## HIV/AIDS Profile: Mozambique

## **Demographic Indicators**

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	with AIDS	without AIDS		with AIDS	without AIDS
Population (1000s)	19,105	19,946	Growth Rate (%)	1.5 %	2.4 %
Crude Birth Rate	38	39	Crude Death Rate	23	14
Infant Mortality Rate			Life Expectancy		
Both Sexes	140	123	Both Sexes	38	50
Male	146	129	Male	38	49
Female	134	117	Female	37	52
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Percent Urban	28		Total Fertility Rate	4.9	

**Note:** Above indicators are for 2000.

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Estimated % of adults living with HIV/AIDS, end 1999 13.2 % Cumulative AIDS rate (per 1,000) as of 12/31/98 0.58 Cumulative AIDS cases as of 12/31/98 10,863

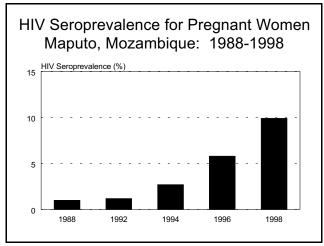
Sources: U.S. Census Bureau, UNAIDS, Population Reference Bureau, World Health Organization.

## **Epidemiological Data**

Epidemic State: Generalized

Mozambique is located in Southern Africa where epidemics have recently expanded in Botswana, and in South Africa. It also borders Zambia, Zimbabwe and Malawi which have some of the oldest and most severe epidemics. Mozambique has also recently gone through a period of political and civil unrest with associated population displacements.

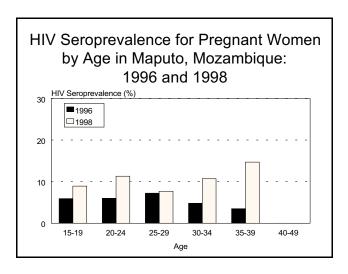
• HIV seroprevalence among pregnant women in Maputo, the capital city, has increased steadily since 1988 from 1 percent to 10 percent in 1998.



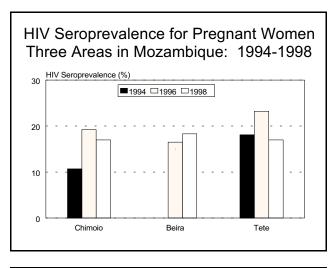
Source: International Programs Center, Population Division, U.S. Census Bureau, HIV/AIDS Surveillance Data Base, June 2000.

#### Mozambique

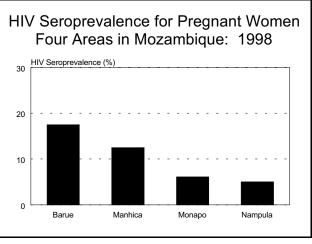
• Seroprevalence in Maputo increased among pregnant women in all age groups over the two year period from 1996 to 1998. The most drastic increase was in women ages 35-39, when the infection level rose from 4 to 15 percent. HIV prevalence among 15-19 year old pregnant women increased from 6 percent in 1996 to 9 percent in 1998.



• Seroprevalence for pregnant women in Chimoio and Tete both near the borders of Zambia and Zimbabwe ranged from 17 to 23 percent in 1996 and 1998. HIV prevalence in Beira ranged from 17 to 18 percent.

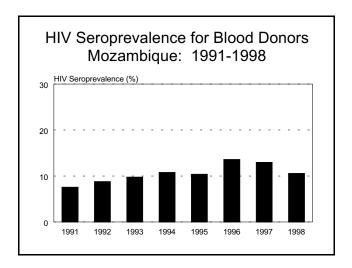


• HIV seroprevalence for pregnant women varies between area. Of the areas surveyed in this study, Barue has the highest prevalence with 18 percent, while Nampula has the lowest with 5 percent. This graph offers information on the likely HIV situation in these four areas, however, as sample sizes remained small, the accuracy of these figures cannot be determined.

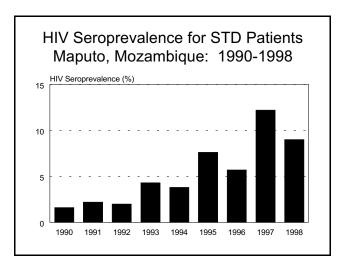


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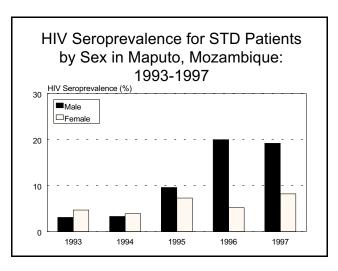
• Data from surveillance of blood donors indicates that HIV prevalence increased from 8 percent in 1991 to 14 percent in 1996, after which it began to decline to 11 percent in 1998.



• HIV seroprevalence among STD patients in Maputo has increased steadily since 1990. HIV prevalence increased from 2 percent in 1990 to 9 percent in 1998.

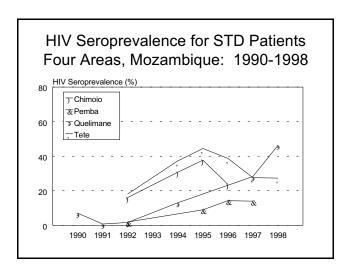


• STD patients in Maputo are one of the few groups affected by the pandemic where infection levels in males dramatically exceed those in females. In 1997, 19 percent of male STD patients compared to 8 percent of female patients were HIV positive.

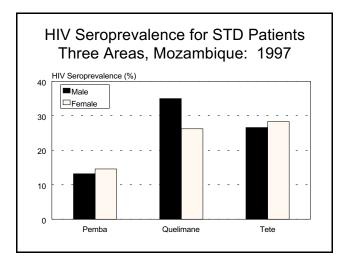


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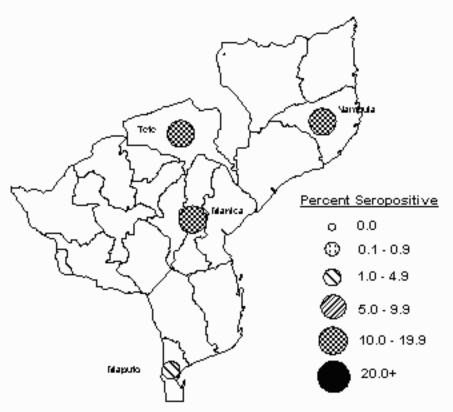
• The data available for STD patients in five areas of Mozambique show that infection levels have been continually rising since the early 1990s. Despite this, Tete experienced a decline in infection levels from 1995 to 1998



• In 1997, HIV prevalence among male STD patients was higher than among female STD patients in Quelimane, 35 percent and 26 percent, respectively. In Pemba and Tete, HIV prevalence among males and females was not very different.



# Seroprevalence of HIV-1 for Pregnant Women Mozambique: 1992-94



u.S. Census Bureau, Population Division, International Programs Center, Country Profile, September 2000.

### Sources for Mozambique

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