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## ***Gender and Family life in Angola: Some aspects of the post-war conflict concerning displaced persons***

### **1. Introduction**

A strict evaluation of the current social and economic situation of Angolan women is almost impossible due to insufficient data. A few studies have been undertaken on the situation of women in urban areas, but none in rural areas. The situation of women is primarily influenced by the war. This probably explains the development of the diverse social phenomena in Luanda, such as the major migration to the city in colonial times. The influx of women in cities is slightly higher compared of men.

Angola has been faced with a continuously growing population of internally displaced persons (IDPs) resulting from three decades of armed conflict. Millions of people have been forced to leave their homes and resettle in new areas. This massive displacement has created many urgent needs and no population-based information is available. The lack of reliable demographic data is a serious challenge in adequately identifying and addressing the needs and vulnerabilities throughout the country. No national demographic census has been carried out in thirty years. Although some studies of variable coverage and quality were carried out in the 1990s, they do not provide the quantitative or qualitative information needed to develop the most basic demographic indicators.

In the last few years, particularly with the outbreak of armed conflict in December 1998, the number of IDPs has increased alarmingly. The Government of Angola and humanitarian organisations estimate that the accumulated number of IDP s reached four million in 2000. Unconfirmed sources suggest that the number of IDPs increased by approximately one million in the year 1999. The living conditions of the population affected have reached increasingly catastrophic levels. The memorandum of Lwena, signed in April 2004, has raised new hopes for a way of returning IDPs to their areas of origin, but many practical problems remain before this goal can be achieved. The previous conditions for resettlement, like basic infrastructure and equipment for the suitable functioning of institutions such as schools, dispensaries, hospitals, administration offices, and so forth are non-existent, without even mentioning the problem of landmines.

Women in Angola face more serious problems, attributable to the war, than in other countries of the region. The cry for peace is very loud among all women

in Angola. Internal displacement, poverty, food security, violence against women, coupled with the wrecked educational and health systems are just some of the major problems facing women in Angola. As a result of the war, entire provinces have been virtually depopulated as large numbers of displaced people, mostly women and children, trek to the cities and towns, which are considered safer and free from landmines. Women are the main victims of war. Illiteracy and unemployment are higher among women than men. Many women and children are on their own as the male family members have been separated from their families because of military mobilisation.

## **2. Women and the Law**

Angolan constitutional law enshrines equal rights and duties for women and the principle of non-discrimination on the basis of gender. Under the terms of the law, all citizens are equal, enjoy the same rights, and are subjected to the same duties, with no distinction on the basis of gender. The law also foresees punishment for all acts that could be prejudicial to social harmony, or that could lead to discrimination on the basis of these factors. This principle of equality defends equal rights and shared responsibilities within the family as well. Yet this constitutional precept of equality also has broader repercussions on the whole legal and judicial system, namely in the domains of labour, civil, penal and procedural laws. Under these laws, they all have equal access to work and employment, to education, land, property and other assets.

The passing of the new Family Code in August 1987 gave impetus to the promotion of equal rights between women and men in marriage, divorce and raising children. One of the fundamental principles was the recognition of all children born within or outside marriage. The new law allows single or married mothers to register a child unilaterally.

The General Labour Law protects women's work and working mothers regardless of whether they are single or married. Women are given the right to a fully remunerated one-day leave of absence per month. Maternity and breast-feeding time requirements are recognised in the law.

The level of women's participation in decision-making either in politics or in economics is very low. The exclusion of women in the decision-making process for peace, disarmament and national reconciliation reflects a negative tendency. The political subordination of fifty-one percent of the population (women) to men is also due to the fact the new political parties (eleven of which are represented in Parliament) do not have enough women in their leadership structures.

### **3. Social and cultural structures**

#### *3.1. Family relationships*

In Angola, as in many other African societies, traditional life and behaviour are based on broad family bonds. This relation plays an important role in the transmission of traditional values from one generation to another. Polygamous relationships are common and socially accepted among both the rural and urban population. It is a common practice among both illiterate and educated members of the society, although it is not recognised by law; in fact the situation is really of promiscuity, a man flirting with more than one woman is seen as social prestige sign, reinforcing male authority and economic household power. The Christian monogamous family and the highly patriarchal model have influenced the shape of family relationships. Other factors include urban and labour constraints, (residence, health assistance, transport and schooling expenses), as well the prevalence of HIV/AIDS, the need to take care for protection against the risk of contamination, for example by avoiding multiple sexual partners.

#### *3.2. Bantu culture predominant and traditional values*

The cultural traits of Angolan women are not homogeneous. There are the strong Bantu traditions predominant in the rural areas on the one hand. The urban centres however are characterised by a maze of cultures of varying expressions on the other. In this context, Angolan women are the agent of a culture with a strong Bantu influence and their participation is vividly visible in initiation rites, death ceremonies, and celebrations among others. In these events women play a prominent role, symbolising their social function as mothers and as the link between traditional and cultural values and the new generation.

In Angola traditional values, which are based on kinship relationships, play an important part in the various lifestyles of the population. These norms and traditional values are transmitted from generation to generation, from the elderly to the youth, especially when the latter are socialised into adulthood.

The end of the war in Angola has not changed the importance of traditional values for women and men. Thus, it is important to assess the weight of these traditional values and attitudes, particularly as they positively or negatively affect women's capacity to be actively involved in development initiatives. These customary traits include traditional attitudes about polygamy, the emphasis on women having children, treating women only as domestic beings in the city, the impact of the economy on women, and so on.

#### *3.3 Paternity and Maternity*

In family relations, both mother and father have the same rights and obligations. The name of the child is chosen by common agreement, authority over

children is exercised jointly by the father and mother, and in cases of discord between the parents the decision lies with the law court. When parents do not live together, the mother and the father both hold the same responsibilities towards the child, and in the case of the death, absence or incapacity of one, authority lies exclusively with the mother. The paternity and the maternity rights of children born out wedlock are recognised and the Family Law has abolished the difference between legitimate and illegitimate children. In the case of adoption and tutelage, the woman and the man have the same rights and obligations (*Beyond Inequalities; Women in Angola*, SARDC, DW ADRA 2000).

#### **4. Gender disparities in economic opportunities**

The right of women to equal economic opportunities is upheld by the international Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) ratified by Angola in 1985. Article 13 required states to take all appropriate measures to eliminate discrimination against women in social life. This and other articles (notably 11, 14 and 15) established that women have equal rights to men with respect to employment, choice of professions, promotion, remuneration, access to bank loans and other types of credit, ownership of land and other forms of and property and inheritance. The international community has focussed increasingly on the measures needed to realise these rights, notably through the platform of Action adopted at the Fourth World Conference on Women, held in Beijing in 1995, and the final declaration of the special session of the UN General Assembly held in 2000 to review the progress made since the Beijing summit. In traditional rural society, there has always been a division between the sexes. Women are responsible for most aspects of daily family subsistence, including the production of food, crops, the raising of small livestock, the fetching of water and fire wood, cooking and the care of children, the elderly and the sick, while men prepare the soil, cultivate commercial crops (greatly reduced in scope since the colonial era) and rear cattle. Household assets are generally the property of male heads of households, and inheritance, although traditionally matrilineal in most Angola ethnic groups, usually benefits the male relatives of the deceased, leaving widows in a particularly vulnerable situation.

In the urban areas, economic pressures have driven women into the labour force, resulting in an almost equal labour force participation rate among men and women. Data from the IPCVD 1995 gave rates of 66.2 percent and 65 percent respectively in the male and female population ten years old and above (Adata de Sousa 1995). Nonetheless, traditional concepts about the inferior status and lesser rights of women are still strong, resulting in women remaining at a disadvantage to men in terms of employment opportunities, as well as the ownership of assets and inheritance. Higher levels of illiteracy among women

than men, reflecting inequalities in educational access, reinforce unequal employment opportunities.

As a result, women are concentrated in low-skill jobs, particularly in the informal sector. According to the IPCVD data, women held only 33 percent of jobs in the formal sector, but 63.5 percent of jobs in the informal sector (Adata de Sousa 1998). Women working in the informal sector are concentrated overwhelmingly in retail trading and are almost all self-employed. In the civil service, approximately 60 percent of jobs are held by men according to a survey conducted by the Ministry of Employment and Social Security in 1998 (MAPESS, 1999a). Men occupy 66 percent of professional posts and 725 of the senior professional posts. The situation is similar in the liberal professions: for example, only 29 percent of lawyers are women (OAA).

There is circumstantial evidence, however, that female earning power in the urban areas has withstood inflation better than male earning power, precisely because of the greater concentration of men in formal sector employment, particularly in the public sector, where incomes have declined steeply in real terms since the early 1990s despite periodic large wage adjustments (*Angola: The post-war challenges*, UN system in Angola 2002).

#### 4.1. *The impact of war, urbanisation and poverty on gender roles*

Under the pressures of displacement, urbanisation and the struggle for survival, traditional gender relations within the family appear to be changing, with women achieving greater economic independence relative to their husbands or male partners, but also working longer hours to combine income-earning activities outside the home with traditional home-keeping responsibilities.

In Angolan culture, there has been a deeply ingrained notion of male supremacy, shared by both men and women, in which men are responsible for leading and for making decisions, while women are subordinate to men and carry out decisions made for them. This notion was related to the division of labour in traditional rural society, which saw women's role as one of bearing and raising children, feeding and caring for their families, and carrying out productive tasks related to home-keeping, including the cultivation of crops, the rearing of small livestock and the fetching of water and firewood. Men were responsible for family and community leadership and, in the productive sphere, for preparing the soil for cultivation, raising cattle and, in some areas during the colonial period, growing commercial crops or supplementing family incomes through migration. Despite male dominance within the family and community, women had some independence in economic matters, as they often engaged in petty trading to earn income, supplementing their farm produce, and they generally retained and spent their income without male control (Akeson, 1992, in *Angola: The post-war challenges*, 2002, p. 19).

The trading role of women has dramatically increased in the past two decades because of the displacement and urbanisation of rural populations. In

the absence of farm tasks, it is culturally accepted that women should seek to earn incomes through trading, which is also the easiest sphere of economic activity for most women to enter with minimal capital and skills. A study on IDPs carried out mainly in IDP camps in Huila, Benguela, Malange and Zaire in 1990-2000, found that men had lost their position of family provider and were in a state of 'existential crisis', a condition that in some cases was conducive to heightened violence against women. At the same time, the study found that women were overburdened as a result of the combination of their traditional domestic duties with their greatly expanded role in the market-place as principal bread-winners (Fonseca *id.*, p.19). Similar findings have come from urban household studies, which have highlighted the increased importance within the family of the income generated by women in the informal sector in a context where salaries earned mainly by men were being wiped out by inflation during the 1990s in much of the formal sector, particularly the civil and parastatal companies (Van der Winden, 1996; UNICEF/GURN, 1999).

This may help explain the unexpected findings in the household income and expenditure surveys in both 1995 and 2000/2001 (INE, 1996; AU, 2000/01, UN 2000) that a lower proportion of female-headed households than male-headed households are below the poverty line. Preliminary data from the 2000/2001 survey carried out principally in urban areas, indicate that 63 percent of male-headed households were below the poverty line, compared with 68 percent of female-headed households. Extreme poverty is highest in widowed and divorced male-headed households, followed by widowed female-headed households (AU, 2001, UN 2000). Studies in the rural areas indicate that female-headed households are among the poorest and most vulnerable, because they are deprived of male labour for land clearance and ploughing (Robson, 2000/01, UN 2002).

The high proportion of female-headed households (33 percent in the rural areas and 29 percent in the urban areas according to the 1996 Multiple Indicator Cluster Survey) is an important facet of contemporary Angolan society (INE/UNICEF, 1997). Again, this is partly war-related, since large numbers of adult males have been killed or conscripted, while others have been separated from their families by displacement or migration. Household surveys have found very low ratios of men and women, especially in the 15-34 year age-groups. However the high proportion of female-headed households also reflects the trend towards non-co-residential forms of polygyny. This trend, which is found in many countries, is partly a consequence of urbanisation, which makes more difficult for wives to live together in the same compound. The lack of legal recognition of polygyny may be another factor in Angola. Along with the slackening of the social norms and controls characteristic of close-knit rural communities, traditional forms of marriage have become looser and less stable, resulting in what some analysts have called serial polygyny. Meanwhile, legally recognised marriage remains a limited

phenomenon in Angola, due both to cultural factors and the breakdown of the civil registration system. The IDR 2000/2001 found that almost four times as many women were in de facto unions as in formal marriages (INE, 2001b).

## 5. Data Survey

### 5.1. Demographic profile

Data reported on this paper were from the survey on reproductive health and family life (SRHL) conducted with technical and financial support of the United Nations Fund for Population (UNFPA) among IDPs in four Angolan provinces (Huila, Benguela, Malange and Zaïre) in 1999 and 2000. These provinces were selected because of the large number of IDPs as compared with other provinces in the north, south and centre of the country. In addition, UNFPA supports two sub-programmes regarding population matters in the provinces of Huila, and Benguela, where the government requested support from UNFPA to evaluate the living conditions of the population and to develop strategies for intervention.

The objective of the survey was to characterise the conditions of family and reproductive health of IDP populations, both those living camps and those living in the peri-urban areas of large cities. The study examined demographic characteristics: migration, fertility, and mortality, as well as the direct effect of the war on the family (deaths and disappearances as consequences of the war). The degree of knowledge about STD/AIDS (that is, of transmission and prevention), knowledge of family planning methods, assistance to pregnant women, male and female prostitution, and finally the use of drugs and alcohol, especially among youth, were studied in an attempt to understand what happens to this population in terms of their reproductive rights and health. The study design was both quantitative and qualitative. The quantitative component used a questionnaire and focus groups, and in-depth interviews were used in the qualitative component.

In the four provinces, 1421 IDPs were interviewed, with 70 percent living in IDP camps and 30 percent in the peri-urban neighbourhoods of four of the main cities. The quantitative component was based on thirteen focus groups and 179 in-depth interviews. This method was necessary to examine in-depth sensitive questions related to sexuality and reproductive health.

Given the objectives of this study, only IDPs over the age of fourteen years were interviewed. As it can be observed in Table 1, there are more women in the study than men, especially in the 14-44 age group, reversing the situation in the higher age group where men are in the majority. Note that the lack of men is higher in the age groups of greater productive and reproductive activity from 20-24 and 25-29 years. This disproportion between men and women is certainly related to the military enlistment of men in these age ranges. The average age is 32.3 years for males and 28.9 for the females. Note that the

configuration of the female population in the reproductive period approximates a typical age distribution, with about seventy percent of the women belonging to the 20-34 age group. Recall that it is in this group that fertility is usually at its highest levels.

**Table 1: Distribution of respondents by age and gender group**

Age Group	Men	Women	Total
14-19	106	128	235
20-24	64	148	212
25-29	99	154	253
30-34	128	132	261
35-39	81	91	173
40-44	44	55	99
45-49	61	42	103
50 +	61	24	85
Total	646	775	1,421

## 6. Life before dislocation from the home

### 6.1. *The rural family: economic and affective relations*

Information about the total number of IDP in Angola comes from diverse sources but an attempt to ascertain the exact number of dislocated women, men and children from urban areas was not undertaken. Data gathered in this study show that the majority originated from municipalities in the interior regions. In these interior areas of the country, the traditional society has the family as its fundamental base, whether conjugal, nuclear, or reduced – that is, father, mother and children. Relationships within these families are ruled principally through the role of the man as economic provider for the family, and his leadership role and the submissive role of woman and children as explained above.

As discussed in the focus group, all IDPs who were interviewed were agricultural workers in their homelands. Some combined these tasks with other functions, such as teacher, nurse, or businessmen, but the principal support came from working the land. Each family has its ploughing fields that constituted a family agricultural business. As the principal mode of survival, life was based on the diverse tasks related to periods of the farming year, and the local culture. Within this system, the family was guaranteed products as such as corn, cassava, peanuts, potatoes and beans, among others. Normally the agricultural activities were combined with raising animals, such as chickens, goats and

cattle that were used to feed the family and to sell. A small segment of this population was dedicated to small business that brought the products from the fields to the city.

Life was normal. For example, I had my cattle. In my house, I had everything. In my house, I did not lack anything, nothing, I would decide what food that I would eat, if I want to eat what. If I am going to eat, it's what I want to eat. What I want to eat is what I eat. But now, due to the war, we are here waiting. As my colleague said, we are to wait for HAND OUTS. – Male, Chibia.

The life that IDPs led in their home areas was perceived at least of 'good quality, relatively satisfy and comfortable'. According to respondents, the fact that they could work the land provided food security for relatively long periods. Even if they did not cultivate for two years, there was no lack of sufficient food. They had enough by their standards, and enjoyed a relatively stable life without great difficulties. Fundamentally they did not depend on anyone to survive.

About family life and the role of men and women in the homeland, a significant number of IDPs declared that men took care of the animals and the women planted the fields and took care of domestic work. The tasks of the children were divided, that is, the boys helped their fathers and the girls their mothers, which each helping in the ploughing fields. The tasks requiring animal traction normally were handled by men. 'In this way, men, women and children all worked in the fields. And the father felt that he was the head of the family'. – Man, Feira de Lobito. In their family relations, the IDPs felt that their children were better cared for than in their present situation. The role of mother and wife was perceived by men as being more affective and caring because they did not have the worry that they now are burdened with in the cities about sheer physical survival.

There, we had more caring with my children, here I don't feel caring with my children because (I spend) the day in the market-place, come here at night, and I don't give caring, the child wakes up and dresses himself alone... the children go hungry one more day. It's suffering that we are talking about here. – Woman, 15-45 years, Chibia, Huila.

The wife and children there were obedient because they saw the wealth. Here is an understanding with the women but for lack of wealth, things aren't very good. – Male, Matala.

It can be said that the original family, regardless of composition and structure in the life prior to armed conflict, after passing through much suffering, arrived at a more secure destination after many transformations (Fonseca, M. C., Ribeiro, J. T. L., Barber-Madden Leitão, A. M., 2001).

## 6.2. *The process of displacement in search of secure living arrangements*

Given the increased lack of security provoked by guerrilla activities, especially in the interior of the country, the resident population which perceived the risks sought on their own initiative more secure places to live, without counting on the support of any institutions in the process of displacement.

According to the survey data (SRHFL, UNFPA/ANGOLA, 2001), the influx of IDPs interviewed in the four provinces (Huila, Benguela, and Malange and Zaire) was characterised fundamentally as being of intra-provincial origin or originating from short distances. They moved principally in the direction of medium-sized cities and provincial capitals. Moderate inter-provincial influx or medium to long distance movement was experienced between 1992 and 1998, particularly in the province of Zaire. Here there were foreigners (refugees) because of the region's closeness to the borders of the Democratic Republic of Congo. Also, there was a small influx of returnees to their homelands after the elections in Angola in 1992, and later a return of the same IDPs to the locations where they sought refuge when conflict erupted. Security is a primordial factor of life for these people, and the violence of the war in their municipalities of origin forced them to seek security in others regions.

Particularly those that left the interior municipalities arrived either as individuals or large groups in medium-size cities and provincial capitals seeking protection. In these destinations, government institutions send them to existing camps for IDPs, or to new locations should the size of the group justify it. The camps are located in the centres of cities in abandoned buildings, or in isolated areas, far from the cities, and for the most part with difficult access to amenities. One group of IDPs looked to their family members and friends for subsistence when they arrived in these cities. This group is of considerable size, equal to those in the IDP camps, and one normally finds them in expanding areas in the peri-urban areas, provoking a rapid and disorderly growth in the cities. This group of IDPs depends less on the support of the government and humanitarian assistance.

In the IDP camps each family receives a very small portion of land from the government. Here displaced persons construct their own dwelling, perhaps a small straw hut that with the passage of time may be a place where they can build a small wooden or adobe dwelling with two rooms. These straw huts and dwellings are covered with straw and, as might be expected, do not have water or electricity or basic sanitation. The government and non-governmental organisations work with the IDPs in the sense of trying to give the camps a minimum of order. Assistance of an emergency nature is based mainly on the distribution of food (corn meal and vegetable oil), normally provided monthly in quantities considered by the IDPs to be insufficient. 'The same *fuba* (corn meal) doesn't amount to anything. There are problems with the children. The quantity of corn meal or food that we receive isn't enough for the family'. – UNECA, Benguela.

For oldest IDPs, the government established a plan for the distribution of plots for agriculture, but few benefit compared to the large mass of agricultural workers who lost their fields. The lack of support for agriculture, along with the inability to sink roots in the new location or the loss of the harvest with 'the

arrival of the war' impedes this from happening. The IDP community in the camps with government support must construct social infrastructure such as schools, health posts and a place for administration of the camp, for which humanitarian assistance is provided. In these settlements, groups of three to four families are oriented to construct and maintain their latrine. In summary, the survival of this population depends entirely on humanitarian assistance of the government and the international community. But it is insufficient and irregular, placing the population in the most absolute misery.

## **7. Life in IDP camps: Vulnerabilities**

There are proportionately more women than men in the camps, especially in the age groups of 14-44, inverting the situation of the older population, in which men are the majority. There is a much reduced number of men in the age groups of 20-24 and 25-29, which are the groups of highest reproductive activity. This disproportion between men and women is certainly related to the recruitment of men into the military in these age groups (Table I). The female population of reproductive age is concentrated in the 20-34 age group, with 70 percent of women in this group. Data show that it is in this group that fertility is highest. The mean age of the population interviewed was 30.4 years, with 32.3 for males and 28.9 for females (ISSRVF, FNUAP, 2001).

### *7.1 Consequences of the war for the family*

#### *7.1.1 Morbidity and Mortality*

The level of life expectancy estimated from the survey data (ISSRVF) is extremely low – between 35 and 41 years. According to the Multiple Indicator Survey conducted by UNICEF in 1996, it was then 43 years. Also, these data take into account that in 2000 there was a proportion of the population of 80 years of age and above.

Infant mortality – the probability of death before completing the first year of life – was between 271 and 276 per 1000. In simpler terms, approximately three children out of ten die before reaching one year. The mean for the country, estimated on the basis of the MICS in 1996, was 159 per 1000. It is estimated that the maternal mortality rate for the country is also high, at 1850 per 100,000. Mortality rates among displaced children in some parts of the country have been much higher than these national averages. A UNFPA study in IDP camps in Benguela, Huila, Malange and Zaïre in 1999 found an IMR of 271 per thousand live births and a MMR of 401 per thousand live births (UNFPA, 2002) in the country.

In summary, the situation of extreme precariousness that characterises these IDPs – with regard to nutrition, health and security – affects primarily the children. This explains the very high risk of mortality among infants and mothers.

**Table 2: Indicators of mortality for the entire population studied (both sexes)**

	Area	
	West Angola	Overall
Life Expectancy	411	352
Infant Mortality	2114	276,5

Source SRHL, UNFPA-Angola 2000.

To gain an idea of the loss of human life among IDP families caused by the war in Angola, the survey questionnaire included questions about the number of family members who died as a direct effect of the war. Another question was asked about the number of family members who had disappeared. Despite the methodological issues, the results indicate that each IDP interviewed lost around 0.81 family members.

**Table 3: Family members who died as a direct consequence of the war**

	Family member deaths as direct consequence of war			Disappeared family members as a consequence of war		
	Cases reported	Proportion		Cases reported	Proportion	
		Of Responses	Of valid Cases		Of Responses	Of valid cases
Father	285	25%	37%	37	8%	9%
Mother	178	16%	23%	28	6%	7%
Brothers	232	20%	30%	124	27%	31%
Sisters	178	16%	23%	83	18%	21%
Spouse	35	3%	5%	10	2%	2%
Children	7	1%	1%	4	1%	1%
Other family members	229	20%	30%	168	37%	42%
Total	1144	100%	148%	454	100%	113%
Valid cases 771; Missing cases 651				Valid cases; Missing cases 1021		

Source: SRHFL, UNFPA-Angola, 2000.

Most of the family members who died were reported in order of importance (or perceived importance) as father, other relatives, mother and sisters. An

estimated 77 percent of the cases reported referred only to fathers and brothers of IDPs, reflecting how the family of these IDPs was affected. The mean of disappeared relatives was 0.32 persons among all IDPs interviewed. More than one third of the disappeared relatives were referred to as 'other relatives'. Brothers and sisters who disappeared were reported in order of importance.

In summary, each IDP interviewed lost on average, between deaths and disappearances, approximately one person from the family, revealing how the violence of the war reached populations which are indefensible, and which further confirms the de-structuring of the family provoked by armed conflict (SRHFL, UNFPA, 2001).

The majority of IDPs interviewed were female and have a fertility rate that approximates that of natural fertility, being reduced by contraception and by the general and infant mortality rates which are among the highest in the world. The war has been one of the principle causes of material loss and the break-up of affective bonds, contributing to the family dislocation among the IDP population.

### *7.1.2 Economic, affective and psychological break-up*

In their new situation, individuals are forced to live in camps or in peri-urban neighbourhoods under precarious conditions (without adequate dwelling, insufficient food, clothing, and lack of health assistance and medication). For those sent to the IDP camps where access is difficult, the situation is worse, because they have no place to go to attend to their needs, and obtain food and health assistance. They are uprooted from their 'habitat' and 'thrown on their own luck'.

In the disorderly process of flight, most of the families were at least partly shattered, as already mentioned. Many respondents from the same family were divided during the escape and in this process many died or disappeared. '...Even some children went for water, they ran away from people who were running after them... and they drowned.' Female, > 45 years UNECA, Benguela.

Some men who tried to resist until the final moment in their area of origin sent their wives and children first to seek a place that was considered more secure. Still others were enlisted by the two warring armies, leaving their wives and children on their own which explains, in part, the large number of women in the IDP camps. In summary, these persons had to abandon their homes, ploughing fields, all of their belongings, and many family members died or disappeared in the process of seeking refuge. They are now solely dependent on humanitarian assistance, without work and living in the most absolute misery.

Other indicators demonstrate the family de-structuring of the IDPs. The number of children without mothers or fathers who count on the support and solidarity of the community to survive is a case in point. The IDP statements

reveal how much more the women suffer than the men, due to the weight of family concerns. The issue is examined in more detail below.

The economic and psychological impact of the 'new life' in the camps has a different weight for the over forty-fives and for the youth. For those over forty-five, the 'hope' of improving life through integration in the new work opportunities, and adaptation/assimilation with other groups, is very tenuous. Perhaps because they are conscious of this fact, they enter into a catatonic state of despair. Refugees still nourish the hope that one day after the war they will return to the exact space from which they departed when they sought refuge from the war. Despite the transformation that they feel, they still think about redeeming the lost link of family ties and community reference groups broken down by the war. 'Let's pray to God, to give us peace... But when finish the war we could return. We have to return.' – Male, Chibia.

The younger generation have a different posture. They seek integration in the communities where they reside. They do not share the expectation of returning home that their parents and grandparents have, perhaps because they are more realistic about their current life, or perhaps they do not feel as uprooted as the more mature members of the family.

Another reason is the chance that youth perceive they have in leaving the existing economic situation of total danger in the IDP camps by inserting themselves in the local labour market. According to various testimonies of the older respondents, youth are already outside the camp working in some type of informal activity as street sellers, selling fruit and vegetables, personal objects or working as domestic help. 'If we have a grown son to sell this firewood and at the end we buy something to eat'. – Male, Matala.

The prospect of survival for all IDPs is so desperate that existing ties of solidarity in small communities of origin can also be transformed into sentiments of individualism. This would not be surprising because other social groups, in diverse cultures, have passed through a similar experience. In moments of extreme economic scarcity what counts is survival of the self. In this case the older ones and children who depend on others for their survival are the ones who suffer the most.

### *7.1.3. New survival strategies, permanence, conflict and expectations*

Besides the structure of the family, one other aspect is the family arrangements that operate for the survival of the family in this crisis situation. As discussed above the lack of dwellings, food, clothing, medical assistance, and principally, the lack of work opportunities, place this population in a catastrophic situation.

In the focus groups carried out in the SRHFL, the IDPs were unanimous that in their homeland the situation had been much better before the war. There 'one lives well' because one had fields for cultivation and did not depend on others. All regret the loss of their assets, but basically their greatest worry is their current incapacity to develop an activity that will give them dignity and

guarantee the survival of their families. It is important to note here the term 'live well' referred essentially to the fact they had been independent, work was available by cultivating their fields and they did not depend on anyone for survival. About their current life, all of the IDPs have bitter reflections: 'Our life now is very bad... Here, only thanks to the NGOs, we survive. If it were not like this we would really be very badly off... We ask that others help us, if not we will continue like this. This here is not for a human being.' – Male, UNECA, Benguela.

These families are forced to make a variety of internal arrangements as part of their survival strategies. One of them is to change the type of activity to which they were accustomed. Also, masculine and feminine roles that were rigid within their agrarian cultural paradigm undergo change. More than this: they mix and become diffuse and difficult to assimilate. The group is already aware of this problem, but resists acceptance of it, except that they must face up to the facts of men and women doing the same work, children being dispersed and family relations becoming more fluid. The changes forced on them by circumstances become permanent, with the breakdown of the former rural values in which gender roles were separate and hierarchical.

The changes in gender roles following the unavoidable division of labour in the family encounter considerable resistance from women. For the men, it means an increase in the burden of work because they have to go to the 'market-place' to seek economic security and still manage to support sound family relations. This issue perhaps is the most complex outcome, because the husband or partner, having lost the position of provider implicit in his former role of 'paterfamilias', undergoes an existential crisis. The new situation may create resentment of the wife, resulting in an increase in domestic violence. It could also bring about psychological disturbances that eventuate in the man abandoning his family. A third possibility is that both husband and wife accept the new reality and begin to work cooperatively to confront the new domestic economic situation. It is clear that the gender conflict will remain but the need for survival replaces dissension:

The man does the same work as the woman, this isn't good, it is because of the suffering; it is a help but not just; the work of the man is for the man; the work for woman is for the woman; it is very difficult. – Female, Matala.

The wife and children there (in the homeland) were obedient because they saw the prosperity. Here, there is an understanding with the woman but because of the lack of wealth, things are not too good. – Male, Matala.

For me, there, beginning with the children even the woman, the work went well because of the things we had. We had everything, everything, everything. Here we are weak, but it doesn't complicate us too much. I am not saying that perhaps with the woman [things] are bad or with the children also. There are only difficulties because of poverty. Things... We are that, it isn't good. isn't bad, they were well because we had food and one could take whatever, the wife accepted and the children obeyed. – Male, Matala.

Economically, their cultivated fields had been replaced by a chaotic and unpredictable market-place, where earning a living became very uncertain, or where the family 'agricultural business' changed to the 'family commercial enterprise', without anyone having the minimum fall-back position. 'There, there were no marketplaces. Certainly, there were no marketplaces. There are fields for ploughing. We here don't have fields for ploughing. Our fields are the marketplace.' – Male, Chibia.

In their new situation, IDPs seek anything that could possibly be used as marketable. 'Everything that you yourself can get has to be sought in the trash. You find cans here bottles there, wash them and the same bottles are sold to get anything to eat.' – Female, > 45 years, UNECA, Benguela.

Seemingly women adapt better than men to the new type of activity of the 'family business'. The market-place is seen as a business for woman despite the fact that the man has the moral responsibility to find something that the woman could sell. The men feel useless because all the phases of the process depend of the woman. Because they do not have control of the situation, they feel that the group sees them as dishonourable. 'At times the hospital prescribes ampoules but the health post doesn't have them, now you have to find a way, and also grab leaves to make business. Now as head of the family this is bad, because it seems there's more business for the women than men.' – Male, Feira, Lobito. Or, 'Now the problem is that the woman does everything, the man is not doing anything. The woman back there was the family, the man was in the front. Here the woman decides more in the family than the man.' – Male, Feira, Lobito.

Within the family, the loss of the family network had profound effects. There are orphaned children and women widowed, separated or abandoned. Besides all the economic difficulties and grief for lost family and friends, they have to confront life alone in the camps where they are sent. The fact that they do not have company makes them more vulnerable to sexual violence and gender conflicts because the sex ratio in the camps is very unfavourable for a woman. However the development of new relationships is seen as a 'dream for the future'. On the other hand, the fight for survival leaves little time to have affective relationships, either with spouses or between parents and children, and many of them feel that they do not have time or energy to dedicate to their children.

There, there was more caring for children, here I don't have caring for children because I send the day in the marketplace, I come at night and don't show caring; the children wake up along, dress alone... it is suffering that we are talking about here. – Female, Chibia.

Here there is no caring not attention to children because of the suffering; with so much suffering, how can we pay attention; if we have to pay attention, we will not eat, then die. – Female, Matala.

The mothers go out in the morning and children, even the very small ones, stay alone, some we don't even get into school. There in the village, the situation was different because we had time. – Female, Matala.

The difficulties are so many that the men forget they have wives. – Female, Feira, Lobito.

## 7.2. Vulnerabilities in reproductive health and rights

### 7.2.1. Reproduction

The total fertility rate (TFR) estimated in the SRHFL was more than ten children per woman, with a distribution by age very similar to a natural fertility. The general desire for a large family was held by both men and women, which is in accordance with rural values in terms of an ideal size of family. However, the situation in which they are living at present as a consequence of the war seems to provoke some impact on family size.

... Now in the camp, I don't want more children and now for sure, as God continues to give me more children, I will receive them. I really don't want more than those we have because they will pass through the same situation.

I ran from the war. I am at the mercy of the government at this moment. I can't have children. We can't have children because of the war. We lost everything. Here we have to use family planning. – Male, UNECA, Benguela.

**Table 4: Parturition, Total Fertility Rates (TFR), Average age of fertility, and children desired by pregnant women**

Indicator	Level
Parturition	73
TFR	11,1
Average age	29,4
More children desired by pregnant woman	4,7

Source: SRHFL, UNFPA-Angola 2000.

As this population does not have the information and the necessary means for intervention in reproductive behaviour, the situation is the same as with the women, that is reproduction is out of their control. Forces that escape the individual sphere play a major role in the definition of the high number of children desired. On the one hand, it is 'God and nature' who are responsible for their destiny, and on the other, social norms oblige the husband to have more and more children.

### 3.2.2 Reproductive rights

The rights of citizenship defined in the platform of Human Rights of the UN include the right to habitation, health, education and work. For the IDP population which lacks the basic element of survival, food and a bed to rest the body, it would appear to be a fiction to consider the matter of rights. However, it must be remembered that besides the precarious material conditions, this population is subjected to the same vulnerabilities as other populations away

from areas of conflict. Sexual violence involving children, girls and women is a fact observed in a number of camps researched. This type of violence displays no respect for human rights. The individual or group that commits any type of gender-based violence has, above all, a perception of the power they have over their victim. When cultural values reinforce gender inequalities, the violence acquires many faces: the domestic manifested in sexual abuse, in beatings, in psychological torture, in rape, just as in economic exploitation in prostitution of youth and young girls. The absence of access and assistance to reproductive health, besides being a violation of human rights to health, constitutes a violation of the status of women when they are deprived of a healthy sexual life, which implies among other things the prevention of sexually transmitted diseases, and remaining safe from HIV transmission. Safe motherhood that also implies the health of the new-born requires access to information and health services prenatally, and that also should provide family planning.

Among the woeful consequences of the weakness of women's reproductive health in Angola are maternal morbidity and mortality, and deaths due to abortion, that according to this survey are quite elevated. The concept of health as defined by WHO in 1956 as being in a total state of physical, mental, and social well being, and not merely the absence of infirmity, is far from the reality of the population studied.

As to AIDS, the majority of those interviewed revealed that they had knowledge of the disease. However, these data when analysed by sex, indicate that women have a lower degree of information than the men – 58.8 percent of men and 36.34 percent of women do not know what an STD is and have never heard of AIDS. This fact demonstrates the vulnerability of women with regard to these diseases, which corroborates the finding of other studies that found that there is a higher incidence of HIV among women, a situation termed the 'feminisation' of AIDS. The following data on this issue are presented below:

**Table 5: Information about STDs, AIDS and use of condoms, according to sex of interviewee**

Questions about STDs	Total Male		Total Female		Total	
	N	%	N	%	N	%
Do you know about sexually transmitted diseases?						
Yes	414	67.65	309	41.42	723	53.24
No	198	32.35	437	58.58	635	46.76
Have you heard about AIDS						
Yes	499	82.89	466	63.66	965	72.34
No	103	17.11	266	36.34	369	27.66

Did you use a condom the last time you had sex?						
Yes	66	13.61	30	6.79	96	10.36
No	419	86.39	412	93.21	831	89.64
Why didn't you use a condom?						
Don't like them	62	31.47	69	32.39	131	31.95
None available	39	19.8	14	6.57	53	12.93
Never saw one	35	17.77	80	37.56	115	28.05
Have only one partner, who is trustworthy	59	29.95	42	19.72	101	24.63
Other	2	1.02	8	3.76	10	2.44

Source: SHRFL, UNFPA-Angola, 2000.

A small percentage of interviewees (10.36 percent) responded that they had used a condom during their last sexual experience, revealing a very high vulnerability among this population as regards STDs and AIDS. With regard to the reasons mentioned for not using condoms, 31.47 percent of men and 32.39 percent of women declared that they do not like the method. The fact of having one faithful partner was also a reason given by respondents – 29.95 percent of the men and 19.72 percent of the women. Various studies regarding this subject have questioned the extent to which these partners can really trust their partner, since there is no way of determining actual conduct and fidelity. Another fact that calls attention is that 37.56 percent of women and 11.77 percent of men responded they had not used a condom because they did not know about them, which reinforces the need for information campaigns about prevention and treatment aimed at the population in this study.

Respondents were asked if they had already suffered from an STD infection. Of these, only 9.9 percent of the men and 7.6 percent of the women answered affirmatively. Perhaps the low percentage of persons infected is due to the lack of information about STDs, which could prevent them from recognising the physiological signs of infection.

Almost all of the respondents who indicated having had an STD infection consisted of health staff at the health posts. It is important to note, however, that among the men seeking treatment, 14.29 percent sought it from family members or friends, which is in accordance with the findings of studies among other societies in which men find it difficult to consult a health professional to treat sexually transmitted diseases.

**Table 6: Information about STDs**

Questions	Men		Women		Total	
	N	%	N	%	N	%
Have you ever had an SDT infection?						
Yes	40	9.88	22	7.64	62	8.95
No	365	90.12	266	92.36	631	91.05
Do you receive treatment for the infection?						
Yes	39	97.5	19	95	58	96.67
No	1	2.5	1	5	2	3.34
Who gave you the treatment?						
Health personnel	27	77.14	17	94.44	44	83.02
Family member/friend	5	14.29	0	0	5	9.43
Traditional treatment	3	8.57	1	5.56	4	7.55

Source: SHRFI, UNFPA – Angola, 2000.

The population in the study reported a low use of contraceptive methods. Only 4.69 percent of the men and 2.2 percent of the women said they had used a method to prevent pregnancy. Among the men, the reason most mentioned for not adopting contraception was a lack of knowledge. A second reason reflects the context of the inequality of gender and the low level of empowerment of women. Some 21.38 percent of the men said that their partners do not use contraceptives because the man ‘does not consent’. Among the women, the most relevant reason referred to a desire to have children, which could be explained by the very high child mortality rates, or because they did not reach their desired number of children according to the cultural standards of their homelands. In any case, the low prevalence of contraception indicates the absence of adequate services with appropriate information about reproductive health.

Of the women in the study, 13.5 percent were pregnant at the time of the survey, and the majority, 51.8 percent, desired to become pregnant. When asked about the moment at which they would like to have this child, 32.56 percent responded that they did not make the decision. This finding demonstrates the absence of the power to decide reproductive questions. There is some doubt, however, about who is responsible for the decision – that is it is the husband or partner, or divine will. In any case, this reveals that the reproductive

rights of women are not respected, since they cannot exercise control over reproduction, deciding on the number of children to have, when to have them or not.

**Table 7: Reasons for non-use of contraception according to sex**

Reasons	N	%
Men		
Do not consent	90	21.38
Partner intends to have more children	57	13.54
Do not know any methods	130	30.88
Want a large family	65	15.44
I don't worry	44	10.45
Religion does not permit	26	6.18
It's not frequently used in the community	9	2.14
Women		
Are you pregnant	4	9.3
Want children	11	25.58
Have a husband or partner	10	23.26
Husband or community wants a child now	1	2.33
Difficult to obtain services	2	4.65
It's bad for health	2	4.65
Don't know enough about methods	6	13.95
Don't know where to go	6	13.95
Other	1	2.33

Source: SRHL, UNFPA- Angola 2000.

The voluntary termination of pregnancy constitutes a practice in use in a number of societies in order to limit unwanted births, principally among adolescent groups who become pregnant 'accidentally'. The problem is that from the point of view of reproductive rights in those countries where the laws are restrictive and cultural values condemn impose sanctions, the effects on the health of those who undergo unsafe abortions are enormous, including the risk of death. The risky conditions encountered by women who submit themselves

to an induced abortion by unqualified persons or in unsanitary conditions, according to WHO, is one cause of elevated maternal mortality and morbidity rates in less developed countries. Unsafe abortion is part of the reproductive reality of female IDPs in Angola.

**Table 8: Information about pregnancy**

Questions	Total	
	N	%
Are you pregnant at this time?		
Yes	95	13.51
No	584	83.07
Not sure	24	3.41
Would you like to be pregnant?		
Yes	346	51.8
No	322	48.2
When would you like to become pregnant?		
Immediately	64	18.04
Next year	73	21.04
In each year	97	27.95
The decision is not mine	113	32.56

Source: SRHL, UNFPA- Angola 2000.

Among the interviews, 20.34 percent reported knowing a woman or girl who did not want to become pregnant but did so. When asked about what these women did, 74.74 percent reported that they tried to end the pregnancy, which shows that the prevalence rate of abortion may be high. It should be noted that in this case, the interviewees were responding about the reproductive experience of others, but when asked about their own reproductive life, only 24.39 percent said they had had an abortion. Spontaneous haemorrhage was declared as being the major reason (55.19 percent) that led to an abortion, which is legally prohibited and requires recourse to illegal help. Haemorrhages 'post-aggression' were reported by 8.33 percent of women older than 45, which indicates that abortion among these women followed physical aggression against them. Reasons for abortion included 'illness' among all age categories, with the majority among women under 24 years of age (32.35 percent). Despite

a lack of information on the exact illness, it is known that a sub-nutritional status and severe anaemia can lead to a spontaneous abortion. Among women older than 45, 16.67 percent indicated that the reason for the abortion was an unwanted pregnancy, which shows again that the absence of information and access to contraceptive methods costs women dearly.

### 3.2.3 *Violence: Physical, sexual and prostitution*

Violence in its various forms is found in a wide variety of societies. It is more common to find a high incidence of violence against women in societies where gender relationships are more asymmetric and the status of women is inferior to men. The social boundaries of domestic and sexual violence for some time supported arguments that persons living in poverty were more vulnerable to the practice of child and spouse abuse. Studies using a gender focus, however, showed that this type of violence is not related to economic class, ethnicity, religion, etc. It is intrinsically related to historical and cultural structures of the predominant gender system through which a society is organised and based on values and norms relative to the conduct of men and women. Fortunately, the data collected from this IDP population, despite all of the methodological and practical difficulties, provided information about violence.

Despite the fact that the gender-based sexual violence was observed historically in the socio-cultural context in internal or external conflicts, a major difficulty in surveys about this issue among IDP and refugee populations is the socio-cultural heterogeneity of the population. Diverse people harbour differing conceptions and characterisations of general violence and of gender inequalities. Populations whose rights generally are not respected in one form or another tend to minimise sexual violence in surveys. Thus in the majority of cases, responses given to questions related to gender-based violence underestimate its extent (McGinn, 2000).

According to the data from the current study, it is observed that violence and maltreatment are often understood as synonymous. But the response varies as to the nature of the violence depending on the sex of the respondent. For some men, for example, the major violence is the war that has deprived them of their material goods or forced them from their prior habitat in which their cultural roots were planted. But the war affected everyone. Men often viewed rape, on the other hand, as a matter of maltreatment, which is in a certain way a cultural banalisation of the act of violence that touches the intimate side of woman. For the men, inter-gender violence might spring from a sense of 'property' and sense of betrayal. For a man, the biological dimension of paternity is culturally relevant, and the fact it is only a woman who biologically controls this fact constitutes violence against his sex.

A wife is who knows the father of the children, being that you as the husband... The wife will defecate, will urinate, will go to river... meet another husband. If they get on it's a

pregnancy. She goes home and says that this pregnancy is of the husband. In the end, at the bottom of the heart she recognises who is the father of her child. – Male, Chibia.

An approximate overview of the prevalence of forced sex among women and men is given in the following table. Nearly 24 percent of the respondents declared that they knew of cases of women forced to have sex. It is interesting to observe that the degree of information with respect to this issue varies very little between either of the sexes in terms of percentages. Of the respondents, 12.95 percent stated having known of someone, men as well, who had been forced to have sex. Of the 587 men who responded to the question as to whether they would object to being forced to have sex, 75.13 percent responded affirmatively, while among the 721 women the total was 81.69 percent. Of the total of 1,308 men and women, only 21.25 responded negatively to this question. Given the sensitivity of the issue, one could infer how difficult it was for IDPs to respond to this question, since coercive sex is a real possibility that the community cannot control. They could feel threatened if they admitted to such an occurrence that runs against all their cultural values.

Contracting HIV/AIDS seems to be one of the major fears related to forced sex, for men as well as women (61.40 percent of men and 35.88 percent of women). Observe, however, that there is an enormous difference between the sexes that could indicate a major degree of misinformation among women about the risk of contracting AIDS through sexual relations. On the other hand, through the very reproductive function, it is the women who fear unwanted pregnancy from forced sex.

The information about ‘forced sex’ and ‘marital status’ indicates that young women are seen as the principal victims (37.22 percent), followed by unmarried women (28.07 percent). Given that among this latter group are women without partners (widows, separated, abandoned) this group could make up the main victims – about 37.22 percent followed by the group of unmarried women. These women without partners could be expected to constitute the largest number of victims. Among married women, the proportion is strikingly lower (8.40 percent).

The last part of the Table provides data on possible ‘aggressors’ or those agents who would force someone to have sex. The category ‘police or military’ was the most cited (43.7 percent) by both men and women in the sample, followed by the category ‘any man’ (39.2 percent). It seems that the notion that the military are the leading perpetrators of coercive sex is widely diffused among the population, and not only IDPs. A study conducted among an adolescent population of ‘students and non-students’ aged from 14 to 20 revealed that sexual violence is perpetrated often by police who force themselves on young girls in IDP camps. It may be that there is a double relationship of power in this type of attitude: of gender and of status, constituted and legitimated through the violence of the war, and exercised principally against women.

**Table 9: Information about sexual violence by sex of interviewee**

Questions	Men		Women		Total	
	N	%	N	%	N	%
Do you know women who are forced to have sex?						
Yes	138	22.7	184	24.93	322	23.92
No	470	77.3	554	75.07	1024	76.08
Do you know men who are forced to have sex?						
Yes	78	12.79	96	13.08	174	12.95
No	532	87.21	638	86.92	1170	87.05
Would you be worried if forced to have sex?						
Yes	441	75.13	589	81.69	1030	78.75
No	16	24.87	132	18.31	278	21.25
Why?						
Afraid of contracting AIDS or STDs	237	61.4	188	35.88	425	46.7
Pregnancy	7	1.81	96	18.31	103	11.32
Shame	71	18.39	154	29.39	225	24.73
Stay with a physical defect	71	18.39	86	16.41	157	17.25
Who is more likely to be forced to have sex?						
Married women	24	6.98	43	9.47	67	8.4
Single women	95	27.62	129	28.41	224	28.07
Any woman	131	38.08	166	36.56	297	37.22
Any man	70	20.35	89	19.6	159	19.92
Other	24	6.98	27	5.95	51	6.39
Who forces someone to have sex?						
Police or military	133	40.55	194	46.19	327	43.72
Father or mother	8	2.44	6	1.43	14	1.87
Uncle or aunt	3	0.91	0	0	3	0.4
Other members of the family	4	1.22	12	2.86	16	2.14
Friend	20	6.1	25	5.95	45	6.02
Any man	138	42.07	155	36.9	297	39.17
Other	22	6.71	28	6.67	50	6.68

Source; SRHFL, UNFPA – Angola, 2000.

When considering social groups less vulnerable than IDPs, the issue of prostitution presents a major analytical problem. The gender connotation is present in any context, but among the IDPs, the combination is with the violence of poverty. Given the socio-economic situation in which this social group finds itself, prostitution may be an economic alternative for many women to sustain themselves, principally due to the break-up suffered by the family along the trajectory of forced migration arising out of the war.

Approximately 40 percent of men and women said they knew of women and young girls who 'prostituted themselves' in order to buy food. As regards male prostitution, the proportion was much lower. While 39.56 percent reported knowing women who 'prostitute themselves' in order to survive, only 24.39 percent said that they were aware of the same phenomenon among men. This difference is related to gender asymmetry. Given that prostitution, in general, is legitimated, culturally, as being 'for men', then tendency is to not reveal, or to ignore, the male practice of prostitution. On the other hand, given that women, in the context of displacement, suffer more because of their gender status, they would be more involved in prostitution.

Regarding the opinion of the younger population about the reasons for prostitution, a study carried out in Luanda with adolescents in Ingombota and Rangel (Leitão, 1996) reinforces the idea of economic necessity: they are prostitutes in order to obtain money. It is a function of poverty, in other words. A relevant finding of this survey is that among the adolescent students, prostitution occurs even in the schools among classmates, and between teachers and students.

Despite the fact that violence is more visible, psychological violence is less denounced because its victims refrain from accusing their aggressors in fear of reprisals. When physical aggression occurs, and is perpetrated by a person close to the family, it becomes more complicated to report it.

Survey information about 'perpetrators' reveals that the majority of cases involve husbands, lovers, and fiancés (71.15 percent), or persons with whom the respondents have an affective relationship. Among young woman (under the age of 24), the 'perpetrator' comes almost equally from one of two categories: husband, lover or fiancé, (46.84 percent) and parents (father and mother – 40.51 percent). In the other age groups, women do not report parental aggression, which may mean that a significant percentage of youth consider parental discipline as aggression, and the finding may be an artefact of their memory.

The data on physical aggression against women among the IDP population are reflected in similar figures in the country as a whole. According to data from the Investigation Unit of the Ministry of Family and Promotion of Women for the period of June 1999 to June 2000, 510 cases of violence were registered, of which 95 percent of the victims were women. Of these cases, the majority were

committed by male family members, conflict between husband and wife being the major cause.

## Conclusion

Life in the home areas of the IDPs studied suggested a relative stability in the affective and economic dimensions of the family. With the resurgence of armed conflict and its spread across the territory of Angola, this stability was interrupted in the displacement process, depriving people of their material assets and their affective roots. Displacement is normally a precipitated and disorderly occurrence, and entails movement toward medium size cities and provincial capitals under the jurisdiction of the Angolan government. In these localities, despite all deficiencies, the government and humanitarian agencies provide a minimum of support.

In camps, the IDPs are exposed to innumerable emotional vulnerabilities to which they have to adapt, like any population that has suffered a forced flight from their homes. The material vulnerabilities suffered may be less painful, or perhaps easier to assimilate, than the rupture of the family and the absence of a solution to their wishes to 'return to their roots'. The only reprieve in this situation, according to the interviewees, is that in the IDP camps they can sleep 'peacefully' without fear that the guerrillas will attack them. This is to say that with all of the material and affective losses, the compensation comes down to a 'pseudo-security' that the war is far from them. As they say when they compare the prior situation with the actual:

We are living well, one does not eat well... Not listen to what is happening with oneself; and even if we are dying of hunger, we will pray to God to give us rain so we can work.  
– Female, Chibia.

There, in the homeland... we lived well. One could inhale. We lived another way. Since the war expelled us from there, in a place like this here, you can sleep, even if one here is badly off. What matters is to be alive. – Male, Chibia.

Families are forced to make radical changes to their survival strategy. They must develop types of activities to which they are not accustomed; the shift from agriculture to the market-place is their only chance of survival. In the 'market-place, the opportunities that arise are considered more suitable for women. The men feel ashamed to undertake work considered to be a female preserve, and see themselves as useless to the family because they have lost the economic status of provider. Concomitantly, they are intrinsically linked to rural cultural values in which they were socialised. Thus these changes imply a number of family conflicts.

The woman has to assume a more active role in resolving the financial problems of the family. She must play a larger part in decision making, a fact that generates more gender conflicts. For the women who do not have their husbands or partners present, due to the war, the economic strategies for family

survival weigh heavily on their shoulders. Many, as the data show, pursue prostitution as a survival strategy for themselves and their families. In this situation of a totally precarious economic status, and with their reproductive rights compromised by all kinds of risks, what can be their recourse?

To the material vulnerabilities, we should add the loss of cultural identity due to the forced separation from reference groups in their home areas with whom they shared their lives, material goods and sense of the past. The loss of a focus of reference when not substituted by another can lead to acute anonymous psychological states, especially if the rupture occurs without family support. Among the IDPs, the war affected both dimensions. The rupture of family structure occurred in various stages and in different circumstances. The family experienced a dispersion process during the flight of its members from the villages and their search for an alternative home. They are destined to be lodged in camps and to wait for other solutions to their predicament.

Those who survive to land up in the IDP camps or the peri-urban areas are differentially affected. Those who suffer most are usually the older people, the women and the grandparents who remain to look after small grandchildren. The younger generation look for work in urban centres rather than endure the uncertainty and the increased vulnerability.

In the face of the reality revealed by our data, there appears to be very little prospect for an improvement in the lot of the IDPs. People turn to their beliefs and pray to God to bring peace. Sustained by the dream of peace and by the hope of regaining the human dignity lost in a war they did not provoke and of which they are the principal victims, they carry on.

... we did not know if the end of the war is near or not. But when the war ends, we can return. We have to return. But in case we can't return, now, we will stay until... a new order. – Male respondent, Chibia.

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