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Iselin Åsedotter Strønen

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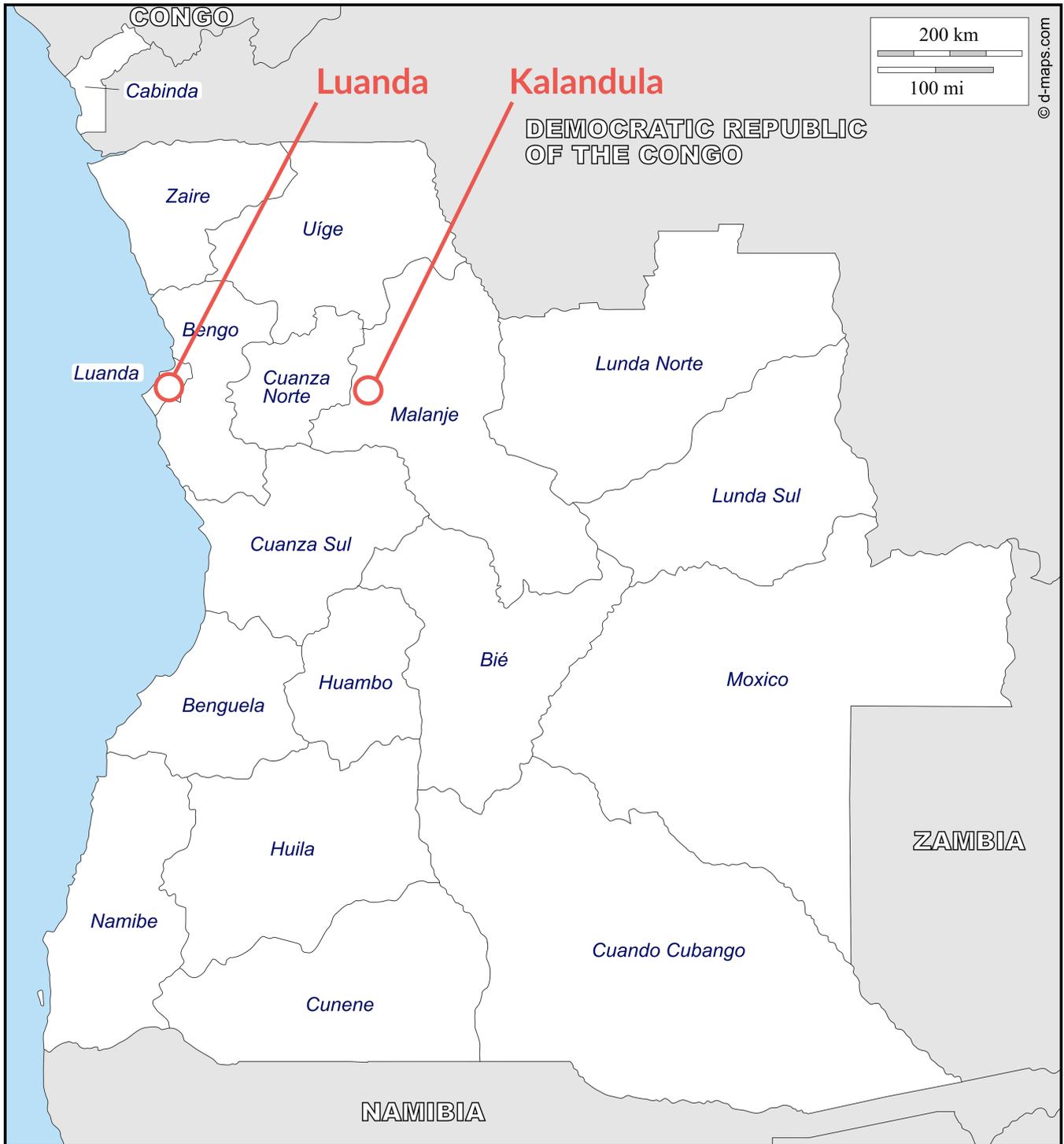
1 Introduction

This report is part of the collaborative research programme “Cooperation on Research and Development in Angola”, hosted at the Centro de Estudos e Investigação Científica (CEIC) at the Catholic University in Luanda, Angola, and at the Chr. Michelsen Institute (CMI) in Bergen, Norway. The programme consists of a series of projects in social science, political science and economics. “Gender Relations and Human Rights”, the project forming the basis of this report, represents together with the project “Urban and Rural Poverty Dynamics” (see Tvedten, Lázaro Jul-Larsen and Agostinho 2017 and 2018) the social science components of the overall programme.

The aim with the CEIC-CMI research programme is to increase the availability and quality of research-based knowledge about social, political and economic issues in contemporary Angola. The social science projects have an additional goal to increase the *qualitative* knowledge base about rural and urban poverty. Not only is qualitative research in Angola scant in general, but there is also a limited availability of reliable quantitative data. Thus, there is a pressing need for expanding the current knowledge base, and to make analytical bridges between statistical indicators and qualitative findings.

This report is concerned with analyzing the gendered dimensions of rural poverty, based on qualitative and quantitative research in the rural municipality of Kalandula in the northeastern province of Malanje. Preliminary findings have previously been published in Strønen and Nangacovie (2017), whilst the results from a parallel study of urban poverty and its gendered dimensions will be analysed in a separate report (Nangacovie and Strønen, forthcoming).

Drawing on qualitative field research, a household survey and available macro-statistics, the findings presented in this report show that rural women are more vulnerable to extreme poverty than their poor male peers. The cause for this is multidimensional, relating, amongst other factors, to the dearth of public support for social reproduction and rural livelihoods, the lack of venues for social mobility through education or income-generating activities, and the sway of patriarchal social ideologies and social organization. The report also shows that the onset of the economic crisis in Angola in 2014, stemming from a global decrease in oil prices and poor economic management, has had a direct negative impact on poverty levels in rural communities, in particular affecting already vulnerable women.



Map 1. Angola with project sites

2 Female poverty and inequality in Angola

Poverty in Angola is severe and gendered. The country ranks as the 150th of 188 countries in UNDPs Human Development Index (UNDP 2016:271), and the country's Gender Inequality Index puts the country as number 150 out of 188 countries (UNDP, 2016:212). According to the most recent national statistics, rural income poverty in Angola is stipulated to 58 per cent, whilst urban poverty is at 19 percent (INE 2016a). The rural population is worse off on most key indicators such as labor force participation, access to health and education, child- and mortality rates and access to basic services (EU 2014). The Ministry of Family and Advancement of Women (MINFAMU) has noted that "there is a wide gender disparity in terms of wage, of access to the basic services (energy, water and sanitation), to housing, to land and continuous education for a significant number of women" (EU 2014: xv). According to UNDP, boys receive an average of 14 years of education, whilst the corresponding number for girls is 8.7 years (EU 2014:45). Young girls' responsibility for household labor and care for younger siblings, as well as high prevalence of teenage pregnancies, contributes to explaining this disparity (EU 2014:45, 58). Since the end of the civil war in 2002 and the ensuing liberalization of the economy, women have increasingly become part of the (predominantly informal and low paid/low status) work force (EU 2014:49-53). However, increased participation in the work force has not been accompanied by a corresponding reduction in housework duties, which continues to be overwhelmingly women's responsibility. The lack of male support and public services to alleviate women's triple burden (labor, housework and child rearing) puts additional strains on women's social and human development (EU 2014: xv).

Overall, rural women are worse off both than their female urban peers as well as rural men. Higher poverty rates and acute deficits in the coverage of basic needs affect women more severely than men, also implicating high rates of maternal mortality, high rates of child mortality and lack of pre-natal care combined with high fertility rates. Moreover, rural women have a weaker standing in political and economic life than their urban peers, and traditional laws weaken women's rights to land (EU 2014: xvii). This feature is aggravated by the dearth of administrative, bureaucratic and financial support to the agricultural sector (EU 2014: xvii)¹.

3 Analyzing and gendering poverty

Poverty research within the social sciences — and social anthropology in particular — has highlighted the importance of not solely measuring poverty in *quantitative* terms, but also to deploy *qualitative* research in order to tap into *emic* (vernacular) perceptions and social relations of poverty in any given location. Perceptions of poverty, deprivation and wellbeing, as well as coping strategies, are always rooted in structural inequality as embedded in local realities and

¹ The agricultural sector contributes with 11 per cent of GDP and counts for 70 percent of total employment in the country (EU 2014:94).

socialities. This project therefore takes as a point of departure that poverty is *multidimensional* (Kabeer 2015), requiring an analytical merger between measurable conditions of needs and deprivation as well as records and analysis of subjective perceptions of what poverty is, how it is socially embedded, and which strategies people use to cope (or not).

This report deploys gender as the main analytical axis for understanding poverty dynamics in Kalandula. The relationship between gender, poverty and development has been a key issue in the research literature and in policy circles for several decades (Kabeer 2015). As Kabeer notes, “women and men experience the state of poverty differently and often unequally and become impoverished through processes that sometimes (though not always) diverge” (Kabeer [1989]2015:191). Concepts such as “women as the poorest of the poor” and “the feminization of poverty” has highlighted that women are frequently located at the bottom rung of socio-economic statistics both at national and global levels. At the same time, these concepts have been criticized for being uni-dimensional and stereotyping, drawing attention away from historical and structural processes engendering female poverty (Broch-Due 1995). Indeed, multidimensional and qualitative research shows that gender has to be analyzed in interaction with other forms of horizontal and vertical inequalities such as class, race, caste and ethnicity (Kabeer 2015:194), in conjunction with keen attention to structural and historical processes. Henceforth, this report aims to explore how gender intersects with other socio-cultural, political, economic and social dimensions such as the limitations of subsistence- and labor market opportunities, patterns of kinship and household reproduction, patriarchal social ideologies, and the dire shortcomings of public services and poverty alleviation programs. As the analysis will show, women—and particularly some categories of women—are more vulnerable to extreme poverty and deprivation than their poor male peers. However, in order to understand why that is the case, we have to look at the totality of circumstances circumscribing and shaping their lives.

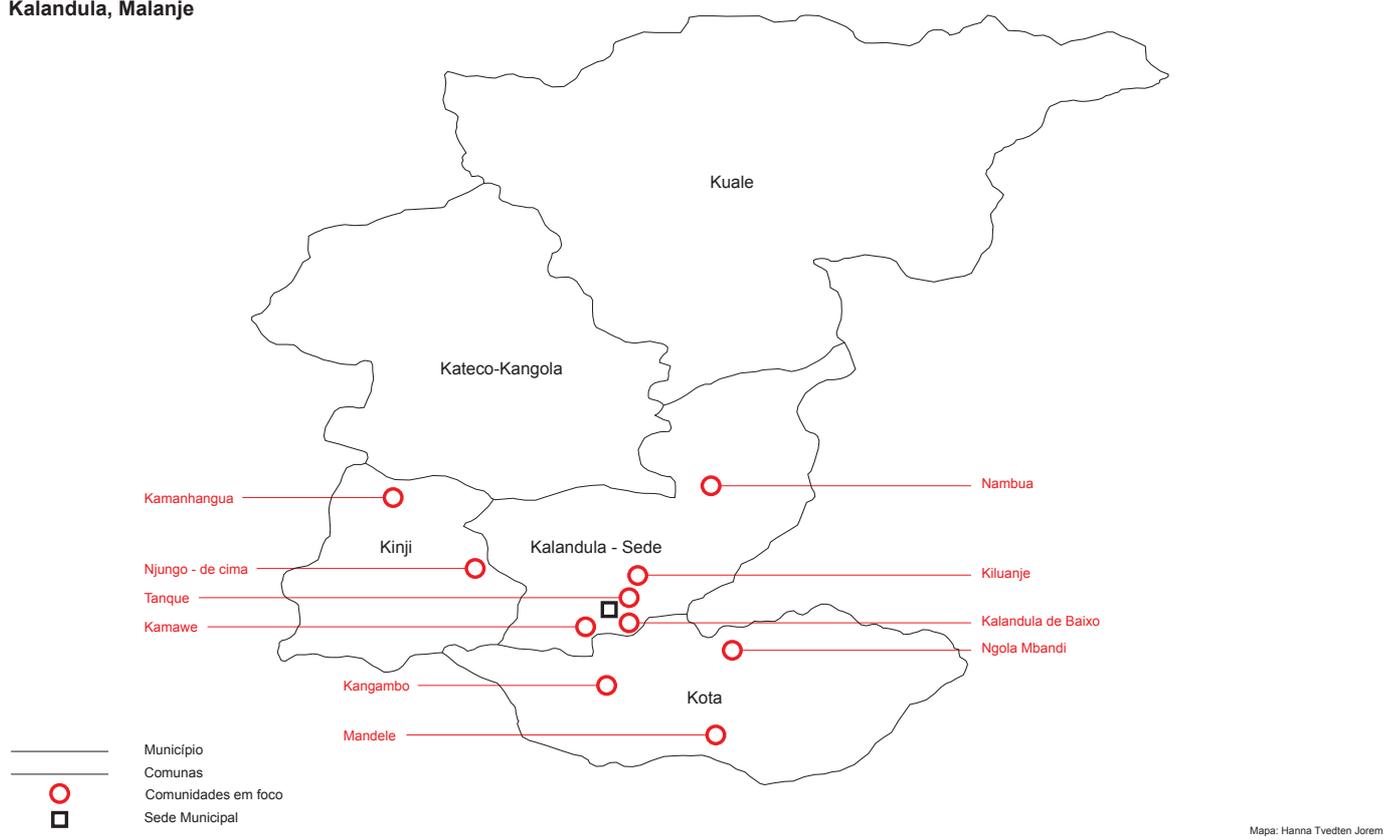
4 Research methodologies

The research methodology forming the basis for this report is a combination of qualitative and quantitative data. A household survey (Kalandula Baseline Survey 2016, or KBS16), developed by the research team and tailored for local realities, provided in-depth quantitative data from 240 households in eight communities in the municipality of Kalandula (see map 1.2). The data collection was carried out by Angolan researchers and students trained for this purpose. The data sets were analyzed using male- and female households as the dependent variable. This resulted in a sample of 239 households, comprising 169 male-headed and 70 female-headed households². The household survey was carried out in the communities of Kangambo, Kamawe, Tanque, Kiluange, Jungo (Njungo), Kalandula de Baixo, Ngola Nbandi and Mandele. These eight communities were carefully selected in order to enhance the representativeness of the sampling

² In one of the surveys, information on the sex of the household head was missing. This explains why the data set used for Tvedten et.al 2017 consists of 240 households, whilst the dataset used for the present report consists of 239 households.

related to community characteristics and distance from the Kalandula municipal center. However, due to logistical concerns and accessibility, communities closer to the municipal center are over-represented in the survey. This aspect, and its implications, will be further discussed in the analysis of the findings below.

Kalandula, Malanje



Map 2. Kalandula with project sites, by Hanna Tvedten Jorem

Additionally, the report is informed by data collected through qualitative research methodologies. This includes participant observation, focus groups, life story interviews, and un-structured interviews with community members, local authorities and representatives from public institutions. The focus groups deployed a range of participatory qualitative methodologies, aiming to tap into local meanings of poverty and local perceptions of community relations (see Tvedten et al 2017:7-8). The size of the focus groups ranged from 15 to 40

participants³. Given the limited time period spent in the field, we were unable to carry out participant observation in the classical tradition of anthropological studies, that is, close interaction with “informants” over a prolonged period of time. However, we were able to observe public life both in the Kalandula community center (Kalandula *sede*) and in the designated eight villages, and to compare and contrast key features of the communities. Moreover, unstructured life story interviews allowed us to elicit key information about gendered life patterns and dominant themes characterizing women’s lives.

Additionally, the report draws on existing surveys and reports developed by national and local authorities, private consultancies, international bodies, and others.



Focus group in progress. Photo: Iselin Åsedotter Strønen

³ The ideal size for focus groups is between 6 and 12 participants. However, as the focus groups were convened by the village chief (*soba*), and the women in the villages were curious to participate, we feared that it would provoke hostility if we tried to limit the number of participants. We therefore allowed everyone who approached us to participate but tried to engage with the group in such a way that all respondents were given space to talk and take part in the participative methodologies. During the focus groups, we also tried to identify individuals to engage with in follow-up conversations afterwards.

5 History and structural context

Angola's population was estimated at 25.8 million in the latest national survey, nearly 40 percent of them living in rural areas (INE 2016a). Angola was colonized by the Portuguese until Independence in 1975, which was followed by a devastating civil war beginning in 1975, and lasting, with some interludes, until 2002. Half a million people were killed during the civil war, causing massive internal displacement and leaving large parts of the countryside mined. The country held its first parliamentary elections in 2003. The elections were won by The People's Movement of Liberation of Angola (MPLA), who had ruled the country since 1975. Under the leadership of José Eduardo dos Santos, who had ruled since 1979 and ceded power in 2017, MPLA has centralized economic and political power in the party apparatus and in the dos Santos family. Reflecting widespread and institutionalized corruption practices, Angola is currently ranked as 167 out of 180 countries on Transparency International's Global Corruption Index⁴.

Following the end of the civil war, Angola underwent structural adjustment processes in accordance with the models prescribed by the International Monetary Fund and the World Bank. Reductions in household income combined with cuts in public services weighed disproportionately upon women, who had to seek income-generation activities while at the same time shouldering the main bulk of domestic labor, child care and social reproduction (EU 2014). Angola's economy is extremely oil-reliant, counting for 1/3 of GDP and 95 percent of export earnings (World Bank 2018)⁵. However, the oil industry is dominated by foreign companies and foreign labor, and only one percent of the Angolan work force is employed in the oil sector (EU 2014:50). In spite of MPLA's ambitions to develop the interior regions and foment integration between the rural and urban sector, Angola has de facto evolved into a centralized and urbanized economy, and 62.3 percent of the population is residing in urban areas (EU 2014:6). Concurrently, Angola's political and public structures are extremely centralized, and characterized by clientelistic mechanisms and networks as the preeminent means of diffusing MPLA's power into the countryside.

6 Project site and context

The province of Malanje is located in the northeastern part of Angola and is home to 986 368 inhabitants (INE 2016a). During the colonial period, the Portuguese instigated cash crop- and manufacturing activities in the region, but the predominant activity to this day has been agricultural production and small-scale trade. Rural Malanje was severely affected by the civil war 1975-1990 and 1992-2002, displacing large parts of the rural population as refugees to Malanje city or as urban migrants to Luanda. The city of Malanje, the main urban center, has a population of approximately 220.000 people, whilst 66 percent of the population in the province

⁴ <https://www.transparency.org/country/AGO>, accessed June 13, 2018.

⁵ <http://www.worldbank.org/en/country/angola/overview>, accessed March 26, 2018

lives in rural areas. The province of Malanje has a very young population; 66 percent are between 0 and 24 years old (INE 2016b).

Kalandula municipality is one of 14 municipalities in the province of Malanje. It has a territorial extension of 7037 km² and is home to approximately 80 500 inhabitants (INE 2016b). Its population is predominantly from the Kimbundu-speaking ethnic group Mbundu. The population has increased from 47.887 inhabitants in 2003 to 80.450 inhabitants in 2016; an approximate 67 percent population growth. The increase is a consequence of high birth rates, limited out-migration and the return of war refugees from other cities and provinces, yet only 41.3 percent of families interviewed in 2011 responded that all family members had returned after the war (AMK 2014; INE 2016a).

The municipality of Kalandula is divided into five *comunas*, subdivided by 18 *regedorias*⁶ with altogether 464 rural *aldeias* (AMK 2015). The municipal center, Kalandula *sede*, has a population of approximately 16.400 inhabitants. The municipal administration, the municipal market, the municipal hospital, the Catholic mission, the secondary school and other municipal services are all located in Kalandula *sede*. In general, the *aldeias* are worse off and poorer the further away from Kalandula *sede* and/or main roads they are located. Many *aldeias* are only accessible by extremely poor and ill-maintained roads, and many are by and large inaccessible when it rains. The main form of transport for people in the *aldeias* is by foot, as it is costly to take a motorcycle taxi- if there is any available in the community at all. There is no public transport within the municipality. Additional background information about basic services and public institutions are elaborated upon in Tvedten et al. 2017.

Table 1. Key indicators for rural Malanje

	2014/2015
Average number of persons per household	4.1
Male/female ratio	95/100
Households with access to potable water (%)	28
Households with access to electricity (%)	8.2
Households with access to adequate sanitary services (%)	14
Households working in the agricultural sectors (%)	94.5
Women having a birth certificate (15 years or older) (%)	24.9
Literacy rate amongst women (15 years or older) (%)	10.1
Employment rate amongst women (%)**	68.7
Female enrollment in secondary school (%)	11.2

* The table has been elaborated based on statistical data in the 2014 survey (INE 2016a)

** Note that this employment rate primarily refers to agricultural labour, which counts for 66.2 percent of all occupational activity in Malanje province.

⁶ *Regedorias* are territorial administrative units governed by *regedores* (masculine) or *regedoras* (feminine). They exercise both administrative (within the formal state system) as well as moral, religious and traditional leadership.

7 Female headed households- key characteristics

The Kalandula Baseline Survey 2016 (KBS16), forming the statistical basis for this report, comprises a total of 196 (74 percent) male-headed households and 70 (26 percent) female-headed households⁷. The overall results of the survey—not disaggregated into male-and female-headed households—are analysed in Tvedten et al. 2017. Before proceeding with the analysis, this section will provide background information about female-headed households. In what follows, female-headed households will be referred to as FHH, whilst male-headed households will be referred to as MHH.

Interview respondents amongst the FHH self-identified as head of household (*chefe do agregado familiar*), on the ground that they were the person assuming responsibility for the household's expenses (43 percent), that they were the oldest person in the household (24.3 percent) and that they were the owner of the household property (ten percent). The age range of the female heads of household was from 20 to 82 years, with a fair distribution across the whole age scale. However, the majority were between 30 and 52 years of age. 51 percent of the respondents were widowed, 30 persons were single (*solteira*) and six percent were divorced. 8.6 per cent were cohabiting (*vive maritalmente*) and three percent were married, indicating that the grand majority of the women did not have a male partner⁸.

77 percent of FHH considered themselves as owners of the house where they were living. This does not mean that they have formal ownership titles, which virtually no one in the rural areas possesses. Amongst those who claimed to own their house, 57 percent of the FHH stated that they had “built the house with their own hands”, whilst 17 percent had inherited it from their deceased husband.

29 percent of the FHH reported that there were only one or two persons in the household, whilst 46 percent had between three and five people in the household unit. 41 percent of FHH had children between the age of 0 and 14, and 25 percent of them had children between three and five years of age.

48.5 percent of respondents identified as Catholics, nine percent as protestants, whilst the rest identified with different evangelical churches. 13 percent also practiced ancestors' worship (*culto do antepassado*). 61 percent had Kimbundu as the main language in the household, whilst 37 percent mainly spoke Portuguese.

⁷ Overall, 61 percent of the households in Malanje province have a male head of household, whilst 39 percent has a female-head of household (INE2016b).

⁸ The data sets do not reveal if, amongst those who declared to have a male partner, the partner is actually residing in the household or living/working elsewhere.



Woman with her children. Photo: Iselin Åsedotter Strønen

8 Basic characteristics of life in rural Malanje

Imagine having travelled for a long time on narrow, bumpy and dusty roads through the dense forest and along open plains. The landscape palette is predominantly brown and green: brown soil, green trees. At times, the potholes in the road are so severe that the jeep is cringing. When it rains, the road becomes intransitable. Suddenly you start to see some signs of human settlements; cassava fields, a person walking along the road, some huts in the distance. The village comes into sight in front of you; a settlement of 50-100 huts, all of them made with mud bricks. Some of them have zinc roofs, but most of them are thatched. Children are running around between the houses, as are some skinny pigs, cows, hens and dogs. With all likelihood, a faded MPLA flag is struck out on a wall or hanging from a pole. There are probably one or several churches scattered around in the village, and a hut that serves as the school for the youngest children. These are also built with mud bricks. In some villages, there is a small kiosk with an extremely limited number and range of goods; small bags of detergent, soap, chewing gum, a few bottles of oil. During daytime, few people except for children and old people are present in the village. Some of the children might be showing signs of malnutrition; yellowish hair, big bellies. The elderly are sitting on the ground or on some worn-down plastic chairs in

the shade, their skinny bodies bent and faces wrinkled by hard work, most of them having lived the better part of their adulthood years in the midst of war. The adults are out in the field, or the women are washing clothes, carrying water, or preparing their cassava crops by the river. If you are not used to seeing villages like these, you are struck by the dramatic poverty you are witnessing; no cars, no motorbikes, no telephone lines, no children's toys, no goods or items other than some pots and pans, hardly any public services, very few signs of commercial activities. Here, life is by and large about mere survival, and your relative wellbeing is completely dependent upon your own body's physical strength, the collective man- and womanpower of your family (if you have any), and the soil's generosity.

The scene described above is representative for the rural villages located outside the immediate proximity of Kalandula sede. In order to enter into an analysis of the dynamics characterizing female poverty and precarity, it is paramount to get a firm grasp of the overall conditions for agricultural production and subsistence in the region, and how this is carried out in the context of people's settlement patterns and daily lives.

As has been previously stated, agriculture is the main occupational activity in the region⁹. Except for in the communities closest to Kalandula sede, land is widely available. Everyone who belongs to the community is entitled to a piece of land for their own subsistence, though there is no permanent individual ownership to plots. If the land is not worked, it can be redistributed to other community members. The right to administer land distribution (and to mitigate potential disputes) is vested in the village *soba*. The *soba* wields traditional authority through lineage or community elections and is recognized by the state as a community representative. It is also the *soba* who allocates land to newcomers to the village.

The importance of cassava (*mandioca*) cannot be overstated. It is the main crop and staple food in the region, and for many the only source of nutrition. As the women we interviewed stated on several occasions; *if you don't have a cassava field (lavra), you die*. Amongst the FHH, 97 percent reported that their family possessed a *lavra*.

The cassava is fermented, dried and made into *bombó*. The *bombó* is then grinded into *farinha de mandioca*, which is turned into a porridge called *funge de bombó*. *Bombó* is also the most common produce used for barter or sale, and for many it is their only source of cash income. Cassava-production is time- and labor intensive, but it is cultivated on rainfed land and the crop rarely fails. People commonly have several fields that are alternately harvested, maturing or laid fallow. The leaves from the cassava plant can also be boiled and eaten, called *kisaka*.

⁹ In 2013, there were 65 farmers organization's in the municipality, with a total of 4167 members. 56 of these were women (AMK 2014: 62).



Female farmer working in her plot. Photo: Iselin Åsedotter Strønen

The fields used for cassava production is often located far away from the village. Indeed, it was not unusual that people have to walk for up to two hours to reach their plot. The main explication for this was that crops had to be located that far way in order to avoid pigs and goats to reach the field and destroy the crop. Animals had to be kept close to the village in order to avoid theft; an occurrence that according to our interlocutors have increased during the past years. Also, we were told that their current lands are located where their villages used to be, before villagers were moved closer to the main roads during the last years of the war.

As indicated in the table below, relatively few of the households had animals. People stated that it was a risky investment given that animals are expensive¹⁰, the risk of theft, and that illness was common and often fatal with no access to veterinaries. In accordance with customary traditions, animals were only slaughtered for special occasions such as funerals or special visits.

Table 2. Percentage of households possessing household animals

	Male-headed households	Female-headed households
Chicken	36	30
Wild chicken (galinha-do-mato)	8	6
Pig	8	4
Goat	19	11

Source: KBS, 2016

¹⁰ For example, we were informed that a cow cost 150.000 Kz.

9 Production and commercialization of cassava

The cultivation of cassava is carried out with the most basic of tools: hoe, machete and axe. People frequently complained that the government used to occasionally distribute these tools for free, but that this practice has ceded. Consequently, people have to work with old tools. Not only are tools expensive, but they are also only sold in Malanje city, which incurs a high extra cost for transport¹¹. In the villages where someone possessed oxen, these could be rented for plowing. However, the price for renting an oxen at the time of research was 60.000 Kz per hectare; a very high sum for most villagers (1000 Kwanza (Kz) =4.2 USD¹²).

In addition to cassava, which virtually everyone cultivates in order to survive, some people also cultivate other crops on wetland along the riverside (*hortas*). This land is not subjected to the same collective property regime as land used for cassava production, and people reported that it is increasingly prone to be considered private property once cultivated. These crops included, amongst other produce, tomatoes, peanuts, sweet potatoes, beans and bananas.



Elderly woman working her plot. Photo: Iselin Åsedotter Strønen

¹¹ This was one of the most curious «market failures» that we encountered in Kalandula. Why were tools not sold in Kalandula sede? Our tentative conclusion is that the market is so limited that it is not profitable for local merchants to bring it in bulk from Malanje and re-sell it locally.

¹² Exchange rate per June 13, 2018.

The most common crop other than cassava amongst the FHH, was butter beans (62 percent), peanuts (63 percent), pumpkin (47 per cent) and sweet potatoes (56 percent). Except for potatoes and tomatoes, male-headed households more frequently cultivated other crops than cassava than did female-headed households. The most likely explanation for this is that male-headed household has more labor power to spare.

Since cassava is the bread and butter for everyday survival, the possibility to cultivate additional crops is limited by peoples' available surplus labor. This is particularly scarce for FHH. Other obstacles are the high price of seeds (which has to be bought in Malanje) and the high investment and risk that most additional crops entail. In addition, the additional produce yielded relative little income in relation to the time and energy invested. Amongst the FHH, 57 percent reported that they sold some of their produce, with the corresponding figure for male-headed households being 63 percent. Whilst the disparity is not as wide as one might think, this may also be related to that women are forced to sell produce—even if it means forfeiting future consumption—because of their extremely limited opportunities for other cash-generating activities.

Some people – according to local customs, mostly the women – also collect fish in the river which is consumed domestically, or, if they have the possibility, sold at the market in Kalandula sede or Malanje City. Some of the women we talked to at the market in Kalandula sede said that they sometimes pool their catch and send one of the women to Malanje. Amongst the FHH, only 8.6 percent reported that someone in the household practice fishing. The corresponding number for male-headed households was 32.5 percent. Again, this might indicate the limited availability of surplus labor power in female-headed households.

The basic equation for survival and relative wellbeing in rural Kalandula is quite simple: the more labor force you possess, and the more labor force a family as a whole possesses, the higher yield one can generate from agricultural production. If you produce more cassava than you eat, you can sell the surplus or use it as barter in order to pay more disenfranchised peers in the community to work your land and thereby increase your production. If you have been able to produce enough cassava to cover your subsistence needs, you can invest your labor force into other produce. However, the possibility to sell cassava or other produce is also determined by distance to the market in Kalandula sede, Malanje or the small market of Kota, located between Kalandula and Malanje. There is not a local market in the villages for selling cassava or other produce for cash for a worthwhile price, as people's purchasing power is low. However, locals do engage in direct barter, whereby *bombó* (dried cassava) is exchanged for products such as salt, cooking oil, soap, clothes, gasoline, candlelights, batteries, other food products and so on.

Occasionally, merchants arrive to remote villages by truck in order to buy cassava or other produce for re-sale in Malaje or Luanda. Sometimes, these merchants also barter cassava for items such as clothes, oil, salt and soap. However, people reported that these visits had become infrequent, or come to an end, after the onset of the economic crisis. Moreover, the price obtained

for cassava had decreased, while the price for other essential products had increased. Consequently, people's purchasing power and possibility to obtain cash had been reduced.

The possibility to travel to a market place to sell produce was also heavily restricted by means of transport. There is no public transportation available, and people therefor had to pay for someone to take them in a car or motorbike, or with oxen and carriage. However, not all villages had people who possessed these means of transport, and in any case the price for transport had to be calculated against the price obtained by selling produce at the market.

Because of the extremely limited opportunities for profitable sale due to the combined factors of limited surplus produce and access to markets, our observations show that the further away from Kalandula sede the village was located, the poorer and more precarious the village seemed to be. These findings indicate that the situation is probably even more acute in the even more remote villages that were not able to visit. As elaborated further below (see Case 2, p. 30), one of the members of the research team visited an additional village (i.e. not among the eight villages covered by the survey) together with the municipal medical staff. This village was located almost two hours by jeep from Kalandula sede, close to the border of the province of Kwanza Norte. Overall, the village was notably worse off both in terms of general precarity, health conditions and observable child malnutrition than the other villages visited closer to Kalandula sede. There were no means of transport in the village except from a privately-owned motorbike, and they had not been visited by travelling merchants for more than three months. Consequently, the community was virtually isolated and cut off from any venues for sale, barter or medical help.

10 Possibilities for paid work

The options for paid work for women in Kalandula are extremely limited. Formal skilled employment can only be obtained in the government- and public administration in Kalandula sede (which requires skills and political connections that extremely few women possess), whilst non-skilled employment is limited to cleaning jobs in these same institutions. There are only two hotels in Kalandula, generating a handful of jobs mainly for men, and the few shops that exist are owned and staffed by men (most of whom were from other African countries). Some women work as domestic servants or as small-scale traders in agricultural produce or fish. There is also a small market for prostitution, catering to tourists (coming to see the famous Kalandula waterfall) and others.

In remote villages, women's only option is to sell surplus produce, or to work in the fields of others for cash. The latter option is a "last resort", as it contradicts local norms for what it means to be a self-sustained adult and community member. Nevertheless, many people have to do this sporadically or over longer periods. In some villages, our interlocutors reported that some women had started to make mud bricks after the onset of the economic crisis. As brick-making is traditionally considered man's work, this change of practice indicates increasing difficulties in

obtaining cash through habituated activities available for women; that is, agricultural labor and/or sale of agricultural produce.

81.4 percent of female household heads identified “farmer” (*camponês*) as their main occupation. Yet, 97 percent of the FHH households farmed cassava land, indicating that even if they stated to have other occupations, they were dependent upon the land nevertheless. Some other “main occupations” listed were traditional midwife, fish vendor and street vendor (*zungeira*), which is conducted in combination with farming. Only 3 percent stated that they have a job in the private sector- these respondents must necessarily live in or close to Kalandula sede.

57 percent of the FHH reported that they had no means of cash income whatsoever. The corresponding number for MHH was 38 percent; again, indicating women’s particularly precarious economic conditions. 76 percent of the FHH reported that they had no one outside the household who helped them out with cash or products in order to improve their living conditions. 67.5 per cent of the MHH answered the same. Some women reported to be part of a rotating saving fund (*kixikila*). Saving clubs are quite common across Africa, particularly amongst women, as there tend to be higher levels of trust amongst women than amongst men. In the absence of access to banks and credit schemes, this is often women’s only source of money in order to make “entrepreneurial” investments, buy merchandise in bulk for reselling, or cover larger expenses.

Soap, oil and salt were peoples most acutely needed products, except from products for food consumption. Some of the village women reported that they could no longer afford these items. As a substitute, they had to use sand instead of soap to wash clothes and prepare their food without salt and oil. Moreover, people need cash in order to pay tuition fees (formal fees and the customary small bribes/*gasosa*), clothes, school uniforms, school books and note books, and for medical expenses.

37.3 percent of the FHH spent no money on food products, implying that they only ate what they could produce themselves, or obtain through barter. The corresponding number for MHH was 22.4 per cent. These figures imply not only that the FHHs have less cash available, but also that they with all likelihood have a less varied diets, especially in terms of proteins. Being asked if they had bought any (red) meat the week prior to the interview, 91.4 percent of the FHH answered no, as opposed to 73 percent of MHH. 81.4 percent of FHH responded that they did not buy eggs and 97 percent that they did not buy chicken. However, 80 percent had bought fish, implying that this is the cheapest and most commonly available source of proteins.

It is worth noting that everyone interviewed in the field said that access to cash had become severely undermined by the economic crisis. In one of the communities (*bairros*) close the Kalandula sede, where women had more easy access to odd jobs and markets, the women stated

that they could previously get hold of around 10 000 Kz per month. This allowed them to spend 5000 Kz and save the rest. Now, they had to spend the whole amount on necessary items and food.

11 Family- and kinship relations

In anthropological jargon, family- and kinship relations in Kalandula can be described as matrilinear, virilocal¹³ and polygamous. In practice that means that kinship lines follow the female lineage (which does not mean that decision power is vested in women¹⁴), and that a woman is expected to move to her husband's household (or community) when she marries. Moreover, men can form households and have children with several socially recognized wives. In addition, men may have "girlfriends" (*amantes*) if they have money to entertain them. This practice is with all likelihood less common in the more remote villages, where cash is scarce, social control is tighter and meeting places for "affairs" are less available. A man's ability to have several wives or girlfriends depends upon his possibility to provide for them (or entertain them) economically. Overall, 21.3 percent of the male-headed households in the survey were polygamous (Tvedten and Lázaro 2017: 21). Polygamy is by tradition not an option for women.

When a girl gets pregnant (commonly around the age of 15¹⁵), traditional norms entail that she moves in with her in-laws or to her husband's house. Since paternal neglect is common, however, this is not always the case in practice. In such instances, she continues to stay with her own family or (more rarely and usually because there is no alternative) forms her own single-headed household. If the couple is from the same village and they both stay there, she might get land from her mother's lineage. If she moves to her husband's family's village, she gets land from his family.

Both spouses cultivate their own plot of land. The husband is responsible for clearing the land for his wife, whilst the wife is responsible for sowing, weeding, harvesting and processing the produce. If a man has several wives, he is expected to clear the land for all of them. A wife may give her husband produce from her land if he has nothing left from his own, but she is not expected to provide produce for his other wives. The wife cooks the food in the household, and the husband is expected to contribute with an allowance in cash for this service on a weekly basis. If a man has several wives, he eats in each wife's household on a rotating basis and has to pay an equal sum to each of them.

¹³ Virilocality refers to the practice of the wife moving in with the husband's household upon marriage. It is also sometimes called patrilocalty.

¹⁴ The exception is in transmission of traditional authority. The *soba* lineage follows the female lineage, but if there is not a male heir, the female heir can also become the *soubette* (female *soba*) or a *regedora* (female regedor).

¹⁵ The research team also encountered cases where the first pregnancy occurred at 12 years of age.



Young girl with her baby sister. Photo: Iselin Åsedotter Strønen

With few exceptions¹⁶, our female interlocutors reported that the practice of polygamy was a source for quarrels and insecurity. In one of the villages close the Kalandula sede, a heated discussion erupted about the audacity of husbands who came home from having entertained his girlfriend (with money that normatively should enter into the household), and then demanded that his wife made food for him. We then asked if the wife could refuse cooking for him in these circumstances. They responded that she could not and that she might risk a beating if she tried. Thus, the wife's obligation to provide her husband with food carries strong customary and cultural connotation, no matter the circumstances. Neither does she have the right to "deny" him to have other wives or girlfriends. Within the household, it is expected that both spouses contribute if possible with money for medicine and school equipment, whilst the husband is expected to provide for larger items such as mattresses or plastic chairs/tables. However, as we could repeatedly observe, many household did not have these "luxury" items, particularly not the homes of single mothers or widows/widowers.

¹⁶ In one of the villages, the women agreed upon that there was harmony amongst the co-wives, «because we all have the same heart». However, it is methodologically challenging to discuss these things in large groups, as the village consensus, or the composition of people (including the probable presence of several co-wives) may induce a tendency to under-communicate conflicts. However, in the other villages the women spoke quite openly about the controversies that may arise from polygamy.

As for who is considered to be in charge of deciding what to do with household income generated by a male head, 60 percent of MHH responded that it was his task and 27 percent that the couple should decide together. If it is his wife's income, 38.5 percent of MHH stated that she is to decide what to do with the money herself, 31 percent answered that they take the decision together, and 14 percent that he takes the decision.

12 Gendered vulnerability

Our findings indicate that the traditional structures of kinship and family dynamics influence the gendering of poverty and precarity. In particular, they make women vulnerable if she has moved to her husband's community from her own family's community (e.g.,; the viri/patrilocal norm), and she is later abandoned by her husband, or the couple decides to split up. As previously stated, if the wife moves to her husband's community upon marriage, the couple is either moving in with his family, or they are living in a house he has built in the community. The wife is provided with her own plot of land, which is part of her in-law's family land. In case of marital rupture, her right to stay in the former couple's house or with her in-laws, or even her rights to her cultivate land, can be rescinded (see also Alves da Silva 2012, EU 2014). At the same time, her own and her children's subsistence depends on the plots that she has cultivated in the community. Moreover, she no longer has access to "male labor" on her plot (unless she has unmarried, elder sons who are able and willing to help), and since she has moved away from her family's community, she cannot draw on reciprocal help from family members.



Single mother and female head of household with her children and female neighbors. Photo: Iselin Åsedotter Strønen

Importantly, it is not easy to re-allocate back to her family or to start up a new plot of land, since her subsistence and that of her children depends on the cassava plots that have already been cultivated. People are poor and live on the margins of existence already, and it is not given that she and her children can be fed by her own family's land (parents or siblings) whilst cultivating and waiting for a new cassava crop to mature. Indeed, our research findings indicate that traditional bonds of reciprocity have been weakened as a consequence of the dire precarity that people are living in. Every adult *has* to be able to feed him- or herself through agricultural production in the *lavra*. For women, that also entails to feed her children. As noted above, the women repeatedly stated; "if you don't have a cassava field, you die," and the thin line between relative wellbeing and dire destitution is extremely precarious.

Case 1. Esperanza's story:

Esperanza is 30 years old. She has six children—all girls—between 11 and six months of age. They live together in a small rented two-room hut, equipped with one dirty and worn-out mattress, one chair and a few plastic buckets to carry water. Esperanza was born in the village but stayed in the city of Malanje during the war until she returned in 2003. She managed to complete 2nd grade before her education was interrupted by the war.

Esperanza had her first child when she was around 20 years old. Her husband left her six months prior to our fieldwork when their youngest daughter was two weeks old. He had left to live with another woman in another village. Esperanza and the girls were suffering, and she took some of his cassava that was stored in the village and sold it at the market in Malanje city. Upon discovering this, he got angry, and sold the house where they and their children had previously been living together. Now Esperanza rents the small hut where they are living for 500 Kz per month. Her ex-husband has been back in the village to visit his family, but he has not come to see Esperanza and his children.

Esperanza is not able to cultivate her fields because she has to take care of all her children. Thus, her only option is to work in other people's field in order to survive. Sometimes she is paid in cash and sometimes in kind. She also cultivates a small plot with tomatoes and peanuts that she sells at the market in the city of Malanje. She and a female friend in the village pool their produce and take turns in making the trip. They have to rent transport out from the village or walk to the nearest main road—approximately two hours by foot—and then catch the bus to Malanje city. There she has to sleep on the street before she returns to the village when the produce is sold. She brings her youngest daughter, who is still breastfeeding, with her. The women also sometimes sell the produce at the market place in the community next to the main road (Kota), but they get a better price in Malanje city.

With the money obtained from this sale, Esperanza is at least able to buy salt, but she cannot afford to buy cooking oil or other food stuff. Her parents, who also live in the village, try to help her out as best they can, but they are old and struggling to survive themselves. She cannot get any help from her siblings since they are still young. She is the oldest one. Her children do not have official birth certificates (*cedula*, see below) because she cannot afford to go to Kalandula sede to register and pay the customary under-the-table bribe. Her children are frequently sick and cry, she says. If their condition seems serious, she carries them to the nearest medical post (*posto de saúde*), which is two hours away by foot.

13 Gendered divisions of labor

A women's workday typically starts around 4-5 in the morning. She gets up and walks to the nearest river or water source with a bucket on her head to fetch water, which can be up to a two-hour journey away. Afterwards, she comes back to the dwelling, prepares a small morning meal, does the dishes, sweeps the dwelling and takes the children to school. She then walks to her *lavra*, which is also frequently located far away. She then has a full workday in the field before returning to the village¹⁷. Next on her agenda is to prepare food for her husband, who has come back from the field or other activities and sits waiting for his meal. She also prepares food for herself and the children. After that, she may also have to go and fetch water once more, in addition to other household chores such as washing dishes again, sweeping, and washing clothes. If she has daughters, they help her out with the chores. According to local customs, husbands and sons only help with household work if they want to.

Since women have to spend a lot of time in the field in addition to doing all the household chores, women's burden of labor is consistently and systematically larger than that of men. The unbalanced nature of this division of labor was not lost on the women, who frequently exclaimed with indignation that 'men come home from the field, wash themselves, and sit down and wait for food'.

There is a strong predominance of patriarchal social ideologies in Angola; a feature that is accentuated in rural areas (Alves da Silva 2012). Traditional Bantu-culture, which is still strongly rooted particularly in rural areas, accentuates this feature both symbolically, ritually and through clear divisions of labor (Alves da Silva 2012). Women's social and symbolic role is associated with the domestic domain; the homestead, child bearing and child rearing. This role is installed and reinforced since an early age, through young girls' initiation rites and early socialization into the domains of her female relatives and peers (Alves da Silva 2012:44-46).

¹⁷ Note that the exact division of labor within the (extended) household on a day-to-day basis and over time as well as across production cycles may vary, and the research team were not able to compile a precise matrix of this due to time constraints. However, the women reported that they went to the field most, if not every day.



Young woman washing clothes. Photo: Iselin Åsedotter Strønen

The gendered division of labor was also reflected in the survey. 63 percent of male heads of household stated that it was the wife's responsibility to clean the house (*limpar*), 67 percent that it was her responsibility to sweep the house and yard, 74 percent that it was her responsibility to cook and 63 percent that it was her responsibility to fetch water. Moreover, 55 percent responded that it was her responsibility to buy food- and household items, and 60 percent that it was her responsibility to wash dishes. The remaining respondents answered that these households' chores were the responsibility of the women in the house in general, whilst a small minority answered that it was the couple's joint responsibility or the responsibility of the husband. Sweeping the floor and going shopping was the activity most commonly attributed to the male-head of household, with 9.5 percent and 17 percent respectively answering that it was his responsibility.



Woman fetching water. Photo: Iselin Åsedotter Strønen

The heaviest and most time-consuming task for women is to fetch water. In some villages, they may have to spend two hours to fetch water from the nearest usable water source. The women carry the water buckets on their heads, and both the women and the health personnel at the municipal clinic reported a high prevalence of muscular inflammation in the shoulders and chest, as well as back pain. Women's particular concern with water is also reflected in the household survey. 40 percent of FHH think that the lack of channeled water is the community's most severe problem whilst only 21 percent of the MHH answer the same. By far, the most common water source was the river, including for drinking water. The women complained that the water was often polluted, especially during the rainy season, and that it made their children sick. Only 4.3 percent of FHH had access to a water pump.



Untreated water source. Photo: Iselin Åsedotter Strønen

14 Material poverty

Material poverty was dire amongst the majority of the households in the rural villages. However, as the table below shows, FHH generally possess significantly less material belongings than MHH, a clear indicator of women's limited access to cash. The research team visited the dwellings of a number of female-headed household. The acute poverty of many of them was noticeable, and their worldly belongings were limited to a few pots and pans, a dirty mattress or none at all, a few ragged clothes and a few bags of bombó. Elderly and widowed women in particular stood out as particularly vulnerable, as their dwindling health and physical strength did not allow them to work extensive fields of mandioca. Likewise, divorced or widowed women with children were severely restrained by their lack of manpower in the household in order to fulfill productive as well as domestic tasks including child-care.

Table 2. Households in possession of material belongings (in percent of total sample)

	Male-headed households	Female headed-households
Radio	40	13
TV	40	14
DVD	22.5	9
Telephone	38	30
Watch	27	10
Bed	55	40
Chair (typically plastic chair)	68	58
Table (typically plastic table)	67.5	46
Electric stove	4	0
Gas stove	20	14
Fridge	7	4
Sheets	86	70
Blanket	70	60
Bicycle	4	1
Motorbike	25	4
Car	2.4	0

Source: KBS, 2016



A woman in her hut. Photo: Iselin Åsedotter Strønen

Even if some households respond that they have electric items, many do not work and very few have access to electricity. Indeed, the main source of illumination was a candleholder or diesel. Only three percent of FHH had a personal generator, and 1.4 percent of the respondents were connected to the public electricity grid. 16 percent cook with gas and 76 percent cook with firewood, charcoal or a combination of firewood and charcoal.

15 Deficient health services

Health services in Kalandula consist of the municipal hospital, and a health center at the Catholic mission located just outside Kalandula sede. Additionally, there are four health centers (*centro de saúde*) and 19 rudimentary health units (*posto de saúde*) in the municipality. These are located in remote areas and staffed by lay people or health technicians (*técnicos de saúde*). However, throughout the research it became clear that the health centers and health units are frequently not functioning. The provincial hospital (Hospital Geral) is located in Malanje city. The municipal hospital was most frequently used by FHH (44 percent), followed by the provincial hospital (34 percent) and health centers and health units (both 8.6 percent).

Amongst those FHH-respondents that reported that they had used the municipal hospital during the past six months, 47 percent answered that the travelling distance was more than one hour. 36.4 percent of those who had used a *posto de saúde* reported that it was located from five to 30 minutes in travelling distance, whilst 27.3 percent answered that it was 30-60 minutes away.

The municipal hospital was at the time of the research staffed by a Cuban team¹⁸ consisting of one doctor, one health administrator/statistician and one pharmacist. In addition, there were a few Angolan nurses and health technicians (*técnicos de saúde*). The municipal hospital has a maternity ward, a pediatric ward, a general consultancy ward and an observation ward, but no surgical facilities. The clinic had at the time of the research received the equipment for setting up a surgical ward. However, we were explained that the inauguration of the ward had been stalled due to a lack of funds to finalize it, and the absence of a politician that cared to come and “patronize” the opening. The equipment was therefore still stored and wrapped in plastic. In consequence, patients in need of surgical procedures have to travel to Malange city or Luanda. This is for many people a costly and often impossible journey to make. At the time of the research, the municipal hospital’s only ambulance was broken down, and they did not have money for repairs.

Before the current Cuban medical team arrived, the municipal hospital had been without medical staff for a year, apparently because of bureaucratic/financial problems with the national Angola-

¹⁸ Reflecting historical close bonds between Angola and Cuba harking back to 1975, whereby Cuba supported the Marxist-Leninist party MPLA in the civil war, the two countries still have an agreement whereby Angola pays for Cuban medical services.

Cuban agreements. The staff at the municipal hospital is payed over the municipal payroll, but the clinic receives medicines from the provincial health deposit in Malanje city.

The medical team at the Kalandula municipal hospital conveyed that the epidemiological pattern followed the climatic cycle; respiratory diseases in the rainy periods, and malaria in the dry periods. Anemia was also quite common, particularly among children, pregnant women and the elderly. Parasites and polio was also a challenge. In general, diseases spread quickly, especially amongst children, because of close living in adobe houses and unhygienic living conditions. Indeed, the KBS16 revealed that very few have access to sanitation. Amongst the FHH, 20 percent defecate on the ground, 57 percent defecate in plastic bags, and 13 percent have an improved traditional latrine. None of the respondent has a septic tank in their home.

The health situation for male- and female headed households were fairly similar. 58 percent of the FHH reported that they had at least one family member suffering from malaria during the month prior to the interview, 31 percent reported diarrhea, and 40 percent reported stomach ache.

During the past six months, 17 percent of the FHH stated that they had been impeded from seeking medical help. 90 percent of these respondents cited “lack of financial means” as the main reason for not seeking medical help. In theory, medical assistance is free in the municipal hospital. However, costs incur when the doctor writes a medical prescription, called a “*paraque*”. This cost 500 Kz at the time of the research. People also have to pay for medicines in the pharmacy, as well as transport. The latter is a severe obstacle for seeking treatment. The consequences of delaying seeking medical help may be severe, or they may not be able to seek out medical help at all. In the absence of access to medical help, people often use traditional medicine.

The Cuban team and their Angolan auxiliaries working at the municipal hospital in Kalandula is also responsible for a preventive outreach program (vaccination, malaria testing of children and pregnant women, general consultancies) to peripheral aldeias (rural villages). However, due to the high number of aldeias and the long distances between them, as well as challenges related to transport and medical supply, the medical team is visiting with irregular and long intervals. Below is a description of an outreach visit to a remote village that illustrates the severity of health challenges found in the peripheries (Case 2).

Case 2. Field trip with the medical team:

The correlation between physical distance to Kalandula and the severity of deprivation was evident when one of the team members accompanied the Cuban trio on a *jornada* (outreach visit) to a remote village close to the neighboring state of Kwanza Norte. The village was located almost two hours away from Kalandula sede - driving a Toyota land cruiser. Once you depart from the main road after half an hour or so, the roads are at times nearly intransitable.

This village was visibly poorer and more destitute than the other villages visited by the research team. It had approximately 400 inhabitants, two churches (one Catholic and one protestant), and a village school, teaching children up to 6th grade. After that, the children had to go to Kalandula to continue schooling. The village assistant teacher said that there were 68 children in the school. However, not all children in school age attended school "because of a lack of consciousness amongst the parents", he stated. However, it is also common, as stated earlier, that parents have to pay small 'fees' for material that should be free, and for moving up classes. This may be an obstacle for many.

The village had no health post (posto de saúde¹⁹) and no energy source, radio signal or access to a mobile net. Previously there were mobile signals through Movitel's network, but this had disappeared, the villagers told us. Their only source of subsistence was agriculture, and because of their distance to Kalandula, they had no access to markets. They used to get occasional visits from travelling merchants (*candongeiros*) with whom they could barter agricultural products (mainly cassava) for clothes and other items. However, since the onset of the crisis, these visits had become rarer, and the villagers said that they had not been visited by travelling merchants for more than three months. The only means of transport in the village was a motorbike that a young man had managed to purchase. A trip by motorbike to Kalandula cost 2000 Kz.

The last time the village received a visit from the health team was also approximately three months ago when they came to dispense some medicines. The village had five traditional midwives. No one could recall any maternal deaths, but the villagers estimated that "more than six" children under the age of five died last year.

Upon arrival, the Cuban team set up two "stations" consisting of a plastic table across the village chief/headman's (soba) house. The soba himself was out in his field, and the activities could not start before he had arrived, greeted the Cuban team and explained to the villagers what was about to happen. In the meantime, people poured in and lined up around us, some of whom had probably arrived from other neighboring villages. Many of the children were visibly malnourished with yellowish hair and big bellies, and many seemed ill, with snotty noses and feverish eyes.

After a while the village soba arrived, an old and fragile man, aged 75. He lacked an eye, and the empty eye socket was infected and full of pus. His house in the village was as poor as the rest of them. The only sign of "relative prosperity" was a few plastic chairs and a table, as we later learned when we were invited into his hut for lunch (rice and guinea pigs that one of his wives raised in a corner of her hut).

Once the soba had held a short speech welcoming the medical team, the session started. In one of the queues, pregnant women and children under the age of 15 lined up to be screened for malaria. The children were also scheduled to be vaccinated for diseases such as polio, yellow fever, tetanus and measles. The air was soon filled with screams and crying as the children received the measles-vaccine, which tends to hurt quite badly.

Case 2 continues

A mother malaria testing her child. Photo: Iselin Åsedotter Strønen

In the other queue, the Cuban doctor attended to patients with an ongoing medical condition. The line was long, and many of those waiting seemed to be in a very poor state. Many of them were old people, and not all of them could speak Portuguese. Many of them were illiterate and several did not know their age or which year they were born. The most common diseases identified during the consultations were respiratory illnesses and several cases of malaria. Many of the women complained of severe pains in the back, chest and neck, which was highly common because of their labor burden, the doctor said.

¹⁹ There was a posto de saúde in a village in the area called Kutumbo, but this was of poor quality.

Case 2 continues

A child being vaccinated. Photo: Iselin Åsedotter Strønen

Some people were in a more critical state of health. One man aged 70 suffered from a cardiovascular condition and breathed heavily. One young woman with twins displayed clear symptoms of tuberculosis. Even more seriously, the assistant teacher in the village school also displayed symptoms of tuberculosis. This was evidently a major risk hazard for the children as tuberculosis is an airborne disease, and the potential for transmission inside a crowded hut is acute. The doctor insisted that those with sign of tuberculosis had to go to the Catholic hospital in Kalandula sede, which commonly took care of the tuberculosis-cases. However, he feared from experience that they would not go due to a lack of funds for the travel. The doctor did not tell people that they had tuberculosis. I was very stigmatizing because people got scared of disease transmission, he said.

Case 2 continues

The doctor examining an elderly man. Photo: Iselin Åsedotter Strønen

One young woman had a serious untreated face burn, probably from an accident with open fire. The tissue in and around her eyes had healed in such a way that she was not able to blink or close her eyes. The doctor estimated that it had happened around three years ago. Her eyes were gravely infected- no wonder when she spent her days in the sun and dust in the field. She was in visible distress and seemingly traumatized and could barely articulate any answers to the doctor's questions. He gave her some pills and a cream to apply to the infected area, but there was not much more he could do. When we left in the afternoon, we tracked down the woman's hut in the outskirts of the village and gave her one of our sunglasses.

The most serious case was an illiterate woman aged 62, who had a tumor the size of a tomato growing out from her throat. The doctor did not present her with any firm diagnosis, but he confided to me in private that it was most likely cancer. He urged her to seek medical treatment at the regional hospital in Malanje city or in Luanda, and the woman made a bewildered nod when a male village peer translated the doctor's message from Portuguese to Kimbundu. "But it is extremely unlikely that she will go to the hospital, how will she get the money to do it?", the doctor said to me. The tumor would just keep growing, he said, and within 6-12 months or so she would be dead. He gave her some painkillers, partly as a placebo. "These cases make me really sad", he said. "But there is nothing we can do about it". They possessed no surgical facilities, no ambulance and no means to cover the cost of sending patients to the regional hospital in Malanje. "Here one has to adapt, because what would be humane under other circumstances is not possible here", he sighed.

16 Maternal- and child health

The fertility rate in Angola is high; the national average is 6.3 children, whilst rural women have an average of 7.7 children (UNICEF 2016:67). As previously stated, women in Kalandula commonly give birth to their first child around the age of 15. To have many children is culturally important as well as an important investment in future labor. An additional driver for the high fertility rates is that anticonception methods are evidently not readily available²⁰. A conversation between two members of the research team and a small group of women indicated that women do not know of contraceptive methods other than condoms, which the men in the village do not (want to) use. Teen-age pregnancies have a statistically higher risk of leading to maternal deaths, but neither the villagers nor the Cuban medical team²¹, reported any known cases of maternal deaths. The only exception was one village where they could recall one or two women some years back.

The municipal hospital provided pre-natal check-ups, including iron supplements and HIV-screening.²² The Cuban team had also run a capacitation program for the traditional midwives in the villages. Realizing that the use of traditional midwives was not going to end, nor that it was necessarily desirable given the lack of medical facilities, they had opted for working with the midwives. As part of this capacitation, they had trained them in hygiene, safe birthing methods, and to look for symptoms for when pregnant women had to go to the hospital or when a birth was about to go wrong. The medical staff at the hospital also tried to create incentives for women to give birth at the hospital, such as providing them with cooking oil or clothing when they returned home with their newborn. The medical team could not explain why the maternal death statistics was so low in the region, but the doctor's theory was that local women were genetically and physically well adapted to birth, in spite of the low mean age for their first child. Nevertheless, the absence of registered maternal in Kalandula is curious since Angola's national maternal death rate is estimated to be as high as 477/100 000 births (UNDP 2016:216).

Under-five mortality was very common, as evidenced by the quantitative survey as well as our qualitative interviews. Upon being asked how many women in the household who had experienced losing a child under five years of age, 44.3 percent of FHH answered none, 54.3 percent answered one woman, and 1.4 percent answered two women. As outlined in table 3, two thirds of the FHH who had suffered the loss of a child had suffered the loss of more than one child, and 21 percent had lost five children or more. Child mortality was higher for FHH than MHH. In MHH, 58 percent responded that no woman in the household had lost a child, as opposed to 44.3 percent in FHH as mentioned above.

²⁰ National surveys show that 12 per cent of women aged 12-49 in marital union use modern contraceptives (UNICEF 2015:67).

²¹ The health administrator in the Cuban trio is in charge of elaborating health statistics for the municipality, which are subsequently sent to Malanje city.

²² In the cases where the mother was HIV-positive, she is transferred to the provincial hospital in Malanje for caesarian section in order to prevent mother-to-child transmission.

Estimates for child mortality in Angola are not conclusive, but UNICEF cites data putting the under-five mortality rate at 167/100 000 (UNICEF 2015:55). This is one of the highest in the world. The child mortality rate is considerably higher in rural than in urban areas. A child born in rural areas have a 23 percent chance of dying before the age of five, compared with 15 percent for urban children (UNICEF 2015:56)

Table 3. Number of children dying before the age of five, in those female-headed households that reported that at least one woman in the household had lost a child under five (in percent).

One child	35.9
Two children	17.9
Three children	20.5
Four children	5.1
Five children	10.3
Six children	2.6
Seven children	2.6
Nine children	5.1

Source: KBS, 2016

Access to health services was consistently raised in the female focus groups as one of the most severe problems in the community. As one woman stated; “we go to the hospital but there are few medicines. The problem is that we are a big population but there are limited supplies of medicines. It affects us women a lot because we have a lot of children, and so we have a lot of illnesses”. Others in the group followed up by saying that “sometimes we go to the hospital and the treatment there does not work, and then we go home and try traditional medicine. The problem is that there is no surgical unit, no specialist in tuberculosis. And when someone is seriously ill they have to go to Malanje, but sometimes they die on the way”. Yet another woman said: “we have a lot of malaria and [the sheet of malaria pills] costs 2000-3000 Kz. We come home from the hospital and we have no money in the house. What are we going to do, let the child die?” As these statements indicate, the challenges related to health services were multiple; both the availability of health services per se, the high costs of transport and the costs of medicines. These challenges are more acute for female-headed households, who overall have more limited access to cash and shoulder more of the responsibilities for their household’s everyday survival on their own.

17 Limited education opportunities

In theory, most aldeias have rudimentary facilities for primary school, at least up until 3rd grade. However, in practice, this often just means an ill-equipped hut with a poorly educated and often absent teacher or instructor. On several occasions, we were told that the teacher was living in Malanje city and commuting to the community, implicitly having landed the job due to political and personal ties. However, in effect he rarely bothered to come to teach, or was inhibited by lack of transport, poor infrastructure and rainfall. In the absence of teachers, local residents with some schooling were sometimes appointed by the community as instructors (*explicadores*) for the children- though they were evidently not properly trained for the job. Secondary school is only available in Kalandula sede, which in practice makes it difficult to access for most youth in peripheral aldeias due to distance and lack of transport. Those who can, send their children to live with relatives in Malanje city or Luanda in order to continue their studies.

Among the FHH, 60 percent had children at school age. Amongst these, 23 percent reported that at least one child did not attend school. Multiple reasons were offered, including: early marriage, “because they are girls”, lack of money and ID papers, distance to school and that the child/children had to help in the field. Amongst those having children attending school, 77.5 percent reported that they were attending the local village primary school (*escola pública do bairro*), whilst 20 percent had children in the municipal school in Kalandula sede.

87.2 percent reported that primary school facilities were located less than five minutes away, or between 5 to 30 minutes. As for secondary school, 32 percent reported that it was more than an hour away, 21 percent that it was at between 30-60 minutes away, 29 percent that it was located five to 30 minutes away, and 18 percent that it was less than five minutes away²³.

The costs of attending school were a considerable obstacle. The school fee increases as the child moves up in grade. The first three years were in principle free of charge, but they had to pay small ‘contributions’ (*gasosas*) to the teachers. We also heard on several occasions that parents were issued “fines” if the children did not show up in time (even though the teachers themselves were notoriously unpunctual). For the first seven years, the government is obliged to provide schoolbooks – but teachers complained that it was not enough to cover needs. After 7th grade, people are supposed to pay school books themselves. A book used in secondary school may cost as much as 10.000 Kz, and people had to travel to Malanje city to buy it. In addition, parents had to pay for notebooks, which cost between 200 and 1000 Kz each. Evidently, these costs are difficult to fund if the household have several children at school age, and even more so for single mothers who have less access to cash.

²³ The latter were evidently the respondents that lived in *bairros* inside or adjacent to Kalandula sede.

18 Lack of information

Female heads of household's level of schooling was notably lower than that of male household heads. 59 percent of FHH said that they had no schooling at all. The corresponding number for MHH was 15 percent. 33 percent had between one and six years of schooling – which usually implies functional illiteracy. Only three percent had made it to 10th to 13th grade (*pre-universitaria*). In 46 percent of the FHH there was no one who could read and write (as opposed to 17 percent in MHH). Overall, only 31 percent of women (above the age of 15) in the province of Malanje can read and write, whilst the corresponding number for men is 67 percent (INE 2016b). For women aged between 15 and 24 the figure is 52 percent, whilst only 22 percent between the age of 25 and 65 are literate. The adult population's high rate of illiteracy can be attributed to the war, which effectively put an end to education. Nevertheless, the high level of illiteracy and limited education amongst women in general is also attributable to norms that induce girls to help out in the homestead rather than attending school, as well as early pregnancies that abort their educational progress. The government has instigated some adult literacy programs in the region, but these have typically withered away.

Several of the women stated that they felt the absence of access to information²⁴. As a woman in one of the focus groups worded it: “we want to have a television, so we can know what is going on in other countries, in other parts of our own country”. One of the elderly women followed up: “if we are in crisis, in poverty, in inequality, we want to know whose fault it is.” People do have knowledge of the outside world through relatives who work and live in urban areas, but this also makes them aware of their own limited access to information and of their marginal position in Angolan society.

19 Civil registry

A major challenge for rural residents, especially in peripheral aldeias, is to obtain birth documents and identity cards (*Certidão de Nascimento/Bilhete de Identidade*). These are issued at the Civil Registry office in Kalandula sede, but many residents in rural aldeias cannot afford the journey or the customary under-the-table bribe. Lack of identity papers is a severe obstacle or impediment to obtaining educational and health services, as well as accessing other public institutions. 39 percent of FHH answered that all the household members had ID. The corresponding figure for male-headed households was 33 per cent. This result is somehow surprising but might indicate—although this is only a speculation—that women prioritize obtaining an ID more than men. The main reason for not having an ID for FHH was lack of financial means (68.2 percent). The consequences of not having a birth certificate amongst the FHH includes that their children cannot go to school (13.5 percent), and for the adults, that they

²⁴ In the Malanje province at large, only 23.1 percent of women have access to mobile telephone, 5.7 percent have access to the internet, and 5 percent have access to a computer (INE2016b).

cannot get an identity document (BIs), get a job, or report/deal with legal issues. Overall, only 35.5 percent of the population in the province of Malanje is listed in the civil register (INE 2016b).

20 Gendered violence

As indicated above, domestic violence is quite common in Kalandula (see also Strønen and Nangacovie 2016). For methodological and ethical reasons, it was impossible to bring up the topic in the qualitative survey, but the issue surged spontaneously in focus groups. When circumstances permitted, the researchers also raised the issue.

Since domestic violence is a topic steeped in taboos, frank accounts and self-reporting are unlikely to emerge in group-settings. However, the ways in which violence was referred to in generic terms, indicated that it was widespread. In several of the focus groups, women spontaneously exclaimed that women ran the risk of being beaten by their husband if they e.g. demanded that he help her out with housework, if she refused to prepare his food, or refused to engage in sexual intercourse.

In July 2011, the Angolan parliament passed a new law addressing domestic violence. Angolan Women's Organization (OMA), the women's branch of the ruling MPLA party, played a central role in pushing the law forward and in raising the issue on the public scene. OMA, by far the most prominent women's organization in Angola, was founded in 1962, and has local representatives in tandem with the overall MPLA decentralized party structure across the country. In Kalandula, OMA's main office is located in Kalandula sede, but the organization also has local representatives in several of the villages visited by the research team.

In an interview with the OMA general secretary for the municipality of Kalandula, she confided that domestic violence was an important issue in the communities. However, the passing of the new law and public awareness campaigns had to a certain extent contributed to diminishing its occurrence. She explained that OMA-representatives played a central role in mitigating and resolving cases of domestic violence in their communities. The municipal office of OMA also has a *Departamento de Aconselhamento Jurídico* (department for judicial counseling). Both men and women can report cases, and OMA representatives will go to the community in question, investigate the claims and determine their veracity. They will also consult with the village soba and the police if necessary. OMA then prepares a declaration, which is subsequently presented to the soba, the police, the conflicting parties and their families. OMA would also facilitate negotiation between the conflicting parties and put demands upon the husband. For example, a husband would be obliged to sign a paper stating that he would never beat his wife again, and that if he did, he agreed on going to jail. The solution, she stated firmly, was to find ways to keep the home united (*a resposta é sempre unido o hogar*).

Upon being asked why cases of domestic violence occur, she said that “imagine that he is just a simple functionary, you (his wife) does not read and write and you ask him for money and he says, ‘do not ask me for money like that’. Disagreements at home lead to violence”. Her answer echoed our findings from research on domestic violence in Luanda; financial worries and quarrels incited domestic violence (Strønen and Nangacovie 2016).

The OMA secretary general also conveyed that they dealt with cases of men refusing to accept paternity. “The government and the party have recognized that this is yet another battle”, she stated. In those cases, they tried to oblige the father to accept paternity, and to present the girl to his family and provide her with a house. However, our overall research indicated that the issue of paternal neglect was widespread nevertheless.

The OMA secretary general estimated that the OMA secretariat in Kalandula sede dealt with approximately three cases per week. She maintained that women now reported more frequently than before. “Women do not remain quiet anymore”, she stated. However, our discussions with women in more remote villages indicated that the issue was much less openly dealt with than what appears from her account- or what was the case in Kalandula sede which was semi-urban and more directly within the sphere of influence of the OMA municipal office. Upon being asked whether women would tell someone if she was beaten at home, our interlocutors stated several times that she would not. It was an issue to be kept within the household dwelling’s four walls. Moreover, some of our interlocutors indicated that it was difficult to make complaints to the soba or the police since these were men and would thus easily side with the men’s point of view (see also AMK 2015:50).²⁵

21 Political, traditional and social representation

Women have limited representation in political, traditional and civil society. Although women in principle can reign as female chiefs/headmen (*soubetta* or *regedora*) through their lineage, the majority of these positions are filled by men. There are no civil associations for women in the municipality, and the municipal administration does not include an area/section attending to women’s issues in particular. The exception is OMA, but as stated above, the organization’s principal clout is vested in Kalandula sede. Moreover, OMA is intrinsically tied to the ruling MPLA party, which does not make it an effective vehicle for potential complaints that reflects badly on the political administration or politics at large. In 2013, there were 65 farmers’ organizations in the municipality, with a total of 4167 members. 56 of these were women (AMK 2015:62). Although women do have their own saving clubs (*kixikila*), these do not accumulate and circulate larger amounts of money. Women’s generally lower level of literacy and education in comparison men also effectively limits women’s ability to enact citizenship, as does obstacles

²⁵ In the KBS16, 52 percent of FHH of households responded that domestic violence was an issue to be resolved by official authorities. The corresponding number for MHH was 46 percent.

related to not possessing an ID-card, which is a barrier to seeking assistance from public authorities.

22 Conclusion

As this report indicates, life is extremely difficult for most people in the municipality of Kalandula (see also Tvedten et al. 2017). The largest obstacle to escaping the poverty trap, both for women and for men, is the dire shortcomings of public services, social assistance and venues for social mobility through educational- and labor opportunities as well as agricultural development and access to markets. However, women lives are conditioned by a host of factors that puts them in a position of accentuated vulnerability and deprivation. This is even more so the case for widows, divorcees, physically disabled, single mothers and the elderly.



A woman with an amputated foot and her children. Photo: Iselin Åsedotter Strønen

Traditional household- and kinship patterns put women in a structurally dependent situation vis-à-vis their husband and his family, which makes them vulnerable in case of paternal neglect or marital abandonment. Moreover, women are less likely to be educated, and their access to

paid labor is extremely limited. The young mean age for first childbirth and high number of children per woman, combined with a heavy burden of labor both in the field and in the homestead, puts severe strains on women's physical strength and health. The sheer labor burden itself implies a life of backbreaking work, always striving to meet basic needs and with high risks of suffering severe destitution. As the report also has indicated, traditional patriarchal ideologies continue to hold sway in rural communities. This restrains women's space of maneuver in the domestic sphere and makes them vulnerable to domestic violence.

The report also documents that the national economic crisis is directly affecting women in Kalandula. Not only do they experiencing reduced income opportunities and reduced purchasing power, but public services are also deteriorating even further. As no measures have been taken by the authorities neither at the local nor at the national level to mitigate these compound consequences, the most vulnerable sectors of the population become even more vulnerable.

Since the gendering of poverty and inequality is multidimensional, possible solutions must necessarily also be multidimensional. However, a key step in the right direction is to increase the population's access to basic services such as health care and education, to improve access to water and electricity, and to provide support for agricultural activities and access to markets. Otherwise, women's lives in Kalandula will continue to be characterized by structural marginalization and perpetual hardships.

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This report is concerned with analyzing the gendered dimensions of rural poverty, based on qualitative and quantitative research in the rural municipality of Kalandula in the northeastern province of Malanje, Angola. The report shows that rural women are more vulnerable to extreme poverty than their poor male peers. The cause for this is multidimensional, relating, amongst other factors, to the dearth of public support for social reproduction and rural livelihoods, the lack of venues for social mobility through education or income-generating activities, and the sway of patriarchal social ideologies and social organization. The report also documents that the economic crisis in Angola has had a direct negative impact on poverty levels in rural communities, in particular affecting already vulnerable women.

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