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## Perpetual Hardships: Female Poverty in Rural Malanje, Angola

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Rural poverty in Angola is severe and gendered. This brief draws on qualitative field research in ten rural communities in the municipality of Kalandula, Malanje province. It shows that female poverty is characterized by limited opportunities for income and subsistence, extensive physical hardship, and entrenched social vulnerability. Single mothers, widows, women of poor health and elders are particularly exposed to extreme poverty.

This is a brief from the research project “Cooperation on Research and Development in Angola” between UCAN/CEIC and CMI, and its sub-project “Gender and Human Rights”. It is based on qualitative and quantitative fieldwork<sup>1</sup> carried out in a rural municipality in the Malanje province in August 2016, with the objective of understanding the multiple factors conditioning and characterizing the lives of rural, poor women.

\* The study included focus groups, individual interviews, field observations and a household survey comprising 240 households. Results from the latter will be analyzed in a forthcoming publication.

## Introduction

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).

Kalandula municipality is one of 14 municipalities in the north-east province of Malanje. It has a territorial extension of 7037 km<sup>2</sup> and is home to approximately 80 500 inhabitants (INE 2016b). It consists of five *comunas*, subdivided by 18 *regedorias*<sup>1</sup> with altogether 464 rural *aldeias* (Administração Municipal de Kalandula 2015). The municipal center, Kalandula *sede*, has a population of approximately 16.400 inhabitants. This is where the municipal administration, the municipal market, the municipal hospital, the Catholic mission, the secondary school and other municipal services are located. In general terms, 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 near-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.

## Basic socio-economic data for rural Malanje

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

\* Note that this employment rate primarily refers to agricultural labour, which counts for 66, 2 percent of all occupational activity in Malanje province.

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

## Public Services

In theory, many *aldeias* have facilities for primary school, whilst in practice, the schools often do not work, or they barely cater to the first few grades, or the teachers do not come for the best part of the year. In the absence of teachers, local residents with some degree of schooling are sometimes appointed by the community to serve as instructors (*explicadores*) for the children. Secondary school is only available in Kalandula *sede*, which in practice makes it inaccessible to many youth. A major challenge for local residents is to get identity cards (*bilhete de identidade*). These can be obtained in Kalandula *sede*, but many residents in rural *aldeias* cannot afford the journey or the bribe. As a consequence, children cannot register for school.

Health services in Kalandula consist of the municipal hospital, and a hospital run by the local Catholic church. In addition, there are four health centers (*centro de saúde*) and 19 rudimentary health units (*unidades sanitárias*) in more remote areas run by lay people or health technicians (*técnicos de saúde*), but these are also frequently in effect not working.

The municipal hospital was at the time of the research staffed by a Cuban team<sup>2</sup> 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 Cuban team is also responsible for a preventive outreach program (vaccination, malaria testing, general consultancy) to peripheral *aldeias*. However, due to the high number of *aldeias* and the long distances between them, these visits are rare. The municipal hospital has a maternity ward, a pediatric ward, a general consultancy ward and an observation ward, but no surgical facilities<sup>3</sup>. This means that patients in need of surgical procedures have to travel to Malanje or Luanda; a costly and often impossible journey for many. At the time of the research, the municipal hospital's only ambulance was broken down, and they did not have money for repairs.

## Production and Income

The great majority of residents in Kalandula municipality rely on subsistence farming. By far, the most important crop is *mandioca* (manioc/cassava), which after being dried and/or transformed into flour (*fuba* or *farinha de bombo*) is their main staple and often, their only source to cash income. Additionally, some grow crops such as tomatoes, peanuts, sweet potatoes, potatoes and beans. With few exceptions, agricultural production is carried out with only basic tools; machete, hoes and spades. In some *aldeias*, there are a few oxen that can be rented and used for plowing. Some households have animals like pigs, chickens and goats, but this is an insecure activity due to the high risk of illness and theft.

Both men and women can earn cash through working on other people's field. Irregular odd jobs (*biscate*) such as builders (*pedreiros*) making mud bricks and setting up adobe dwellings with grass or zinc roofs, are generally only available for men. Other than that, paid employment is extremely scarce, and only available in Kalandula *sede*. Material poverty varies from household to household, but in general it is extremely severe (see Tvedten and Lázaro 2016). Whilst some literally only own a bare minimum of clothes, a few pots and pans and a plastic bucket, others own i.e. plastic chairs, a plastic table and

in some cases, a motorbike. The latter is an enormous investment for the family.

Most people are entirely dependent upon their own produce in order to eat. Additionally, people need cash in order to buy proteins and extra food stuff (as a minimum, salt and cooking oil), pay for school fees, books and uniforms, health expenses, birth certificates, transport, clothes, soap, and so on.

In general, one's ability to produce enough food for subsistence and additional produce for cash income or barter is intrinsically conditioned by one's labor capacity (age/health/physical strength), to what extent one can draw on labor from the closest family (or have an economic surplus to pay for extra labor), and the possibility to convert crops into cash or bartered products.

The latter is to a large degree dependent on access to markets, which in turn is conditioned by distance to market, quality of roads, and means of transport. Seen together, these factors by and large structure one's "opportunity window" in life. This opportunity window can change considerably throughout the life cycle, and is also, as we now will explore, clearly gendered.

### Women's everyday lives

Women's lives in Kalandula are extremely hard. Women grow their own plots from which they feed themselves and their children, in addition to doing all household chores and tasks related to child rearing. In accordance with patriarchal social norms, men are not expected to participate in household labor. That means that women are responsible—sometimes with the help of their children, mostly the girls—for fetching water, preparing food, washing clothes, cleaning the home and its surroundings, bringing children to and from school (if they attend) and any other household tasks. Men are responsibly only for attending to their own plot, and "then they take a bath and sit down and wait for the food," as many women phrased it. The distance to the nearest water source, mostly a river, varied between five and 30–40 minutes in the communities that we visited. Water is transported in plastic tanks on the head, and women frequently characterized this task as extremely time consuming and exhausting.

Typically, women spend 12–14 hours a day in the plot. More often than not, the plots are located far away (i.e. up to two hours by foot) from the *aldeia* because otherwise the pigs would eat the crop. Husband and wife have separate plots and own their own produce, but sometimes they help each other out at different stages of the productive cycle or share produce for consumption. Men are in any case supposed to hand over some of the produce (or cash) to his wife in exchange for the food she prepares for him. Women may draw on her son's labor (if he is willing) in the field until he establish his own household.

Polygamy is frequent in Kalandula, and men may establish several households in the same *aldeia* or in different *aldeias*. In that case, he is, at least in theory, obliged to provide to each woman the same amount of labor-input and cash or in-kind compensation for the food she prepares for him. Men frequently also have more sporadic girlfriends. Polygamous- and other extra-marital arrangements are frequently a source of conflict. Aside from emotional issues and social- and marital quarrels arising from it, it reduces women's share of economic support and labor input from her husband.

### Subsistence and labor

Paid labor for women rarely exists in Kalandula, except from the few jobs available as domestic servants, or in cleaning and cooking for municipal offices or commercial establishments in Kalandula sede. Working for cash in other people's field requires that one has physical capacity to do so beyond the labor input needed to produce for subsistence in one's own field. Hence, this is often not an option for many. In *aldeias* close to Kalandula sede, some women sell manioc or other produce at the municipal market. Others sell fish from local rivers or bring fish from Malanje to sell. Some market women also engage in *kixikila* (saving clubs) or pool their labor and resources.

However, distance to the market is a crucial factor. In more remote *aldeias*, women can potentially transport manioc or other produce to the market. However, this not only requires that she actually has a surplus to sell, but also that there is an accessible road, that it is economically viable to pay for the transport (typically motorbike) or physically possible to transport the produce by foot, and that she has the health and practical possibility to travel. In some remote *aldeias*, buyers used to occasionally arrive to buy produce destined for the capital city of Luanda. Likewise, travelling vendors used to arrive to barter (*troca directa*) *mandioca* for essential products (clothes, soap, oil, salt), often constituting the only means of purchasing goods for people who do not have cash. However, these visits have declined considerably—and in some cases, ended—in the wake of the onset of the recent economic crisis. Moreover, the barter "exchange rate" has also increased.<sup>4</sup> As a consequence, people's ability to pay for and acquire goods and services has deteriorated even more.

Women expressed univocally that the economic crisis was strongly felt locally. In particular, this was noticeable by increasing prices of basic household commodities, in particular salt, cooking oil and soap, but also because of reduced market opportunities and circulation of cash.

Women in rural *aldeias* also expressed univocally that poor roads and lack of transport were major problems. They frequently had to walk for hours—often with children on their back—in order to obtain pre-natal checkups, vaccination for infants and medical help for their children in Kalandula sede. At times, children died because they did not reach the hospital in time.

### Health issues and domestic violence

Local average age for a woman's first childbirth is around 15 years old. According to the 2014 census, rural women in Malanje commonly have between three and five children (INE 2016a). Whilst statistical data shows that maternal mortality is a major issue in rural Angola (UNICEF 2014), the women we interviewed as well as local health personnel maintained that maternal deaths were rare occurrences in the area. The municipal doctor explained this by stating that local women were genetically well adapted to child births. Most *aldeias* have a *parteira tradicional* (traditional midwife). The municipal hospital had run a capacity building program teaching these how to identify potential high-risk births, in which case the women were supposed to be taken to the hospital for birth.

The women we interviewed expressed that they suffered extensively from muscular and skeletal pains due to their heavy workloads. This was also confirmed by the municipal health staff. Carrying water frequently caused muscular inflammation in the chest region. Other prevalent diseases were malaria, anemia (particularly amongst pregnant women as well as children) and respiratory diseases, followed by malnutrition and tuberculosis. Local water sources often held poor quality, especially in the rainy season, which also caused severe health problems.

Domestic violence is social taboo in Angola; so also in Kalandula. However, the issue arose on several occasions, indicating that it was a frequent occurrence. Conflict arising from polygamy and conflicts over money were issues that could trigger domestic violence. Local patriarchal norms dictate female obedience to her husband. Consequently, women are not supposed to protest if her husband spends his money or time on other women. Neither are women in the position to demand that her husband helps out with household chores.

### Gendered vulnerabilities

The importance of being able to grow enough produce for subsistence, and at least a small surplus for trade or barter, cannot be overstressed.<sup>5</sup> Because of the prerogative of producing, women of poor health, single mothers and widows (as well as widowers) were particularly vulnerable. On several occasions, women said: "if you don't go to the field, you die". People who were incapable of producing (enough) for their own subsistence were dependent upon charity by

family or neighbors in order to eat. However, since everyone was poor, and, in some cases, people had limited on-site family, such help was not necessarily guaranteed. Overall, generalized precariousness challenged the ability to maintain traditional bonds of reciprocity.

Single motherhood was frequent; as was *fuga à paternidade* (refusal to acknowledge paternity). Women move to their husband's village when they marry, which often implies that she live far away from her own family.<sup>6</sup> This makes her vulnerable in the case of marital disputes and also provides her with limited bonds of reciprocal help to draw on.

If the husband leaves his wife, he is per local norms and family systems allowed to expel her both from the house and her plot (which she obtained from his family through marriage). One woman we interviewed had just experienced this, as her husband had left her after a marital dispute and re-settled with his second wife. The first wife, aged 30, was left with six children between six months and 11 years old, all of them living in a small rented dwelling. She survived by working on other people's manioc fields, in addition to growing some peanuts and other small crops that she pooled with another single mother and sold at the market in the neighboring commune of Kota or in Malange city. Whilst anyone living in an *aldeia* is entitled to a plot<sup>7</sup>, she was not able to start up a new plot due to her care burden for small children.

We also encountered several elderly women who lived at an absolute existence minimum due to their limited physical abilities and poor social networks. Lack of monetary resources and poor health may also pose an absolute obstacle for seeking out health services for elderly people living in remote areas.

## Conclusion

In general, life for the rural population in Kalandula is extremely difficult. Access to public services range from poor to practically none, and safety nets in the face of external shocks and entrenched vulnerability barely exist. Additionally, the (already precarious) quality of public services and public programs have been severely negatively affected by the recent crisis. In this context, women are particularly vulnerable. In addition to an extensive work load in the fields and (commonly) successive child births from an early age, women shoulder the main responsibility for household reproduction. Cultural and social norms place women in an inferior position vis-à-vis men, providing her with a limited space of maneuver. Seen together, these compound social, cultural and material conditions structuring women's lives constitutes a vicious cycle that is difficult to counter-balance. Single mothers, elderly women and women of poor health are particularly vulnerable. Improving women's situation would require strengthening their access to education, information and collective awareness-raising, as well as their access to formal education, basic social services and material welfare. As it is now, women's lives in rural Malanje are for the most part a life in perpetual hardships and vulnerability.

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## Endnotes

- 1 *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.
- 2 Dating back to Cuba's involvement in Angola's war for independence, Angola has a long-standing agreement with Cuba regarding health personnel.
- 3 At the time of the research, the municipal hospital had received some equipment for establishing a surgical ward, but additional funds to install and run it had been stalled "somewhere in the system."
- 4 I.e. whilst before one could acquire a bar of soap for one and a half *mangwanas* (plastic buckets serving as measuring units) of mandioca, one now has to "pay" three.
- 5 Manioc has a long production cycle (approximately two years from sowing to first harvest), and people's degree of vulnerability may thus be cyclical depending on life circumstances, crop yields and external shocks. People cultivate several plots cyclically in order to be able to harvest successively. However, the long production-cycle also implies that it is not necessarily a viable option to move somewhere else in case of local adversities (being it because of poor local conditions in a general, or from a gendered perspective, in the case of i.e. divorce), because one would be left without produce, and hence food, for a long time.
- 6 In anthropological terminology, these are matrilinear, patrilineal and polygamous societies.
- 7 Access to land is regulated by the local traditional authority, the *soba* (see Tvedten and Lázaro 2016)



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