

TECHNICAL BRIEF

Advancing Gender Equity Through the Supporting Family Planning and Abortion Services (Impacto) Project in Mozambique



Summary

Equitable access to health, educational, and economic opportunities improves adolescent girls' and young women's (AGYW) quality of life and that of their families and communities. In Mozambique, poverty and harmful gender and social norms challenge the health and wellbeing of AGYW. While nearly all girls enroll in primary school, only 11% study at the secondary level.¹ Women account for most of the unskilled workforce but are often unpaid and hindered by gender discrimination.² In Tete and Manica provinces, where the Supporting Family Planning and Abortion Services (locally known as Impacto) project operates, harmful practices like early marriage and childbirth threaten the wellbeing of AGYW. By age 17, 52% of girls in Tete, and 59% in Manica, are married. By 19, 46% of girls in Tete, and 44% in Manica, are mothers or are pregnant.³

Impacto works to improve gender equality so that AGYW can live free from gender-based violence (GBV), choose when and whom to marry, and realize their sexual and reproductive health and rights (SRHR). In the first three years of the project, rates of marriage before age 18 among young women (YW) ages 18 to 24 fell from 51% to 38% in Manica and 48% to 32% in Tete. YW using contraception increased from 42% to 56% in Manica and 44% to 57% in Tete. Safe abortion services expanded from 5 to 46 health facilities across project districts. In Impacto's first year, 5% (227 of 4,550) of abortions performed were safe abortions; by the third year, 27% (1,478 of 5,464) were safe abortions. **This brief documents Impacto's use of the Gender Equitable Men (GEM) scale to measure impact on gender norms and beliefs and shares learnings from Impacto's approach.**

¹ "Education." Washington, DC, USA: USAID, December 1, 2021. <https://www.usaid.gov/mozambique/education>.

² "Gender Equality & Female Empowerment: USAID/Mozambique." Washington, DC, USA: USAID, 2019. https://reliefweb.int/sites/reliefweb.int/files/resources/Mozambique_Gender_Factsheet_September_2019_updated.pdf.

³ "Moçambique Inquérito Demográfico e de Saúde 2011." Calverton, Maryland, USA: Ministerio da Saude - MISAU/Moçambique, Instituto Nacional de Estatística - INE/Moçambique and ICF International, 2011. <https://dhsprogram.com/publications/publication-FR266-DHS-Final-Reports.cfm>.

Impacto

In 2018, the Global Affairs Canada (GAC)-funded Impacto project conducted a baseline survey of 2,392 YW ages 18 to 24 and 2,469 men ages 18 to 49 in Tete and Manica provinces to assess knowledge, attitudes, and practices regarding gender dynamics and contraception.

According to the responses, while only 5% of men had never been to school, 15% of YW had never been to school. Of YW who had, only 29% finished 5th grade. Meanwhile, 12% of YW reported having experienced physical violence in the previous 12 months; of these, 71% said their husband or partner had inflicted the violence. Women and girls still largely bear the blame for GBV (Table 1).

Table 1. Attitudes of YW and Men in Both Provinces Toward GBV at Baseline

	AGYW	Men
Believe rape is forgivable if the perpetrator marries the woman or girl	27%	31%
Believe a man is justified in beating his wife if she is unfaithful	35%	20%
Agree a woman must endure her husband's violence to maintain the family	47%	49%

Impacto's feminist approach recognizes that gender equality benefits all people by forging a path out of poverty toward a more inclusive, prosperous society. When inequality is addressed so that women and girls can reach their full potential and earn their own livelihoods, their families, communities, and countries experience economic growth and other benefits. Impacto seeks to boost gender equality by strengthening the delivery of, and expanding access to, SRHR information and services and fostering a supportive environment for women and girls to embrace and amplify their voices. Impacto works to ensure AGYW access to quality contraception, safe abortion, and GBV services. Since 2018, Impacto has implemented activities in nine districts within Tete and Manica provinces. With implementing partners Associação de Jovens da Soalpo (JOSSOAL) and Women in Law in Southern Africa-Mozambique (WLSA), the project will reach 400,000 AGYW ages 10 to 24 by its 2024 end. By the end of Year 3, Impacto had initiated community-based activities for 1,832,000 inhabitants (80% of the estimated population of 2,300,000 to be reached by the end of the project).



Photo: Nicole Gill for Pathfinder International, 2019.



Activists conduct activities with girls in grade 8 for the IMPACTO project.

Implementation of Impacto

Impacto works toward improved gender equality in selected districts such that AGYW can exercise their rights to bodily integrity and SRHR. Families and communities perpetuate norms and beliefs that prevent AGYW from having autonomy over their bodies and exercising control over their SRHR. Community leaders and influencers can further perpetuate these inequalities—or they can be engaged to change them. Impacto improves attitudes, practices, and norms related to gender equality and SRHR by working toward three intermediate outcomes:

Outcome 1: Increased empowerment of women and girls in selected districts to exercise agency in household-, community-, facility-, and policy-level SRHR decision-making forums. Impacto improves AGYW knowledge about SRHR, negotiation skills, leadership capabilities, and decision-making agency, and increases their civic engagement in SRHR with the following activities:

- Mentorship training for teachers to promote gender equality and healthy behaviors among boys and girls in primary schools;
- Small-group discussions with girls in secondary schools and interactive games with boys to reflect on adolescent changes, goals, and aspirations; bodily integrity; and gender disparities;
- Engagement of activists and community leaders to identify AGYW out of school and provide them with information on contraception, healthy timing and spacing of pregnancies, safe abortion, and other services;
- Training for activists and community leaders to counsel family members on how to support AGYWs’ access to health care and education and right to bodily integrity; and
- Skill-building for YW on civic action and public advocacy for their needs.

Outcome 2: Decrease of harmful practices and socio-cultural norms and beliefs that limit women’s and girls’ decision making and control over their SRHR, sexuality, and bodily integrity. Impacto works to shift norms and beliefs among family members and community leaders through the following activities:

- Small-group sessions with fathers or partners of AGYW on the importance of contraception; shared decision making; education; and preventing early marriage, pregnancy, and GBV;
- Dialogues with local leaders and influencers on harmful gender norms and practices—such as child, early, and forced marriage (CEFM) and GBV—and their ill effects on AGYW;
- Radio programs that provide the community with information about contraception, abortion, GBV, and gender equality;
- Community health worker (CHW) counseling of AGYW and families on the harmful effects of GBV and CEFM; and
- Engagement of community leader councils (CLCs) in social analysis and action (SAA) planning to identify harmful norms and practices and develop village-level plans for improvement.

Outcome 3: Improved provision of and access to rights-based, gender-sensitive contraception, abortion, and GBV services. Impacto works to strengthen the health systems in Tete and Manica to ensure availability and access to quality SRHR services with the following:

- Capacity strengthening of health care providers on gender-responsive, youth-friendly contraception, abortion, postabortion care, and multisectoral GBV services, and
- Expansion of access to services in hard-to-reach areas through activists, CHWs, and mobile brigades—bringing care to the most vulnerable girls and women.



Photo: Nicole Gill for Pathfinder International, 2019.

Participants in an Impacto women’s group session in Mozambique.

Performance

This brief focuses on findings related to the first two intermediate outcomes. A separate brief⁵ shares findings related to the third intermediate outcome—improved provision of and access to rights-based, gender-sensitive contraception, abortion, and GBV services. Many indicators for that outcome have thus far exceeded their targets of a 10% change.

Impacto conducted baseline and midline surveys to assess knowledge, attitudes, and practices regarding contraception and gender measurements in the project implementation areas. A total of 2,392 randomly selected YW ages 18 to 24 and 2,469 randomly selected men ages 18 to 49 responded to the baseline survey in 2019; 1,263 YW ages 18 to 24 and 1,260 men ages 18 to 49 responded to the midline survey in 2021.⁶ The survey included an adapted GEM Scale—developed by the Population Council and Promundo to measure attitudes toward gender norms and adapted for the International Men and Gender Equality Survey conducted in Mozambique in 2017. Impacto’s GEM scale has 27 questions covering attitudes on household roles, SRHR, violence, masculinity, and gender equality. Answers are based on level of agreement with each statement (Agree=1; Partially agree=2; Do not agree=3). Higher totals signal better attitudes toward gender norms (Low equity=21-40; Moderate equity=41-60; High equity=61-81).

Outcome 1: Increased empowerment of women and girls to exercise agency in SRHR decision-making forums

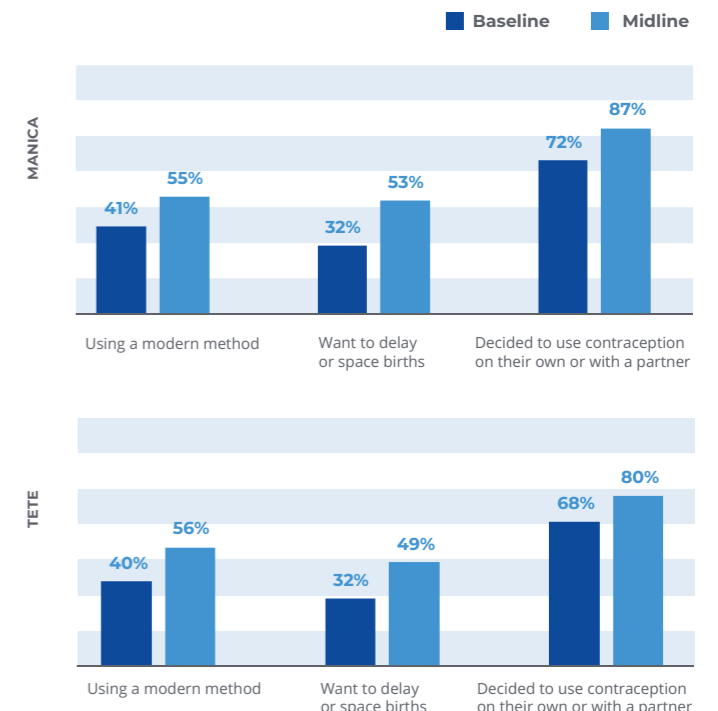
YW are participating more actively and visibly in public decision-making spaces to challenge social norms in a context where women are expected to remain silent in the debate, or where their opinions are trivialized. They are fostering their power and building their trust and belief in the value of their opinions and the legitimacy of their expression. These YW are taking advantage of their new presence in advocacy spaces such as co-management committees; CLCs; radio programs on significant dates; conferences; and other spaces that provide opportunities to raise their voices, express their concerns, and make demands. Much of the effort to enable and support YW to participate in public dialogue involved the reactivation of dormant CLCs and other committees.

Impacto’s small-group activities and household visits increased YW’s knowledge related to SRHR issues, improved their ability to seek health services and support, and instilled a sense of themselves as rights holders who can hold institutions accountable—namely health facilities. The project team focused attention on debunking misconceptions regarding contraception and fertility and building trust around methods of contraception. Baseline survey results and

implementation experience yielded insights about common fears and misconceptions about contraception that helped the team tailor content to address these beliefs. At the same time, the project worked with health care providers to address their bias and other barriers to providing AGYW with contraceptives and meaningful information about correct use, side effects, and other key topics.

The results are promising: In both provinces, the percent of YW who agree that it is safe for nulliparous YW to use contraception increased from 25% to 49%; the percent of men who agree grew from 40% to 48%. The percent of YW who agree that the use of contraceptives for spacing of pregnancy will probably improve the health of the mother and baby increased from 54% to 70%; among men, there was a smaller increase, from 62% to 66%. The percent of YW using a modern method increased from 40% to 56% (Figure 1). There was a notable increase in the proportion of YW using long-acting reversible contraceptives, from 9% to 29%.

Figure 1. Contraceptive Attitudes & Behaviors Among AGYW in Manica & Tete



⁵ Mid-Program Lessons on Improving Health Sector Response to Gender-Based Violence in Mozambique.” Watertown, MA, USA: Pathfinder International, 2022.

⁶ Baseline=full project catchment area; Midline=areas implementing project activities, a subset of baseline.

Outcome 2: Decrease of harmful practices and socio-cultural norms and beliefs that limit women’s and girls’ SRHR decision making and control

Impacto’s theory of change acknowledges that shifting gender norms, and their intersection with other social norms, knowledge, and attitudes, is an essential precondition to behavior change—in this case, improving health service demand and delivery. Health disparities cannot be addressed if those affected by them cannot recognize and voice their needs, and trust that they will receive responsive, quality services, free of stigma and discrimination. Deeply ingrained norms around sensitive issues like harmful traditional practices and GBV require an investment of time and ongoing, multisectoral, multilevel, gender-synchronized effort, to shift.

The percent of people in both provinces who report having experienced GBV decreased from 13% to 10% in the first three years of the project (Figure 2). Nearly 70% of these identified their husband or partner as the perpetrator of physical violence at baseline: this fell to 58% at midline. While the data shows increased recognition of GBV, and reduced acceptability of GBV, particularly among YW, the percentage of those who reported experiencing violence in the last 12 months and seeking help did not increase significantly, signaling the need for more work to ensure that those who experience GBV access the support and services they need. This is discussed in depth in “Mid-Program Lessons on Improving Health Sector Response to Gender-Based Violence in Mozambique.”

More promisingly, the percent of YW who had high equity jumped from 17% at baseline to 60% at midline. There was nearly a 10-percentage point increase in men who passed from medium to high equity (Figure 2). Furthermore, the percent of men who agree that a woman should tolerate violence to keep her family together decreased from 39% to 22%. At baseline, 36% of men did not think sexual violence happens in

marriage (marital rape); this decreased to 20% at midline. And the percent of men who believe it is a man’s right to have sex with his wife even if she refuses dropped from 39.5% to 16.5%. Yet at midline, 31% of men agreed that there are situations in which women deserved to be beaten, 17% of men thought that a husband can kick his wife out of the house if she is raped, and 20% thought that women who are not decently clothed are “asking to be raped.” Though GBV is widely discussed in project activities, more work is needed in this area.

The percent of CLC members with low and medium equity for gender norms and attitudes fell from 32% in Year 2 to 14% in Year 3. In the same time frame, CLC members who agreed that a woman should tolerate violence to keep her family together fell from 44% to 14%. Responses of men and women influencers were similar. Changes were more pronounced among influencers participating in the SAA sessions, who have had more exposure to project activities and are committed to working with their communities toward gender equality. YW who experienced GBV reported a tendency to reach out to community leaders for support: at midline, 28% did so. This highlights the importance of working with influential leaders to strengthen gender-equitable attitudes and de-normalize GBV.

Impacto’s efforts to address CEFM included group sessions with men, women, YW, and community leaders; awareness-raising activities with police and the judicial system; SAA with CLC members and other community influencers; and radio programs. A new law prohibiting CEFM, prevention work by other organizations, and media attention on CEFM as a human rights issue likely also contributed to a notable decrease in the percent of YW who married before age 18, from 50% at baseline to 35% at midline. The percent of YW who agreed or partially agreed that it is advantageous for girls to marry before age 18 fell from 23% to 8%.

Men who think men should have the last say in household decisions dropped from 74% to 57%. This reflects a positive trend but highlights the prevalence of strong patriarchal norms. While rigid social and gender norms restrict women to the role of wife and mother, midline responses suggest a loosening of some men’s opinions and perceptions of the gendered division of work, though others remain attached to deep beliefs that are often more ingrained in women than in men.

Implementation Facilitators

The multisectoral, gender-synchronized nature of the project, which worked across the social ecological model, helped ensure gender-transformative programming.

Impacto engaged men, women, boys, and girls in households, communities, institutions such as schools and police stations, and ministries across the health, education, justice, interior, and women and social affairs sectors, to center the needs of AGYW without placing the burden of gender transformation solely on them.

Impacto’s engagement of council leaders from project communities and villages in training sessions, SAA, and mentor selection facilitated ownership, buy-in, and accountability.

The value cannot be overstated. While the project team anticipated resistance to shifting ingrained norms and behaviors, community leaders were more engaged and accepting than expected.

Focusing on government and local priorities encouraged community buy-in.

In 2017, the Impacto team held participatory workshops in Manica and Tete with YW, community leaders, health providers and managers, community-based organizations, and district officials, to identify and prioritize gender equality challenges and SRHR needs. A gender analysis involving a desk review of global and national data and consultations with key informants from national- and provincial-level civil society organizations and with health- and education-sector representatives contextualized this input. Working within existing frameworks and capitalizing on good policies and tools facilitated success, as did Impacto’s work to introduce new national laws, standards, tools, and guidelines.

Implementation Challenges & Adaptations

Project scope and complexity. Synchronization and alignment of project activities required constant effort and significant time to work with implementers at different levels. Clarifications and updates to project technical and geographic areas were essential to ensure ongoing understanding among project staff, facilitators and implementers given the complexity of the project.

Geographic extension. Impacto’s ability to reach additional villages through community mentors during the first three years of the project was slowed by geographic distance. Ultimately, the team narrowed the project’s geographic scope to allow for the iterative community-level work necessary for a continuum of activities with potential to affect social and behavior change.

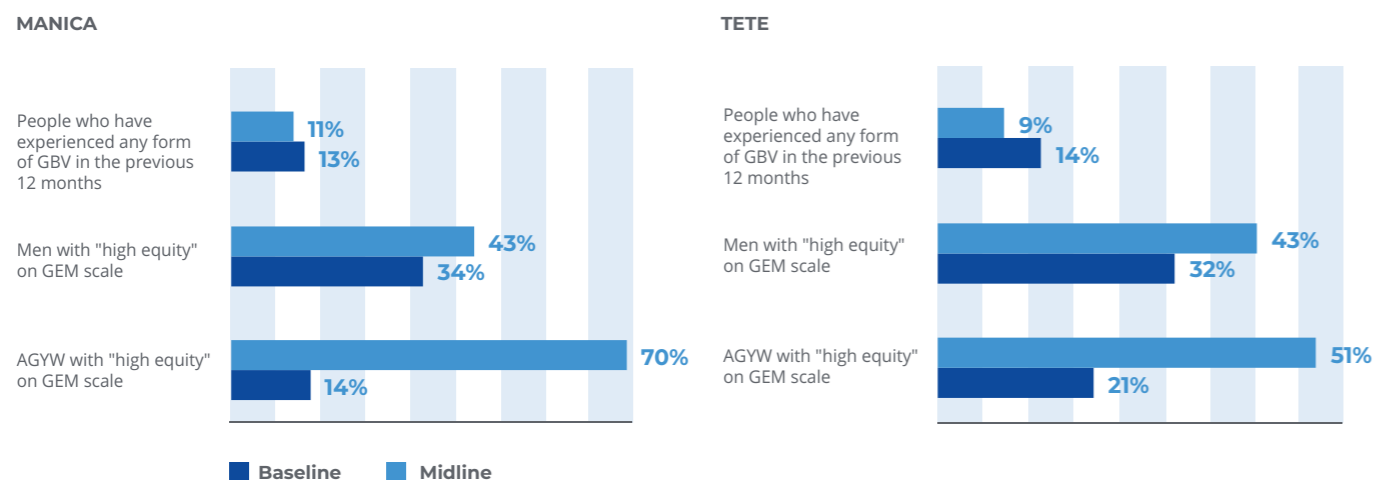
Gender roles. The Impacto team assumed that men were among the greatest barriers to gender equality. However, particularly in Tete, many barriers stemmed from women—especially mothers of AGYW. GEM scale responses of women who participated in SAA activities revealed that they held the same gender-inequitable beliefs and prejudices as men. Conversations with adolescent girls and observations at household visits confirmed the presence of biases among women. In response, Impacto formed groups to sensitize mothers the same way as men.

Lessons and Recommendations

Shifting social and gender norms is a long-term process. Despite changes from baseline to midline, justification of domestic violence remains high, and blame of women for GBV is pervasive. Changing beliefs and attitudes is critical to changing practices. Observations and individual accounts suggest ongoing change toward equitable behaviors in project-supported communities. The slight increase in the percent of YW who responded that more decisions (regarding household finances, contraception, and other matters) are made jointly at home suggests that project activities are helping to drive shifts in social and gender norms. Without the donor’s holistic framework, the project likely would not have seen such positive results.

Investment in education on rights and legal frameworks and in deconstruction of social norms around gender inequality and GBV that remain embedded within project staff, community activists, and mentors, must be ongoing. Staff, community members, and individuals need a foundational awareness of their behaviors and an enabling environment to address harmful practices and beliefs, including acceptance and normalization of GBV. This will help reduce stigma and rejection of survivors who speak out and help create preventative measures for GBV.

Figure 2. Shifts in Gender Norms in Manica & Tete



Project overview: Funded by GAC, Supporting Family Planning and Abortion Services (2018-2024), locally known as Impacto, has improved gender equality in nine districts in Tete and Manica provinces in Mozambique so that AGYW can exercise their rights to bodily integrity (including the right to live free from GBV and to choose when and whom to marry) and SRHR (including access to rights-based contraceptive and safe and legal abortion services).

Contributors: Estrella Alcalde, Dr. Mohamad Brooks, Walter Chaquilla, Jodi DiProfio, Elizabeth Futrell, Kendra Hebert, Rebecca Herman, Marta Pirzadeh, Artur Sulemane, Dr. Luc Van der Veken, Mwema Nicoleta Uaciquete

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Cover photo credit: Estrella Alcalde for Pathfinder International, 2019. A facilitator leads an activity for the Supporting Family Planning and Abortion Services project, which focuses on gender equality and adolescent and youth sexual and reproductive health.

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Pathfinder International
9 Galen St, Watertown, MA 02472, USA | +1 617 924 7200

Pathfinder International in Mozambique:
Rua Eça de Queiroz #135, Bairro da Coop, Cidade de Maputo
Maputo, Mozambique | +258 21 416 607

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