The faceless opposition

Mapping Resistance against Sexual and Reproductive Health and Rights in Mozambique

Final draft

Submitted by Marion Baumgart dos Santos

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Abbreviations

AMODEFA	Associação Moçambicana para o Desenvolvimento da Família (Mozambican Association for Family Development)
CSE	Comprehensive Sexuality Education
FP	Family Planning
GBV	Gender-Based Violence
IEC	Information, Education, Communication
IMASIDA	Immunization, Malaria and HIV/AIDS Indicators Survey
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and more.
MSM	Men having Sex with Men
NGO	Non-Governmental Organization
PLASOC-M	Plataforma da Sociedade Civil Para Saúde e Direitos Humanos em Moçambique (Civil Society Platform for Health and Human Rights in Mozambique)
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UNDE	União Nacional para o Desenvolvimento Estudantil (National Union for Student Development)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WLSA	Women and Law in Southern Africa

1   Rationale for the study

1.1   Background

This research has been commissioned by Afrikagrupperna, a Swedish, feminist, member-based solidarity organisation. Afrikagrupperna is highly committed to challenging and changing norms, attitudes and stereotypes around gender and sexuality that prevent people from enjoying their right to bodily autonomy and be who they are, regardless of sexual orientation, gender identity, gender expression and sex characteristics.

According to the Terms of Reference (ToR), social conservative forces around the world are trying to limit the rights of girls, women and members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and more (LGBTQI+) community to control their bodies, opposing thus everything that Afrikagrupperna and their partner organisations are fighting for: abortion rights, comprehensive sexuality education, LGBTQI+ rights, gender equality, challenging harmful norms and stereotypes etc. Through this study, Afrikagrupperna aims at gaining a better idea on how exactly the organized and unorganized resistance against Sexual and Reproductive Health and Rights (SRHR) works in their African partner countries, particularly in this case, in Mozambique.

1.2   Purpose of the study

The purpose of the assignment is to research into the "anti-SRR organizing" in Mozambique so that Afrikagrupperna and its partners (1) do gain a better understanding of the context and (2) are better able to develop counterstrategies against the conservative backlash.

Research questions include:

- How does the organised resistance against sexual and reproductive rights manifest itself in Angola, Mozambique, Namibia, South Africa and Zimbabwe respectively?
- What resistance do organisations and activists meet and how does it affect them and their work? What strategies are used by activists and organisations to tackle this resistance?
- What are the needs within organisations/among activists to strengthen/improve their strategies (what is lacking today, if anything)?
- What recommendations could be given to each respective organisation (including Afrikagrupperna)?

2   Conceptual and methodological approach

2.1   Definition of SRHR

In this report, we will frequently use the term "Sexual and Reproductive Health and Rights (SRHR)" and would like it to be understood according to the definition of the Guttmacher Lancet Commission from 2018 (Starrs et al. 2018). It defines SRHR as follows:

Sexual and reproductive health

is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity. Therefore, a positive approach to sexuality and reproduction should recognise the part played by pleasurable sexual relationships, trust, and communication in the promotion of self-esteem and overall wellbeing. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realisation of

Sexual and reproductive rights

which are based on the human rights of all individuals to:

- have their bodily integrity, privacy, and personal autonomy respected;
- freely define their own sexuality, including sexual orientation and gender identity and expression;
- decide whether and when to be sexually active;
- choose their sexual partners;
- have safe and pleasurable sexual experiences;
- decide whether, when, and whom to marry;
- decide whether, when, and by what means to have a child or children, and how many children to have;
- have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence.

This definition of rights will provide the framework for the analysis of the resistance against SRHR by investigating whether there is any resistance against these rights, if yes, by who, how strong is it and how does it articulate.
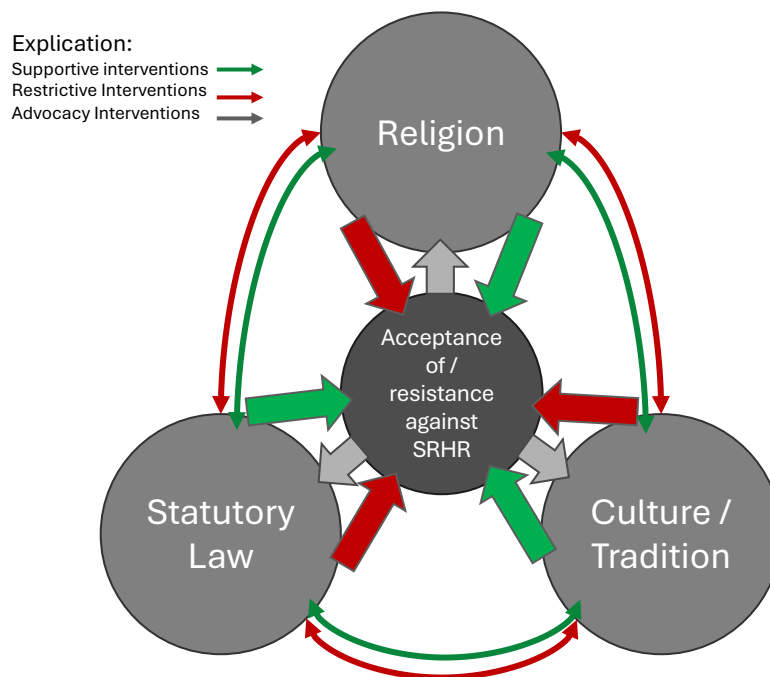
2.2 Opposing and enabling factors for SRHR

The extent women and men can access SRHR services, claim and defend their rights and the degree organisations and activists can advocate for legal changes or sensitize their target groups or the general population depends on the interplay of various factors:

1. The **legal and policy framework** determines the population's possible range of action. It establishes, among other things, whether men and women are equal before the law, the minimum age for entering marriage or access to contraceptives and it legalizes or criminalizes abortion, sexual orientations and identification or certain types of marriage (monogamous/polygamous/same sex). It changes over time as a result of advocacy and lobbying activities, major social upheavals such as wars or civil unrest or just because times have changed.

2. **Religion** is another set of rules; all major religions include teachings on sexuality, describing how man and women should behave and act, often limiting freedom or possibilities for particular groups, and at the same time creating privileged positions for others. At the same time, there is not one single, monolithic view on SRHR within any religion and the positions do change. Islam, Christianity, Hinduism or Judaism, all have multiple views on the same issue, shaped by internal battles and historical changes.
3. **Culture** is one of the major factors that explains the catalysation or resistance of changes in SRHR. It shapes the notions of masculinity and femininity, influences health seeking behaviours and perceptions of (sexual and reproductive) health and the legitimacy of the statutory law. Culture is referred to here as the universe of contextually shared knowledge, ideas, perceptions, practices and predispositions that individuals learn throughout their lives and which, in turn, have the potential to shape and structure their behaviour. Culture is understood not as something static, but as a reality that changes over time as a result of the actions of individuals who can manipulate and instrumentalise it to gain different advantages.

These three forces are not separate entities but are interconnected. Culture and religion resonate in the laws of a country, for instance in facilitative or restrictive laws on same sex marriages, contraception and abortion or sexual education at schools. States regulate the sexuality of their citizens, not just by laws but also by financial support, for instance financing contraceptives for women or not. Different social institutions, such as churches, health services or civil society organizations, but also mass media, present their own cultural discourse on sexuality. Families and neighbours envelop individuals in (sub)cultural attitudes. The dynamics between all these forces influence the agency and choices of individual people who then become decision makers in government, religious institutions and civil society.

Figure 1: Interconnectedness among the three influencing factors on SRHR, religion, culture and statutory law.

Explication:
Supportive interventions
Restrictive Interventions
Advocacy Interventions

Religion

Acceptance of / resistance against SRHR

Statutory Law

Culture / Tradition

2.3 Methodology

The study applied a purely qualitative approach. It included a literature review, and virtual as well as facer-to-face key informant interviews with representatives of Afrikagrupperna's partner organizations, other national and international Non-Governmental Organizations (NGOs), representatives of faith-based organizations as well as members of the donor community. The sample selection was purposeful sampling (Afrikagrupperna's partners) as well as convenience sampling with interviewees the consultant knew from previous research projects or were referred by an interviewee.

Limitations include financial constrains that didn't allow the consultant to travel to the predominantly Muslim and matrilineal northern region; given the low internet availability in that part or the country, virtual interviews are extremely difficult. Consequently, all interviewees except one are coming from Maputo or the southern part of the country.

Another limitation is the relatively small number of interviewees. To mitigate this limitation, the report will use some findings of other research conducted by the consultant in the same or adjacent thematic areas.

3 Influencing factors on SRHR in Mozambique

3.1 Brief overview over Mozambique's history

Mozambique's journey from pre-colonial times to the present day is marked by periods of conflict, struggle for independence, civil war, and ongoing efforts towards political stability and economic development.

Islam is estimated to have arrived within the first century of the start of the faith (7th AD century), with Arab, Ottoman and Persian traders. It settled at once during and after the 8th century among new Swahili networks, cultures and societies that developed on the east African coast between Somalia and what is today Mozambique. Links between Islam and the chiefly clans in Mozambique have existed since the 11th century, when Islam made inroads into the northern Mozambican coast

Mozambique's history of **colonization** began in 1498 when Portuguese explorer Vasco da Gama arrived on the east African coast. By the early 16th century, Portugal established control over the coastal regions, focusing on trade, particularly in gold, ivory, and slaves as well as on converting the local population to the Catholic faith. Over the centuries, Portuguese influence expanded inland, facing resistance from local kingdoms and communities.

The **struggle for independence** intensified in the mid-20th century. The Front for the Liberation of Mozambique (FRELIMO) was founded in 1962 and began an armed guerrilla campaign against Portuguese rule in 1964. After a protracted war and the Carnation Revolution in Portugal in 1974, Mozambique achieved independence on June 25, 1975. Samora Machel became the first president of the People's Republic of Mozambique, with FRELIMO establishing a Marxist-Leninist one-party state.

Post-independence, Mozambique plunged into a devastating **civil war** between FRELIMO and the anti-communist Mozambican National Resistance (RENAMO). The war, which lasted from 1977 to

1992, resulted in over a million deaths, displacement of millions, and severe economic disruption. The Rome General Peace Accords were signed on October 4, 1992, ending the civil war and leading to the first multi-party elections in 1994, won by FRELIMO's Joaquim Chissano.

The post-war period saw significant international aid and economic reforms, with Mozambique transitioning to a **market-oriented economy**. Despite progress, challenges remained, including poverty, corruption, and infrastructure deficits. Natural disasters like floods and cyclones also posed setbacks. In the 2010s, Mozambique discovered substantial natural gas reserves, which promised economic transformation. However, political tensions persisted, including renewed clashes between FRELIMO and RENAMO. Peace talks in 2019 led to a new peace agreement. Recent years have also seen insurgency in the northern province of Cabo Delgado, complicating the nation's socio-political landscape. Economic growth has been tempered by these security challenges, alongside global economic factors.

3.2 Legal provisions on SRHR

Mozambique's legal system is characterized by the coexistence of formal statutory law and customary law. This dual legal framework has significant implications for family rights, the status of women, and access to sexual and reproductive health services and rights; it reflects the country's colonial legacy and diverse cultural landscape. In this chapter, we will focus on the formal, statutory law.

Customary law differs among the ethnic groups in Mozambique, it regulates mainly marriage-forms (matrilineal or patrilineal) the property rights within marriage and inheritance rights as well as land ownership. Genuine customary law that perceived male and female roles within family as complementary without adding any hierarchy has nearly vanished. According to a study by WLSA (Armstrong 1994), "*After the introduction of colonialism, customary law was reconstructed to serve the political interests of capital; even now, post-independence governments use the law as a tool to oppress women.*"

Mozambique's formal legal system is based on the Portuguese civil law tradition, inherited from its colonial past. The Constitution of Mozambique, adopted in 1990 and revised in 2004, guarantees equality between men and women and provides a legal foundation for the protection of women's and minorities' rights. Key legislation includes the Family Law (2004), which modernized family-related legal provisions, and the Law on Domestic Violence Against Women (2009), aimed at protecting women from gender-based violence.

The **Family Law** was approved in the first session of Parliament in 2004 and came into effect in March 2005. It establishes the equality of men and women before the law in marriage, divorce, child custody, and the division of property. Explicitly, it excludes all discrimination against women, whether in relation to inheritance, age for marriage, the status of widows, etc. More specifically, the new law seeks to impose reciprocal duties on both spouses. This measure was developed to eliminate the **principle of male supremacy established in the previous Law**.

Polygamy is neither permitted nor prohibited. According to the Demographic Health Surveys of 1997, 2002, 2011 and 2023, polygamy is a reality for many Mozambican women. Its rate has not changed significantly between 1997 and 2011 and only started decreasing since then. Actually, 14% of women between 15-49 who are currently married declare they are living with one or more

co-wives, a gradual decrease from 27 per cent in 1997. However, many scholars and SRHR specialists doubt that the decrease in polygamous marriages has resulted in an increase in monogamy or male fidelity, they rather suspect that instead of assuming officially a second wife and giving her the same rights as the first one, men now opt for having several "unofficial" girlfriends (*amantes*) who can be "disposed" a lot easier.

"Official" polygamy is more frequent in rural areas, increases with age, and decreases with the level of education, both for women and men.

Mozambique does not recognize **same-sex-marriages** or civil unions; the Family Law recognises *de facto* unions but only for opposite-sex couples and bans same-sex marriage.

In the area of **Sexual and Reproductive Rights and Health** Mozambique has made strides towards a more progressive legislation through various policies and programmes:

- The government has implemented policies to improve access to **maternal and reproductive health services,** all government clinics and health facilities are supposed to provide free-of-charge services such as contraception, prenatal and postnatal care, and safe childbirth.
- **Family Planning** began in 1977 as part of the Maternal and Child Health Protection Programme, and in 1980, it was established as a National Programme providing services at different levels within the network of Public Health Institutions. The programme was (and still is) integrated within the maternal and child health programme, and its primary objective was to reduce the high rates of maternal and child mortality by promoting birth spacing of at least two years through the free distribution of modern contraceptives. In 1980, family planning was introduced into the curriculum for doctors, maternal and child health nurses, and medical technicians.
- In recognition of the magnitude of maternal mortality resulting from unsafe **abortions**, Mozambique has been implementing a provisional policy to overcome the legal impasse regarding the provision of safe abortion services. Since 1985, the Ministry of Health has authorised induced abortion services for pregnancies up to 12 weeks in selected health facilities that meet specific criteria. Additionally, options have been offered to pregnant women infected with HIV during counselling sessions, as part of a national programme to prevent mother-to-child transmission. In 2014, with the goal of reducing maternal mortality, Mozambique liberalized its abortion law to greatly broaden women's access to safe abortion care. Women now have the right to a legal abortion upon request during the first 12 weeks of pregnancy, and later in cases of rape, incest and foetal anomaly.
- **LGBTQI+ rights**: Mozambique decriminalised homosexuality in June 2015 when a new penal code came into force that swept away old Portuguese colonial laws, in a victory for campaigners for gay rights in Africa. The old code, dating back to 1886, targeted anyone "who habitually engages in vices against nature" – but no known prosecutions were brought after Mozambique became independent in 1975. Furthermore, Article 160 of Law no 24/2019 "increases the penalty for murder to 20-24 years in prison if the crime was motivated by racial, religious, or political hatred, or generated by colour, ethnic, or national origin, sex, sexual orientation, or gender identity of the victim."

- Then National Strategy and Action Plan on **Early Marriage** (2015) and the 2019 Law on Prevention and Combat of Premature Unions (child marriages) aim to prohibit, prevent, mitigate and penalize premature unions or marriages before the age of 18 years, as well as establish mechanisms to protect children in those unions.
- In 2013, the government committed to implementing **Comprehensive Sexuality Education** (CSE) in schools, along with all ministries of education in East and Central Africa; in 2016, a first country roadmap was developed that determined goals and activities until 2020. Although CSE features in the government's school health and adolescent and young people's strategy, and some aspects of CSE appear in the primary school curriculum, the country lacks a national curriculum on comprehensive sexuality education.
- The Law on **Domestic Violence Against Women** (2009) as well as the reformed Criminal Code adopted in 2014 explicitly criminalize domestic violence as well as crimes against **sexual freedom**. It defines situations where sexual encounters compromise a woman's safety as well the penalties involved. Engaging in sexual activity without a woman's consent, using violence or physical intimidation, including in cases of artificial procreation, can result in a prison sentence of two to eight years. Those who have sexual relations with minors face 16 to 20 years in prison. Anyone who abuses their position of authority in the workplace to coerce someone for sexual favours may be sentenced to up to two years in prison and a fine. Furthermore, violence against women became a "public crime" where no victim complaint is required, considered and important step in ending perpetrators' impunity, especially in domestic violence, which represent the majority of cases

3.3   Faith based communities

Mozambique is a secular state. According to 2017 data from the National Statistics Institute, 27% percent of citizens are Catholics, 19% are Muslim, 16% belong to a Ziost church, 15% to another Evangelical or Pentecostal church and less than 5% are Jewish, Hindu, and Baha'i. 14 % claim no religious affiliation and the remaining 4% didn't reveal their faith. These statistics, however, mask the vast religious diversity in Mozambique. By 2019, the country had over 900 legally registered churches (mozambique n.d.), and the number of sects was continually growing, as virtually anyone inclined to do so could establish their own church. This implies that, apart from the Catholic Church, which theoretically adheres to a centralised doctrine, each minister or imam could interpret their religion's scriptures in their own way, often blending them with traditional beliefs or personal idiosyncrasies.

While it would be impossible to analyse even the most common tendencies that impact on SRHR, it is relevant to have a closer look at the different population groups being attracted to certain congregations:

- Many **Muslim** interviewees[1] reported that the distinction between Sunni and Shi'a was not particularly important for many local Muslims, they were much more likely to identify themselves by the local religious leader they follow than as Sunni or Shi'a. However, they highlighted that there were significant differences between the practices of Muslims of African origin and those of Asian or Middle Eastern background. In addition, African

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[1] Including those for other studies

Muslim clerics have increasingly received bursaries to study in Egypt, Kuwait, and Saudi Arabia, returning with a more fundamental approach than the local traditional, Sufi-inspired Swahili Islam particularly common in the North.

- During the war for independence, many FRELIMO leaders, including two most revered heroes, Eduardo Mondlane and Samora Machel, had been trained in **Protestant schools** and the World Council of Churches had supported the Mozambique institute in Dar es Salaam. Shortly after independence until the mid 80ties, the mixture of Christian morality and Marxist ideology resulted in several anti-women measures. Women, for example, thought to be prostitutes when seen walking alone in the streets after dawn, were sent to reeducation camps, and women married to foreigners lost their Mozambican nationality and were stateless for some time. This strong alliance between FRELIMO and Protestant churches still continues until today with several high government officials being leading members of Pentecostal or Evangelical churches.
- The **Zionist churches**, that combine traditional African religion with Christianity, developed as a religious movement of the black population during Apartheid South Africa. Zion churches distanced themselves from missionary churches and distinctively constructed their identity as belonging to the black population. They were introduced during the colonial period by the Mozambican miners returning from South African and Rhodesian mines. Nowadays, Zion leadership and its members are commonly represented as part of the lower class, scarcely educated and illiterate. "Although they represent a considerable number of the population, Zion members remain at the margins of the Mozambican society and are identified and auto identified as belonging to a "church of blacks", different from the "white" churches such as the Catholic or the historical Protestant ones. (Cavallo 2011)"

3.4 Socio-cultural influences

Mozambican society is deeply rooted in community and family values. Extended families often live together or in close proximity, fostering a strong sense of collective responsibility and mutual support. Respect for elders and adherence to traditional societal roles are central to social life. Outside the major cities, having many children is still often seen as an asset, as it increases the likelihood that some will survive to continue the family line and ensure there will be someone economically capable of caring for the parents in their old age.

Regardless of the location in the country, whether in the matrilineal north or the patrilineal central and southern regions, families and communities have been, and continue to be, dominated by men. In the north, however, the most influential men are typically from the matrilineal kinship, such as the mother's father or eldest brother. Within nuclear and extended families, women are responsible for most chores related to caring for and raising children, while men are expected to be decision-makers in households, including health matters such as use of contraception and covering costs of health care.

This male dominance applies also to family planning and other SRH issues where men generally have the last saying. While the latest Immunization, Malaria and HIV/AIDS Indicators Survey (IMASIDA 2016) states that 64.7 % of all women say that they alone or jointly have the final say about contraception, respondents of a survey about gender roles and maternal and child health

in Nampula and Sofala Provinces of Mozambique (COWI 2019), reported that deeply patriarchal gender norms limit women's agency and participation in decision-making. Both, women and men reported that women must obtain permission from their male partners before seeking health service and that men still make most decisions regarding how many children to have and when to have them, whether to use family planning, and where a woman will deliver. When women expressed a desire to space or limit births, it is usually because of insufficient income to feed, educate and/or cloth children. Men and women both reported, however, that men frequently override women's wishes to limit births by divorcing them and marrying other women until they meet their desired level of fertility.

The relation between motherhood and social status is still very present in all parts of Mozambique; pregnancy is perceived as a rite of passage to adulthood by young women and motherhood as a means of achieving social status by adult women. Limited economic and educational opportunities for young women as well as the desire to be considered a "grown-up woman" (*mãe*) increase pressure to early sexual relations, pregnancies and marriages: 36 percent of adolescents aged 15–19 had been pregnant at least once in the 2023 national demographic and health survey (INE 2023).

The traditional male household head role has been based on a combination of men's ability to uphold their status and role by their control of agricultural production and income and by responsibility and authority over women and children. The socially recognized ideal of manhood is to have multiple lovers or wives, as many kids as possible and to provide for the family, as well as their lovers. In situations of extreme poverty, economic hardship hinders living up to the provider ideal causing stress of loss of respect and authority at home. Even with changes in economic activities, being able to provide for the family still is one of, if not the main, determinant of the male gender role throughout the country. The traditional notion of responsibility for and power over women and children is intimately connected with a view of male sexuality that allows men a high degree of sexual freedom especially in urban settings, and in rural polygamous communities. In a gender equality survey, women in Maputo defined a "good woman" by her ability to have patience with her husband having another sexual partner (Slegh 2010).

3.5   The Pro-SRHR community

3.5.1 Overview over the Mozambican landscape

During colonial times, advocating for women's SRHR was impossible. The first female organization, the Organization of Mozambican Women (OMM), was founded in 1973 as the women's section of FRELIMO. It was established as a non-military structure to promote women's education, emancipation, and mobilization. After independence in 1975, the OMM focused on issues such as women's education, ethnic divisions, divorce, family planning, adultery, promiscuity, prostitution, and alcoholism, reflecting the Protestant and Marxist ideology of the Party.

At the beginning of the 1990s, as a result of the international discussions on gender and development, several NGOs were founded with the aim of fighting for greater equality between men and women. Their number and capacity increased as a result of three highly important conferences for women: the 1994 International Conference on Population and Development in Cairo, the 1995 World Summit for Social Development in Copenhagen and the 1995 Fourth World

Conference on Women in Beijing. An activist remembers: "*When there was the Beijing Conference in '95, we went too. The exchange of experiences with other countries was extremely important. One of the things we then wanted to do here in Mozambique was to research domestic violence, which wasn't even talked about! Domestic violence was a natural thing, it was cultural.*" (Baumgart dos Santos 2019)

Since then, the women's movement in Mozambique has achieved many victories. Several new laws, such as the Family Law, the Law on Domestic Violence against Women, and the Law against Premature Unions, would not have passed without their intervention. Over time, the movement has evolved. Some of the iconic NGOs from the early years, like Women and Law in Southern Africa (WLSA), ceased to exist when their founding members retired; others faced funding shortages and had to stop their activities, while new organizations emerged.

All these women's organizations advocate for women's rights and/or educate peri-urban and rural populations about their rights. However, there is a notable absence of public feminist discourse. Discussions are primarily operational, focusing, for example, on how to implement specific initiatives, without strategic debates on topics like what it means to be a feminist in Mozambique, the relevance of international concepts to the country, the impact of international policies and trends on the women in Mozambique. Another particularity of the Mozambican women's movement is that nearly all of its members are part of Maputo's upper middle class, often closely linked to the ruling party FRELIMO.

Only one major organization, LAMBDA, funded in 2016, is dedicated to reducing prejudice and discrimination against LGBTQI+ people in Mozambican society, while also promoting their self-esteem, sexual health, and economic, social, and political rights. However, due to donor funding priorities, the majority of the funds are allocated to HIV/AIDS prevention efforts among men who have sex with men (MSM) and only very little is dedicated to working specifically with the other groups.

In the early 2000s, a couple of years after the end of the civil war, the development of networks of civil society organisations (CSOs) in Mozambique working in health, women's rights, and SRHR began. Driven by both national and international efforts, these networks addressed pressing health and gender issues, such as HIV/AIDS and gender-based violence. Over time, these organisations became increasingly influential in shaping public policy and advocating for women's rights and SRHR. The most influential networks are listed below:

- The **Civil Society Platform for Health and Human Rights** in Mozambique (PLASOC-M) brings together more than 200 organisations and around 17 national networks working on various issues related to health and human rights, mainly HIV/Aids, TB and malaria. It aims to ensure the effective, coordinated and systematic participation of civil society networks and organisations in all the planning, operationalisation, monitoring and evaluation processes of the country's health sector. It receives substantial funding from the Global Fund and PEPFAR, both considering PLASOC the major coalition of civil society organizations working with health-related issues, as well as from UNAIDS and UNAID.
- In 2013, the **Coalition for the Elimination of Child Marriages** in Mozambique (CECAP) was formed, and in 2014 it became an official partner of the international global movement "Girls Not Brides". Led by AMODEFA (an Afrikagrupperna partner) until August 2024,

CECAP comprises 60 civil society organisations working at local, national, and international levels on advocacy, research, and knowledge-sharing to combat child marriage. The coalition played a key role in the 2014 campaign against premature unions, the 2016 National Strategy and the 2019 law on premature unions.

- The **Network on Sexual and Reproductive Rights** was established a few years ago; It comprises around 25 non-governmental organizations, mostly at the central level and very few (three) at provincial level. It has a very diverse membership, including international organizations working on SRHR such as Pathfinder or Path, international social marketing organizations such as PSI or DKT, Mozambican NGOs working SRHR, women's organizations and LAMBDA. The effectiveness of this coordination space for advocacy actions, including the approval of laws and policies, depends on the presence of an active and committed leader and secretariat. Currently an NGO has taken this responsibility but during the preceding years, the network was dormant due to lack of leadership.

3.5.2 Impact of changing donor priorities

All interviewees noted that the pro-SRHR movement has suffered significantly due to the rapidly changing priorities of donor communities. From the early 2000s to the mid-2010s, women's organisations advocating for the approval of the domestic violence law and supporting survivors of Gender-Based Violence (GBV) received substantial funding. It was a period during which many women's organisations began establishing safe houses for women leaving violent marriages. One organisation alone, AMUDEIA, set up 28 new care centres across the country. However, due to a lack of funding, the organisation became insignificant, and the safe houses had to be closed.

After funding GBV-related activities, the donor focus shifted to women in politics, aiming to increase female participation in local and national bodies. This was followed by a focus on early marriage and pregnancy, and the latest trend is women and climate change. According to the interviewees, these rapid changes prevent them from consolidating their achievements and hinder their ability to specialise in one area. To secure funding, they must constantly shift their focus, which, reportedly, can negatively impact the quality of their work.

Moreover, it is not only the priorities within women's rights funding that are changing; general priorities are also allegedly shifting, resulting in a decrease in support for women's and pro-SRHR organisations overall and a weakening of those that still manage to survive.

3.5.3 Afrikagrupperna's partner organizations

In Mozambique, Afrikagrupperna has four partner organizations and one ex-partner. All have been interviewed.

AMODEFA (Mozambican Association for Family Development) aims at ensuring the improvement of sexual and reproductive health and rights of adolescents, young people and people in situations of greater vulnerability. The organization delivers family planning methods (condoms, pills, injectables, implants and DIUs) realizes abortions, conducts CSE activities in the communities and provides other gynaecological services to women and girls. It is member of the most relevant SRHR-related networks in the country.

UNDE (National Union for Student Development) works in several provinces with the headquarter in Maputo. It was established in 1996 with the aim of contributing to improving the quality of education, encouraging education at all levels, particularly that of girls. Nowadays, UNDE volunteers lecture at schools about topics like early marriage, all forms of GBV, HIV/Aids or alcohol abuse and advocate with selected District Directorates of Education in Maputo and provinces for a healthier education.

OTHOKO, Afrikagrupperna's ex-partner organization[2], is an organisation of young people for young people that is active in five districts in the south of Niassa province. It has specialised in the struggle to establish sexual and reproductive rights and balanced gender relations in every social sphere in Niassa province.

4   Findings

4.1   Manifestation of resistance

Resistance against SRHR, as well as against other attempts to change the status quo, can manifest itself in different ways.

- The most visible one certainly is the **vocal dissent or backlash**. It includes opposing the changes during public debates, for example in parliament, protests, publishing articles in newspapers or posts in social media, or any other public articulation of opposition to the current status quo or planned changes (Harper, C., Marcus, R., George, R., D'Angelo, S. and Samman, E. 2020).
- The **silent or hidden resistance** includes, among other things not sharing information such as new laws or policies, verbal assent in public followed by saying something different in private or agreeing to do something but not doing it (le Roux and Palm 2018). Others may resist through their actions. They may marry off their underaged daughter or dismiss a homosexual worker even though they know it's against the law.

4.1.1   Vocal dissent or backlash

All interviewees agreed that organized public hate speech or physical violence, as seen in other African countries like Uganda or Nigeria, does not exist in Mozambique. However, they acknowledged that discrimination and verbal or physical aggression by individuals do occur, though these actions are generally perceived as expressions of personal opinion rather than the result of organized resistance.

All interviewees also agreed that vocal dissent against SRHR is very uncommon in Mozambique, the ones less involved in advocacy but in sensitization activities even were the opinion that it didn't exist at all. Older activists, however, remembered that around the turn of the millennium the "*law against domestic violence took nine years to pass. Our dear female parliamentarians didn't want it! They said: 'But why are you only importing from abroad? Because violence is something we are used to; culturally, we are accustomed to being beaten.'* (Baumgart dos Santos 2019).

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[2] The partnership ended because of Othoko's localization in the North of the country.

Nowadays, at least in Parliament, these statements have generally been substituted by political correctness. Some interviewees, however, mentioned the following, more recent, incidents of backlashes against SRHR:

Removal of a page of a schoolbook

According to the Ministry of Education's guidelines, CSE should be integrated into all school subjects, from mathematics to physical education; it has been included in schoolbooks in various forms since the beginning of the millennium. However, teaching sexuality to young people remains a taboo in some communities in Mozambique, where it is often assumed that once they learn about sexuality, they will begin to practice it. Additionally, many teachers feel uncomfortable discussing sensitive topics in class and prefer to avoid the subject.

In February 2022, images of a grade 7 primary school textbook began circulating on social media, sparking debate and discord. This textbook, recommended for children aged 13–17, had been used without controversy for over a decade. However, on that particular day, a parent apparently examined their child's natural sciences book more closely and discovered that one page addressed topics like masturbation and homosexuality, stating that 'homosexuality is a choice that belongs to the individual.' The parent, furiously, posted the picture of the schoolbook page on social media, complaining that it indoctrinated the children.

That post triggered a wave of homophobic comments, with many users expressing anti-LGBTQ+ sentiments under the guise of care and protection. In response to the criticism from both social media and religious communities over the sexual content, the Mozambican Ministry of Education announced that the controversial page would be removed from the textbook starting in 2023. Additionally, it announced that "for the remainder of 2022, 'the topics generating controversy will not be addressed in classes" (Publico 2022)."

In September 2024, according to both the schoolbook publisher and some CSO representatives, no new editions of the textbooks had been printed. Schools were still using the existing versions, but some parents and teachers had begun cutting out the controversial page from the books.

No transport of Misoprostol and Mifeprestone

Over 70% of Mozambique's population lives in rural and remote areas, often lacking access to essential public infrastructure and health services. Delivering life-saving medicines to these regions is challenging due to poor infrastructure, such as impassable roads during the rainy season, inadequately maintained government vehicles, and a lack of funds for fuel. Additionally, there are issues with limited warehousing space, insufficient human resources, and ineffective stock management procedures. To support the Mozambican government, many donor partners, particularly USAID, fund private logistics services to transport medication from district capitals to rural health facilities.

However, conservative U.S. policy continues to enforce the Global Gag Rule, which prohibits foreign organizations receiving U.S. global health assistance from providing information, referrals, or services for legal abortion, or from advocating for access to abortion services in their country, even with their own funds. As a result, the logistics companies that transport medication to health facilities are not permitted to carry medication required for safe abortion, specifically Mifepristone, which is used in combination with Misoprostol to terminate pregnancies up to ten weeks. While

Misoprostol, which is also used to treat postpartum hemorrhage - a leading cause of maternal mortality in Mozambique - and to prevent and treat stomach and duodenal ulcers, is occasionally transported by these companies, the restriction on Mifepristone remains.

Faced with the choice between losing support for the transport of any potentially life-saving medication to rural health facilities and accepting the provision of all medications except those related to abortion, the Mozambican Ministry of Health opted for the latter. Reportedly, the Ministry is seeking alternative partners, such as UNFPA or international NGOs, to help deliver these critical medications where they are needed.

Interestingly, the U.S. government's interference with Mozambican health policies is generally little known, even within USAID, and only two of the interviewees were aware of it.

4.1.2 Silent or hidden resistance

All interviewees reported silent or hidden resistance against SRHR, either from Government entities at all levels or from the communities themselves where the resistance manifests itself in the low uptake of certain services such as family planning, or the resilience of unequal gender norms and patriarchal practices. Very few had work-related contacts with religious communities, consequently very little was reported.

4.1.2.1   Silent resistance from Government entities

No contraceptives in schools
The Government of Mozambique has demonstrated a strong commitment to supporting citizens' rights to access family planning (FP) as a crucial component of sustainable development. This includes providing contraceptive information, education, and services, as the lack of these services has been identified as a leading cause of unwanted teenage pregnancies and maternal deaths. In 2017, the then head of the Women's and Children's Health Department at the Ministry of Health stated, "*We aim to have 90 to 100 percent of secondary schools offering contraception by the end of 2021*" (MISAU 2017). She further emphasized that "*the message is abstinence, abstinence, and abstinence, but if there is no abstinence, methods will be available to prevent early pregnancies. Like condom distribution campaigns, which some view as an incentive for sexual activity, the distribution of contraceptives in schools may be poorly received, but the potential benefits make it worthwhile*" (MISAU 2017). This commitment was reflected in the 'School and Adolescent and Youth Health Strategy'(MISAU 2018) which planned for the provision of condoms, pills, and injectables to students in need.

However, the implementation of this school-based approach was interrupted by a circular from the Ministry of Education and Human Development issued in 2019. As a result, apart from family planning counselling, the provision of contraceptives in schools is currently limited to condoms and pills, the latter only for students in upper secondary school (10th-12th grade) and only provided by a qualified nurse. Although condoms are theoretically supposed to be available in 'strategic places in schools,' recent visits to schools for other assignments revealed no visible condom-distributuion on school premises.

Non-registration of LAMBDA

Since its founding in 2006, Lambda has been unable to register as an association under Mozambican law. Until 2017, the registration had been blocked because of a clause in the country's Law on Associations, which prohibits the registration of organizations that pursue aims "contrary to the moral, social, and economic order of the country and that offend the rights of others or the public good." However, in 2017, the Constitutional Court ruled that this clause contradicted Article 52 of the constitution, which states that only 'armed organizations that are military or paramilitary and those that promote violence, racism, xenophobia, or pursue aims contrary to the law' can be barred from registration. This ruling should have paved the way for Lambda's registration. Yet, since then, various excuses have been given for not registering the organization. Interviewees aware of the case remarked that while there is no open persecution of minority groups, there is also no political will to protect or officially recognise them.

Non-implementation of Policies

All interviewees stated independently that in relation to SRHR and gender, the necessary policies and legislation are largely in place but are still having limited impact on the real life of men and women in the country. Reasons given for the slow implementation of policies and laws were the lack of political will and the insufficient knowledge by service providers; one interviewee assumed that *"women's agenda does not seem to be a priority for the government, the fight for women's rights has mainly been led by civil society, not the government."*

The reasons for the slow implementation of existing national policies and laws related to Gender Based Violence (GBV), developed at the central level, even have been subject of a scientific study (Jethá et al. 2021). Its conclusions are basically identical with what the interviewees mentioned. It states that *"Although the government's commitment to mitigating domestic violence is commendable, given the number of national policies, laws, strategic plans, guidelines, and protocols produced, there is a significant lack of guidelines, protocols, pamphlets, and brochures in places providing care for survivors of violence. …. These issues underscore the lack of prioritisation on the government's agenda and reinforce the need to monitor and evaluate existing policies, laws, and strategic plans."*

While the lack of political will may be one factor, the author's experience suggests that there are additional factors at play in the non-implementation of policies (see case study in the text box below).

Case study

Over the past years, the author has conducted several evaluations and studies on adolescent and adult SRHR, abortion, and HIV/AIDS in, often very remote, areas of the country. During these trips, she frequently encountered young girls under the age of 18 who reported that they had visited a health facility to obtain a contraceptive injection or the pill, only to have the nurse refuse to administer it. Some of these girls were already sexually active, while others were still virgins and wanted to be prepared in case they met the right person. Some even returned with their mothers, but the nurses remained unmoved, insisting that they had to remain abstinent until the age of 18 and that it was not permissible to provide adolescents with family planning methods.

Through conversations with the nurses, it was discovered that they had been trained by Mozambican trainers from international organisations on the laws and policies regarding family planning. Consequently, they were all aware that they were supposed to provide contraceptives to young women. However, the nurses were also members of their communities (religious and/or neighbourhood) that often oppose strongly to providing contraceptives to young women; it is believed that this would lead to promiscuity and reckless sexual behaviour. It appears that the training they received was unable to override the cultural or religious beliefs ingrained in them much earlier in life. Being from the same communities as their clients, they unconsciously reproduced the same behaviour rules when attending the young women and violated their right to receiving contraception.

4.1.2.2   Silent resistance from faith communities

Very few interviewees had significant professional contact with religious communities. However, many attributed the persistence of traditional gender roles and the low uptake of messages spread by pro-SRHR NGOs in communities to religious influences. Some suggested that high-ranking government officials, who hold influential positions within evangelical churches, use their authority to influence decisions related to CSE in schools, the non-registration of Lambda, and low political will to implement pro-SRHR policies and laws. While verifying this claim was beyond the scope of this study, the long-standing relationship between FRELIMO and Protestant churches makes it a plausible concern.

Interviews with religious leaders conducted for this study indicate that they do not actively resist pro-gender and SRHR initiatives in their communities but rather operate independently of them. Resistance implies a response to the action being resisted, yet this has not been observed within the faith communities visited. Instead, they act as if unaffected by the gender equality movements surrounding them. The notes from a research diary below give an example.

Diary notes from a wedding in a Protestant/Zionist church

In November 2023, I attended for the first time a wedding in a suburb of Maputo, and I was quite curious about the experience. As is common, the ceremony started about two hours late. Not everyone present spoke the local language, so the pastor alternated between Portuguese and Machangane. I was listening with evenly suspended attention when something caught my attention: the pastor mentioned how lucky the groom was to have found his 'missing rib.' Did he really refer to the bride as a 'missing rib'? And how did she react to that? I know her quite well and wasn't sure if she would take that lightly. However, she didn't react, so I wondered if I had misunderstood something. But then the pastor repeated it once, twice, and even more frequently, and everyone seemed pleased.

Next, he began speaking about the roles of husband and wife in marriage, making it clear that the husband is the leader and the wife must be submissive to him. She may accept a paid job but should never forget that it is her duty to take care of her husband, meaning she must handle all the household chores. In return, the husband's duty is to be the primary provider for the household, to respect her, and not to cheat on her. The pastor concluded his lecture on mutual duties by asking the bride to demonstrate to the congregation how to greet her husband when he returns from work. At first, she gave the groom a soft kiss on the cheek, but the pastor was not satisfied. Then she embraced and kissed him, but he still wasn't satisfied and nudged her: 'Remember your tradition.' She then knelt in front of the groom to offer him something to drink, the traditional way women greet their husbands in that ethnic group. Finally, the pastor and the congregation were satisfied. I, however, was utterly surprised that in the 21st century, in a suburb of the country's capital, with all the gender-sensitisation activities around, someone could still act as if they were still in the last century in a remote rural place.

The next time I met her, I asked how she felt at that moment and whether the scene now reflected the reality at home. She told me that she felt compelled to conform to the congregation's expectations but that she would not kneel when her husband returned home. Instead, she would treat him with respect, as usual.

During the interviews, both the Imam and the pastors expressed that women legally should have the same rights as men, the Imam even emphasized how the Quran protects women's rights. All religious leaders viewed marriage and family-building as desirable life goals, especially for women. Within a couple, they supported family planning to space the time between births, the use of condoms to prevent HIV transmission, and condemned all forms of violence. However, they strongly opposed premarital sex and abortion. While they also opposed same-sex marriage, they did not object to same-sex unions, reasoning that one of the primary purposes of marriage, according to tradition, is procreation.

They all noted, either directly or indirectly, that the country has undergone rapid cultural changes, from a population of largely illiterate peasants at the end of the colonial period to a single-party

state during wartime, and finally to the current system. According to the interviewees, these shifts in ideologies and values have left many people overwhelmed and ethically disoriented. The old values are no longer valid, while the new ones have not yet solidified within the culture. The Imam remarked: *"What we have today is a complete domination of capitalist values; everything is for sale, and those with more money hold more value in society. Look at how many young girls have multiple boyfriends, each expected to give them something. They start having sex early because there is a high demand for the youngest ones and they all want cell phones and other things. Parents can't say anything, the young people just do as they please. If they become pregnant as a result of this lifestyle, they either get an easy abortion or hope the father will support the child. Men are beating women and women beat men. They don't have a moral or ethical compass anymore, but everything goes. It cannot continue like this; we must fight to guide our youth back on track."*

The pastors shared a similar perspective on the current situation. It appears that both, Islam and the Zionist and Evangelical churches in Maputo, aim to provide their congregations with a moral and behavioural framework that blends traditional and religious values with modern elements, including greater gender equality. However, modernization is introduced in a limited and somewhat patriarchal manner to make it more acceptable to their congregations. For instance, one pastor highlighted his success in counselling married couples to help them stay together. His advice for a happy marriage, in his own words, is: "Women need to be submissive but not oppressed, and men need to lead without being violent."

None of the faith communities, whether Christian or Muslim, can survive financially without support from their founding congregations. Zionist communities receive regular visits from their coreligionists in South Africa, Evangelical communities receive funds and personal support from sister churches in Brazil, Nigeria, or the US, and many leading Imams are trained in Saudi Arabia, Sudan, or Egypt. This research could not determine if and how these influences affect individual pastors' or Imams' positions on SRHR, particularly as none of these religions have a centralised doctrine. They are very open to incorporating traditional beliefs, and each pastor or Imam is encouraged to interpret the scriptures according to the needs of their congregation.

According to the interviewees and internet research, there is no direct representation of any of the fundamental, American church registered in Mozambique. In case they do operate, it happens very indirectly, through several middlemen or "middle-churches".

4.1.2.3 Culture-based resistance

Culture-based resistance was the most frequently mentioned type of resistance cited by the interviewees. It manifests itself in the low uptake of services such as family planning or abortion, as well as the persistent unequal gender roles and patriarchal values, also among women. Some examples include:

The persistence of **property grabbing**, a form of GBV, particularly in the southern, patrilineal societies. When a husband dies in such a society, traditionally, all his belongings go to his birth family. They, in turn, are expected to take care of the widow and her children. While this was a functional safety net for rural and pre-monetary societies, it now serves as a means to enrich the husband's family and push the wife into poverty. Claiming that their son's property belongs to them, the wife's in-laws often forcibly evict her, frequently accompanied by further acts of violence, including physical and mental harassment, and abuse. Defending their property has cost
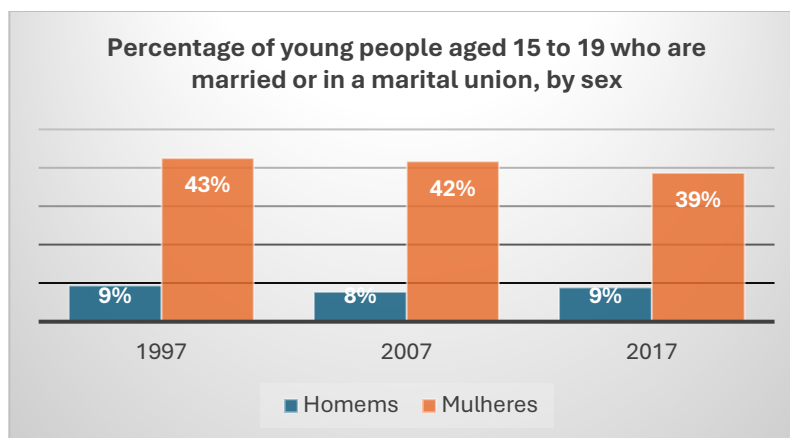
some women their lives, while others have lost their homes and livelihoods and have become destitute. Across all social classes, women's ability to defend their rights is often weakened by harassment and humiliation, which strips them of their self-esteem, as well as by threats of witchcraft. If an in-law says, "You'll see how long you're going to enjoy these goods," the woman knows she is being threatened with supernatural forces. Consequently, very few cases end up in court, despite the law favouring the women (Izumi 2007).

The **high withdrawal rate of GBV-related complaints**. According to data from the Ministry of Gender, Children, and Social Action, in 2022, 21,140 cases of GBV were registered in the country, 85% of which involved women and children (AIM 2023). However, the fact that these cases were registered does not automatically mean they will go to court. For various reasons, many women prefer to withdraw their complaints(Manuel 2022). These reasons include:

- The **internalisation of unquestioned, patriarchal social norms** that work to the advantage of some and the disadvantage of others. Many women, especially in the patrilineal regions of the country, have learned from early childhood that "*as a good wife, a woman knows how to endure suffering and beatings and to keep family secrets." Hence, positive self-esteem is linked to submissiveness, acceptance, and the ability to ensure that her husband stays with her and does not leave her for another woman. A woman who cannot "keep her husband at home" is seen as having failed as a wife. … The negative connotation of being beaten and humiliated is turned into a positive one when it is explained as a woman's capacity to be patient and tolerant towards her husband's needs…. In this context, the pain, anger, and frustration towards the husband seem absent, while aggression is more often directed towards other women" (Slegh 2010)*. Socialised in this way, these women need more than just knowledge of their rights to break off a violent marriage, especially against the pressure from family, colleagues, and neighbours and to withdraw complaints despite the accusations of breaking up the family.
- A **complex network of dependencies**. Many women, especially those with small children, are economically dependent on their husbands. They are generally less educated and find it more difficult to secure paid employment, particularly when they have young children. Not withdrawing the complaint could mean that the husband will go to jail, leaving him unable to provide for his wife and children. Consequently, the wife is in a huge dilemma, either staying in an abusive marriage or raising the children and maintaining herself without any financial support. This decision can be further complicated if lobolo (bride price) has been paid, as the husband's family often demands the return of the bride price in the event of a divorce.

Very slow decrease in child marriages: According to the 2017 census, two years after the National Strategy and Action Plan on Early Marriage came into force, and following many years of advocacy against premature unions, the percentage of young women aged 15 to 19 who were married or in marital unions dropped from 43% in 1997 to 39% in 2017 (see table below (Baumgart dos Santos 2019).[3]

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[3] There is no more recent, national data available that would show the impact of the 2019 law on premature unions.

Percentage of young people aged 15 to 19 who are married or in a marital union, by sex

	1997	2007	2017
Homems	9%	8%	9%
Mulheres	43%	42%	39%

The actual percentage changes according to the provinces and increases in time of natural and/or man-made disaster. A recent study from Save the Children in Cabo Delgado (Timane and Uamusse 2024), for example, shows that 18% of women aged 20 to 24 years were married before the age of 15 and 61% were married or living with a partner before the age of 18. The reasons given are manifold, often there is not one single reason, but several aspects come together:

- **Economic reasons:** Many parents prefer marrying off their young daughters so that they themselves have one mouth less to feed and the daughter has a more stable economic future. Some girls prefer to leave for the same reasons, they hope that living with a man who is financially more stable than themselves will lift them out of poverty. Natural disasters such as floods and droughts as well as men-made ones such as the insurgency in Northern Mozambique, increase food insecurity and thus number of girls entering in unions with, manly older, men.

- **Cultural reasons.** The concept of adolescence as a phase of transition between childhood and adulthood is relatively new in Africa and especially in the more rural or less educated population groups. Traditionally, this transition was marked by the completion of the initiation rites, the young people entered as a child and came out as adults. According to a local saying, after initiation, girls are supposed to "provide their own soap", meaning they should not depend on their parents anymore. Additionally, may young girls, especially in the matrilineal North decide to become pregnant because they are proud when they walk with a child on their back through the communities; this proves that they are fertile, for them, the ultimate proof of femininity, and they are no longer being called "menina" (girl) but mãe (madam) what also increases their self-esteem.

4.2   Impact on partner organizations' work and their counter strategies

Generally, Afrikagrupperna's partner organizations, along with most other stakeholders interviewed, never before reflected on the concept of "organized residence against SRHR". The interview was the first moment they began considering this topic. While they were aware of the severe restrictions on the rights of women and the LGBTQI+ community in certain African countries, Uganda and The Gambia were frequently cited, they appeared to be unaware of the existence of a global, well-funded, and well-organized anti-gender, anti-LGBTQI+, and anti-rights

movement that may also be active in Mozambique. One interviewee encapsulated the general sentiment by stating, "*We don't have that here in Mozambique, and if it exists, it's very well camouflaged.*" Another interviewee remarked, "*We sometimes feel that international politics are changing, with people like Trump and other far-right figures and parties gaining influence. Here in Mozambique, we also sense strong counterforces against women's and LGBTQI+ rights. But this opposition is faceless, we don't know if and who is behind that.*"

This perception aligns with literature and online research, which reveal that none of the officially registered conservative American organizations, such as the World Congress of Families, the Geneva Consensus, or Family Watch International, are officially operating in Mozambique. However, it is possible that these organizations are influencing certain faith communities or individuals through intermediary groups.

With no clear opposition to the SRHR-movement, it is impossible to establish an organized and coordinated counter-movement. Consequently, Afrikagrupperna's partner address resistance as it arises, tackling issues symptomatically.

Cultural resistance, the most common form, is generally met with sensitization efforts and Information, Education, and Communication (IEC) campaigns. Afrikagrupperna's partners are no exception, UNDE conducts the campaigns primarily within schools, but also in other settings, to inform learners about their rights and encourage them to claim these rights**; AMODEFA** conducts, among other things, IEC campaigns within communities to promote social and behavioural change, ensuring that universal sexual and reproductive rights are upheld.

Lambda, in addition to sensitizing the media, traditional and religious leaders, and service providers about LGBTQI+ rights, has developed tools to enhance the self-confidence of their target groups, enabling them to better defend themselves against discrimination or verbal attacks. This includes the creation of safe spaces, psychological services, and facilitated self-help groups for affected individuals.

Political resistance, such as the controversy over the schoolbook page and the non-registration of Lambda, is being addressed through advocacy campaigns. Representatives from Lambda and AMODEFA mentioned that they, in collaboration with relevant networks, have already developed campaigns targeting these issues. However, due to the sensitive nature of election periods in Mozambique, with general elections in October 2024 and municipal elections in October 2023, they plan to start their advocacy efforts in 2025, once the new Ministers and members of Parliament have assumed office. They will target especially the Ministry of Justice and Religious Affairs, as well as the Ministries of Health, Education and Human Development, and Gender, Children and Social Action.

5   Conclusions and recommendations

Conclusion
No organized or coordinated resistance identified. There is no doubt that certain Mozambican individuals and groups disapprove the current legislation on SRHR and would resist any further legal or policy changes in favour of women and sexual minorities. However, the resistance is not organized but appears as individual outbursts and there are no known connections to groups of

the religious, extreme right in other countries such as the USA, Nigeria or Europe. Consequently, it's extremely difficult to develop a counterstrategy against someone or something most stakeholders aren't sure it even exists and whose ideological background is not clear.

Recommendation

To gain a better understanding of the resistance, stakeholders recommended to:

- To **raise awareness** on the possibility of an organized or coordinated anti-rights movement within the CSO-networks so that they are aware of its possible existence. A possible leader could be the already existing SRHR-network.
- Establish mechanisms to **monitor and document the anti-rights acts** and those individuals or groups who speak out actively against existing or planned laws and policies. It is expected that collecting more information, a clearer picture of a structure, if existent, and its ideology will arise.

Conclusion

Fragmented and Dispersed Civil Society. Civil society has been reported as weakened and fragmented, with many organizations struggling to survive due to shifts in donor funding. Existing networks are predominantly focused on Maputo, leaving many NGOs working on women's and sexual minorities' rights in the provinces, as well as smaller organizations from the capital like UNDE, unrepresented in these networks.

Recommendation

Several interviewees mentioned the need to **restructure civil society** to make it more inclusive and focused. This would involve bringing in more network members from the provinces, who could monitor resistance within their regions. Additionally, regular exchanges among the various types of SRHR and women's rights CSOs, including those in the provinces, should be encouraged. Currently, coordination tends to improve when there is a push to advocate for a specific law or policy, but weakens once it is approved. All interviewees mentioned that a united civil society is necessary in case the resistance against SRHR becomes stronger.

Conclusion

Misalignment between national laws and socio-cultural realities. When legislation with direct relevance for women is passed (such as the Family Law, the Law Against Domestic Violence or child marriage) it tends to encounter socio-cultural realities and customary laws on the ground in the form of „complex legal pluralities", which vary between different parts of the country and to which national legislation often does not relate. As a result, large segments of the population, including those responsible for implementing and upholding these laws, such as nurses, health providers, police officers, teachers, and other government officials, often ignore them.

Recommendations

For policies and their accompanying interventions to have a greater impact, they should be communicated more effectively, not just through formal political and legal channels or other society institutions but also through key traditional and religious opinion-makers. This includes broadening the pro-SRHR alliance and adapting the IEC campaigns as outlined below:

- **Engaging more closely with Faith Communities**: Many government organizations and CSOs tend to overlook faith communities, often perceiving them as "backward" or

"traditional." However, some of these communities are open to closer collaboration with pro-SRHR organizations, recognizing the potential benefits for their constituents. For instance, the Islamic Council has expressed interest in working more closely with SRHR organizations, believing that such collaboration could benefit their followers. While each faith community may have an area that is non-negotiable for them such as abortion rights, establishing a partnership could help ease resistance through dialogue.

- **Adapting IEC Campaigns to address patriarchal values**: Information, Education, and Communication (IEC) campaigns should be tailored to challenge the deeply ingrained patriarchal values that prevent women from seeking their rights and men from changing their behaviour. For example, Slegh (Slegh 2010) describes the need to provide community-based psychosocial support to women affected by gender-based violence (GBV) before sensitizing them about their rights. She explains that "*the dissemination of information on eliminating domestic violence and defending women's rights in public campaigns was not perceived as being useful by most of the women interviewed. Partly because they did not know how to grasp the new promised rights, but also due to their socio-psychological problems.*" As mentioned above, Lambda has developed tools to enhance the self-esteem of men who have sex with men, helping them feel more comfortable asserting their sexual orientation within their families and communities. It could be worthwhile to explore whether this approach can be adapted for work with other rights holders.

6 Annexures

6.1 List of people interviewed

Organization	Function	Name
AMODEFA	M&E Assistant	Marcelo Kantu
Conselho Islámico	Vice President	Ali Meluserima
Forum Mulher	Coordinator	Nzira de Deus
Igreja Cruzada de Reavramento	Co-founder	Grácio Flausino dos Santos
Igreja Zione do T3	Pastor	Horácio Cuna
Igreja Zione do T3	Pastor	Gilda Cuna
Lambda	Programme manager	Iau Mangore
Othoko	Programme manager	Dário Baulene
Swedish Embassy	Deputy Head of Cooperation	Luisa Fumo
UNDE	Information management	Nilza Miguel Alfredo
UNDE	Programme manager	Haidate Adamo Bacar
UNDE	GAE manager	Madalena Araue Siduno
USAID	MCH/FP Project Management Specialist	Katia Amado
USAID	MCH/FP Project Management Specialist	Raquel Zaqueu das Neves

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