Mozambique

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Mozambique and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100 000 live births per year. The ratio in Mozambique is 520 per 100 000 live births which is lower than the average of 900 per 100 000 live births in sub-Saharan Africa, but higher than the global average of 400 per 100 000 live births.

![Graph showing maternal mortality ratio in Mozambique, Sub-Saharan Africa, and the world.](image)


2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Mozambique is 1 in 45 which is lower than the average of 1 in 22 in sub-Saharan Africa, but higher than the global figure of 1 in 92.

![Graph showing lifetime risk of death in Mozambique, Sub-Saharan Africa, and the world.](image)


Demographic and health data

3. Total population (in thousands)

- Sub-Saharan Africa: 1 450 (2005)
- World: 4 000 (2005)

Sources:


A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for the period of 1997–2002) were haemorrhage (uncontrolled bleeding), sepsis or infections including HIV, hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for Mozambique.

![Pie chart showing causes of maternal deaths.](image)


5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2003, the total fertility rate was 5.5 per woman in Mozambique.

![Graph showing total fertility rate in Mozambique and Sub-Saharan Africa.](image)

6. Proportions of births by urban versus rural location

Among the women interviewed in a survey conducted in 2003, approximately 71% of births occurred in rural areas. The total number of births (in thousands): 856.

7. Perinatal mortality rate

Perinatal mortality refers to deaths of fetuses in the womb and newborn babies early after delivery. It includes (1) death of a fetus in the womb after 22 weeks of gestation and during childbirth, and (2) death of a live-born child within the first seven days of life. These deaths are considered an indication of the availability and quality of both maternal and newborn health care. According to a survey conducted in 2003, overall, the perinatal mortality rate was 43 per 1,000 pregnancies. The rate was higher in urban than in rural areas.

8. Adolescent pregnancy rate by age for girls 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to a survey conducted in 2003, the rate differed across all age groups, with the highest rate among the 17-18 year old girls.

9. Adolescent pregnancy rate by urban versus rural location

In Mozambique, a survey conducted in 2003 indicated that 7% of women aged 15–19 were pregnant with their first child. The rate was higher in rural than in urban areas.

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of Mozambique. According to a 2003 survey, the lowest overall rate was in Cidade de Maputo, while the highest rate was in Manica. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies.
11. Unmet need for family planning, 2003-2004  18.4%

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing, but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In general, according to a survey conducted in 2003, contraceptive use was highest in the 20–24 age group.


13. Contraceptive use by urban versus rural location

In Mozambique, according to a 2003 survey, contraceptive use was higher (about 28%) in the urban than in the rural areas (about 18%).


14. Contraceptive use by subregion

The prevalence of contraceptive use varies in different subregions of Mozambique. According to a 2003 survey, the prevalence was highest in Cidade de Maputo compared to all other regions of Mozambique. The lowest rate was in Manica.


15. Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2003, approximately 84% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in live births, approximately 53% were given ANC by a skilled provider at least once.


16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. According to a survey conducted in 2003, overall, about 48% of childbirths were assisted by a skilled birth attendant. The rate was higher in urban areas (81%) compared to the rural areas (34%). To reduce the high maternal mortality ratio in Mozambique, urgent attention should be paid to the availability of skilled birth attendants at birth, especially in rural areas.

17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In a survey conducted in 2003, the majority (about 89%) of women in the highest wealth quintile had a skilled attendant present at birth compared to only 25% of women in the lowest wealth quintile, representing over a three fold difference.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant also varies greatly by region within Mozambique. According to a survey conducted in 2003, the coverage ranged from a low of 31.5% in Cabo Delgado to a high of 89% in Cidade de Maputo.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. A survey conducted in 2003 indicated that most pregnant women in Mozambique (about 51%) gave birth at home with the associated risks. Some women (about 48%) delivered in a health facility.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 2003, approximately 2% of births were delivered by caesarean section in Mozambique. The rate in the rural areas was lower (0.5%) than in the urban areas (5.3%). The very low caesarean section rates, in particular in rural areas, could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced.

21. Caesarean section by subregion

Caesarean section rates also vary between subregions in Mozambique. According to a survey conducted in 2003, the caesarean section rate varied from 0.5% in Tete and Zambezia to 10% in Cidade de Maputo.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2002, of those babies who were weighed at birth, about 10% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels (less than 110 g/l) of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to deaths due to haemorrhage during childbirth. There are no country-specific data on anaemia in pregnancy for Mozambique.

24. Prevention of mother-to-child transmission of HIV

The percentage of pregnant mothers living with HIV and receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child increased from 3% in 2004 to 13% in 2006.

25. Equity – gap in coverage of four major interventions by wealth quintile

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in the Demographic and Health Surveys (DHS) conducted in 1997 and 2003, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall, the coverage gap in 2003 (40%) was lower (that is, improved coverage) compared with the 1997 survey (56%). Achieving equity requires improving coverage levels in the poorest quintiles.

26. Reproductive health Maternal health

Yes

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 45

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10,000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Mozambique, with about 5 health workers (as defined above) per 10,000 population, is well below this threshold and is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

- Convention on the Elimination of All Forms of Discrimination against Women: Yes
- Convention on the Rights of the Child: Yes
- International Covenant on Economic, Social and Cultural Rights: Yes
- International Conference on Population and Development: Yes
- Fourth World Conference on Women: Yes


30. Other determinants of health: water, sanitation, communication and road networks

- Fixed-line and mobile phone subscribers (per 100 population): 11 (2006)
- Internet users (per 100 population): 0.9 (2006)
- Improved water source (% of population with access): 42 (2006)
- Improved sanitation facilities (% of urban population with access): 53 (2006)


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