



women aged 20-24 were married by the age of 18, compared to 36% in urban areas. In low- and middle-income settings, early marriage often leads to early pregnancy. Indeed, in Mozambique, 39% of girls who married before the age of 15 also had their first child before they were 15, compared with less than 3% of girls who married after 15<sup>4</sup>. Furthermore, Mozambique is one of the countries with the highest HIV/AIDS burden: in 2014, an estimated 1.5 million people were living with HIV and HIV prevalence was estimated at 10.6% (adult population 15-49 years), the eighth highest in the world. In particular, according to recent estimates, 68,000 adolescents (10-19) were living with HIV in 2015 and new infections among adolescents (15-19) were 9,400<sup>5</sup>.

## TEENAGE PREGNANCY IN BEIRA – ASSISTING ADOLESCENTS THROUGH SAAJ

Beira is the second largest city in Mozambique with a population of more than 500,000 inhabitants that is served by one central hospital (Beira Central Hospital, HCB), with 1,000 beds, and 15 Health Centers (HC). Doctors with Africa CUAMM has been working in Beira since 2000, starting from pediatric HIV and AIDS services and decentralization of services and enlarging its scope to maternal, adolescent and child health, HIV and AIDS, Nutrition and systems strengthening and support. Since 2014, CUAMM is supporting specific ambulatories for adolescents and young people, named Saaj (Servicios Amigos dos Adolescentes - friendly health service for young and adolescents), designed for people aged 10-24 years, aiming at improving health education, besides access and health care in this population. The Saaj services are located inside health centres and they offer free counselling about: reproductive and sexual adolescent health; pregnancies (pre and postnatal); prevention and care of HIV and STIs; and contraceptive methods. All activities were shared and developed in collaboration with local and national authorities.

Data from six Saaj in urban settings in 2014 show that:

- More than 8,300 girls attended Saaj;
- 10 (0.12%) girls were under 9 years, 246 (2.9%) were aged 10-14 years, 3936 (47.42%) were 15-19 years, 3965 (47.77%) were 20-24 years and 143 (1.72%) were older than 24 years old;
- **37% of girls were pregnant;**
- 3024 (37%) girls referred to Saaj for a consultation relative to pregnancy, 2661 (87.9%) of them received prenatal consultation, the others needed post-natal consultation;
- 47% of the girls under 20 years needed pregnancy related counselling and the age group requesting it more often was the 15-19 years (1770 girls);
- Of the 8300 girls accepted to Saaj in 2014, 5011 (60,3%) were tested for HIV;
- Overall, HIV prevalence was 3.9% for those aged 10-24 and 24.7% for women older than 24;
- Among girls accessing Saaj for pregnancy counselling, 54.5% of 10-14, 38% of 15-19, 33.7% of 20-24 and 22% of over 24 was still attending school.

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## TEENAGE PREGNANCY

Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. When a girl becomes pregnant, her life changes dramatically. She will likely drop out of school, which means her future employment prospects also diminish, making her more vulnerable to poverty, exclusion and illness<sup>1</sup>. In fact, pregnancy is the second leading cause of death after self-arm globally, among girls aged 15-19. It is associated with higher risks for the mother and the new-born, including mortality, anaemia, stillbirths and prematurity. The situation is worse for girls living in low resources settings, characterized by poverty, restricted access to care, weak health systems, lack of education and employment and weak social safety nets<sup>2</sup>.

## TEENAGE PREGNANCY IN MOZAMBIQUE

In Mozambique, teenage pregnancy is a problem affecting girls' and young women's health and their social, economic and political empowerment. The country has one of the highest rates of child marriage in the world, affecting almost one in every two girls<sup>3</sup>. According to data from the Demographic and Health Survey (DHS) in 2011, 48% of women aged 20-24 married before they were 18 years old and 14% before they were even 15. In rural areas, 56% of

## THE WAY FORWARD

Teenage pregnancy is a complex phenomenon requiring multifaceted interventions. Strategies to tackle teenage pregnancy in Mozambique should be designed and implemented putting the adolescent and her/his needs at the centre, while acknowledging the role of the health care system, the school system, the community, and of adolescent peer-groups dynamics. Among them:

- Scale-up teenage-friendly dedicated services like Saaj at PHUs and Hospitals along the continuum of care, from pre-pregnancy to antenatal visits, to birth and post-natal visits;
- Design and implement community and family-based approaches to address adolescents SRH needs and issues;
- Identify and train adolescent peer-educators and counsellors for adolescent counselling on sexual and reproductive health issues at health facilities and in the communities;
- Create a system in partnership with schools to a) monitor pregnant teenagers, in order to make sure they receive assistance and they are assured education during and after pregnancy; b) enrich students' curricula with educational activities on life orientation, teenage pregnancy, HIV/AIDS, sexually transmitted infections and family planning;
- Strengthen operational and impact research to better understand a) social and health determinants of teenage pregnancy in low- and middle-income countries (L&MICs); b) which approach and intervention is effective to prevent and manage teenage pregnancy.

<sup>1</sup> UNFPA, 2016. *Adolescent Pregnancy*. [Online] Available at <http://www.unfpa.org/adolescent-pregnancy> [Accessed 19 January 2017].

<sup>2</sup> Rehana A. Salam, Jai K. Das, Zohra S. Lassi, Zulfiqar A. Bhutta, 2016. *Adolescent Health and Well-Being: Background and Methodology for Review of Potential Interventions*. [Pdf] Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026682/pdf/main.pdf> [Accessed 22 December 2016].

<sup>3</sup> UNICEF, 2015. *Child Marriage and Adolescent Pregnancy in Mozambique: Policy Brief*. [Pdf] Available at [http://www.unicef.org/mz/wp-content/uploads/2015/07/EN\\_Moz\\_Child\\_Marriage\\_aw-Low-Res.pdf](http://www.unicef.org/mz/wp-content/uploads/2015/07/EN_Moz_Child_Marriage_aw-Low-Res.pdf) [Accessed 7 February 2017].

<sup>4</sup> Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.

<sup>5</sup> UNICEF, 2016. *FOR EVERY END AIDS Seventh Stocktaking Report, 2016*. [Pdf] Available at <https://data.unicef.org/wp-content/uploads/2016/12/HIV-and-AIDS-2016-Seventh-Stocktaking-Report.pdf> [Accessed 7 February 2017].