs;
- Promotion and elimination of adverse traditional practices, including child marriage, as well as community mobilization and awareness-raising on these practices;
- And the promotion of family planning and health education, including nutrition for pregnant women, breastfeeding and their children.

From the above, we can mention, for example, the opportunity that we had to discuss some taboos, beliefs, and cultural practices during **our first national seminar on prevention and fight against child marriage and early pregnancy**, which was held in Pemba, in February this year.

This seminar was held to reflect on the several positive and negative practices on child marriage and early pregnancy in the country. The following personalities attended the event:

- Mrs. Esther Lungu, First Lady of Zambia;
 - Princess Tsandzile, in representation of the Queen of Swaziland;
 - Spouses of the Province Governors;
 - Community, traditional and religious leaders;
 - Parliament members;
 - Representatives of national and international NGOs;
 - Civil Society Organizations;
- And adolescent girls across the country.

From this event, we prepared an action plan with clear actions and, at the same time, we launched the Project against Child Marriage, with the following slogan: “*Girls free from early marriage*”

And in my capacity as the **Champion of the Partnership for Sexual, Reproductive, Maternal and Neonatal, Infant and Adolescent Health**, I am committed to the promotion of Preventive and Health Care and Services based on the Sexual and Reproductive Rights, with intervention packages that cater for the needs of Adolescents and Youth, Women and Children, namely:

- Expansion of coverage and access to the Adolescent and Youth Friendly Services;
- Family Planning and Contraception (**contra-ce-ption**);
- Cervical cancer screening.
- And to Safe Delivery through Model Maternity Initiative, which consists of the following:
 - Promotion of Humanized Management of Maternity units
 - Promotion of humanized and quality assistance to women and relatives in maternal and neonatal health services;

- Promotion of better working conditions in the maternal and neonatal health services;
- Strengthening of health education activities and community engagement as far as maternal and neonatal health is concerned;
- Promotion of a decent humanistic model based on learning for the target maternity units.

At an international level, I am an active member of the First Ladies Organization Against HIV and AIDS in Africa (OAFILA), which meets on a quarterly basis on General Meetings to discuss and share experience among the First Ladies of Africa.

In 2016, the 17th ordinary Meeting was held in Kigali, capital of Rwanda, , under the slogan: *“Advancing Sustainable Partnerships to end pediatric AIDS and improve Adolescents Sexual and Reproductive Health and Rights ”*, in which we, as first ladies in Africa reaffirmed our commitment to the promotion of adolescents and women health, education and well-being, while protecting their rights in line with the aspirations reflected in the policy instruments at a continental and international level, namely:

- The 2063 African Union Agenda;
- Sustained Development Goals,
- Maputo Action Plan for the Implementation of a Continental Policy Framework on Sexual and Reproductive Health rights;
- The Convention for the elimination of all forms of discrimination against women;
- The Protocol for the African Charter on the rights of women
- And the African Charter on the rights of youth, whose 10th anniversary was celebrated in Banjul, Gambia in May 2016.

In the context of the Millennium Development Goals, Mozambique did not achieve the goal of objective number 5, concerning maternal death, but there have considerable progress. The global

report on the trends of maternal death – from the United Nations Agency and the World Bank 2015, places Mozambique among the countries with considerable progress towards reducing Maternal Death.

Based on the last 25 years, we can surely say that Maternal Death has reduced at about 60%, from the approximately **1000 maternal deaths per 100 thousand newborns alive in 1990**, to about **408 maternal deaths per 100 thousand newborns alive in 2011**, according to the Demographic and Health Survey report.

This reduction in percentage has been above the global reduction average (44%). Looking at the data from this perspective, we should be happy with the achievements, in other words, all show that the strategic options and the government adopted policies are producing the desired results!

However, it can also be found that the annual reduction average has not been similar in the course of time, progress reduced from 2003. This requires innovation and additional strategies which are more effective to keep the progress towards the Sustained Development Goals.

Accelerating progress requires better understanding of the causes of maternal death, main features and effects in every province of the country.

Once again, we are all required to act firmly, with determination, objectively and wisely to make a difference.

Dear Participants!

Mozambique, with a population of about 27 million in 2017, of which: 52% are female; 18,4 million living in rural areas and; with an average of 5 children per woman, is still faced with major challenges as for the Access to Sexual and Reproductive Rights

Early pregnancy and child marriage constitute a social and public health problem in Mozambique.

According to the Statistics on the Situation of Early Marriage in Mozambique (UNICEF, FNUAP and CECAP, 2015), our country, for example, has one of the highest early pregnancy rates – 10th in the world, 6th in East Africa and 2nd in Southern Africa after Malawi.

According to the IMASIDA, 2015, 14% of girls in Mozambique get married before the age of 15 and adolescence pregnancy rate is about 46%.

Sociocultural factors play a relevant role in defining the norms on the age for marriage. Those norms are transmitted and sustained by traditional institutions within the communities and by leaders at a local level.

These norms not only account for female submission to men but also constitute the transition to adulthood for women, confirming that girls at adolescence are ready to marry and have children.

The economic pressure on the poorer households is also one of the reasons why parents give their minor children for child marriage.

There is a strong relationship between child marriage and early pregnancy, since marriage increases exposure to early pregnancy and, consequently, to obstetric complications and death, as mentioned above.

Pregnancy and delivery related complications are an important cause of adolescents' death and morbidity, such as: **obstetric fistula**. It is estimated that 2.000 new cases of obstetric fistula occur in Mozambique every year, especially on girls and young women.

Ladies and Gentlemen

In May 2014, the African Union, in partnership with UNICEF and FNUAP, launched a 2-year campaign to end child marriage in 10 African countries, including Mozambique. Our country has committed to bring this problem to an end.

Thus, the Government of Mozambique launched in July 2014, the National Campaign to Prevent and Fight Child Marriage, followed in 2015, by the approval of the National Strategy for Preventing and Fighting Child Marriage in Mozambique (2016-2019), in a coordinated effort with civil society organizations.

The implementation of interventions under this strategy is multisectorial and involves all central and local entities, including the Government, friendly countries, national and international partners,

the civil society, youth associations, community leaders, traditional and religious leaders, households, men, women, boys and girls, among other players.

Example of these interventions include actions to increase the Access to information to all (father, mother, son, daughter, family, local leaders, godfather, godmother of initiation rites, users of traditional medicine, etc.), on sexual and reproductive health and the respective rights.

These services are free and available at the health facilities, in the communities through several health agents in the community, in the health fairs, at secondary schools, sports areas and other places in which adolescents and youth gather.

However, all this is still not enough considering the magnitude of the problem, we still need to bring synergies together to do more, better and rapidly to give a better generation to these adolescents and youth.

The Play a critical role in disseminating the sexual and reproductive rights, social media, and the role of community radios, which cover a third of the districts in Mozambique, since they pass information not only in the Portuguese language but also in the local languages.

Ladies and Gentlemen

Before I close – just a word for the future. We have a single opportunity. Sustained Development Goals set goals and target-groups and give room for us to work together and in coordination.

We will keep advocating so that each play their role so that women and girls in this country and anywhere else in the world, enjoy the pleasure of life and their rights.

To finish my intervention, I would like to reaffirm my personal commitment to keep doing all my best so that sexual and reproductive rights become reality. You are all invited to this noble challenge.

Thank you very much

