

**Human Rights Center Summer Fellowship:
Reproductive Health Rights of Angolan Youth**

FORWARD

Based on the literature I read in preparation for this research project, I understood that internally displaced youth were the most vulnerable sub-population of adolescents regarding issues related to reproductive health. Based on 30 in-depth interviews with key informants and a review of the most recent literature on adolescent reproductive health in Angola, internally displaced youth were the most vulnerable sub-population of youth until about 2003, about a year after the war ended, and continue to be a vulnerable population, but are not exclusively the most vulnerable adolescent sub-population. Furthermore, most displaced youth are now well-integrated into their new region and are therefore quite difficult to locate. In fact, many have come to identify themselves more with the new region of residence than the old region of residence. I therefore extended my preliminary study to include Angolan youth residing in urban, peri-urban and rural areas of the Provinces of Luanda and Malanje, regardless of displacement status.

I would like to acknowledge the support and authorization I received from the Ministry of Youth and Sports, the Ministry of Education and the Ministry of Health. In Luanda, in just over one month, I have been able to conduct 30 one-hour in-person interviews with key informants, meet with many more key informants to introduce myself and ask a few basic orientation questions, conduct three focus groups and 20 45-minute in-person interviews with youth, administer over 200 questionnaires to adolescents in Luanda and Malanje Provinces, and collect the most recent documents, manuals, brochures and toolkits on reproductive health topics available in Luanda. I have

accessed literature at various libraries including, the Catholic University, the Faculty of Medicine, the United Nations, Development Workshop and Action for Rural Development and the Environment. Furthermore, I read the local newspaper every day, which always has one or two relevant articles, I watched the television every few days, which also has relevant programs (e.g. Angolan abortion law forum) and campaigns (e.g. HIV/AIDS prevention), and listened to the radio, which provides a public forum for discussions on reproductive health topics and plays local popular music that addresses reproductive health themes. I took notes on the billboards on HIV/AIDS prevention throughout Luanda. I have attended a local theater production that dealt with issues including: adolescents' negotiation of condom use and HIV/AIDS prevention and the commonplace occurrence of death by illegal abortion. I have not had the chance to enter and analyze all of my data. This will be completed over the next few months.

Perhaps the most appalling theme that continues to reemerge in interviews, focus groups and surveys with key informants and youth is the high number of deaths of adolescent girls caused by illegal abortions. This merits a paper of its own. In fact, it would be interesting to know what proportion of the maternal mortality rate in Angola (which has one of the highest rates in the world) is caused by abortion complications. Anecdotally, this is one of the key explanations for the high maternal mortality rate, but no formal studies have been conducted. As abortions are illegal, young girls take pills that they can purchase in local pharmacies and on the black market, which induces an abortion, and can cause excessive internal bleeding and death. Abortions are also conducted by unqualified individuals who are willing to provide these services for a

smaller fee than qualified individuals. I have been exploring abortions in all of my interviews and plan on writing a paper on this issue.

I am also surprised by how little adolescents who attend school know about the negotiation of condom use (which in part reflects gender inequalities), HIV/AIDS, family planning, and pregnancy prevention methods; how little dialog there is between parents and children about reproductive health issues; the high level of religiosity among adolescents and the churches message that abstinence is the answer; to what extent shame, fear and humiliation play a role in avoiding reproductive health services and STI exams; and how looked down upon some youth say they feel when they talk about being sexually active with a nurse or doctor. But, as I mentioned before, the illegal abortion issue is by far the most shocking of my findings.

Below is the beginning of a paper outline that I intend to turn into a publishable paper over the following two semesters.

DRAFT OF PAPER—OUTLINE

INTRODUCTION

Context

Currently, 70 percent of Angola's population is under the age of 24, and no one who belongs to this group has known a country in which peace lasts more than several years. Angola experienced a brutal war that spanned 27 years until 2002. As a result of the war, 1 million Angolans were killed, 4.5 million were internally displaced and 450,000 fled the country as refugees, leaving the country in socioeconomic ruins. Since the peace agreement was signed in 2002, efforts have been made to address the

reproductive health (RH) needs of youth, including the construction of more hospitals and clinics and the initiation of various reproductive health programs and projects; however the efforts have been few and insufficient. Low socioeconomic adolescents and those who lack familial and social support are the most vulnerable. This group includes youth that were formally displaced, orphans and street children. Young girls are also particularly vulnerable. These most vulnerable sub-populations of adolescents have suffered terribly, often relegated to the streets as sex workers and, consequently, contributing to the escalating spread of HIV/AIDS throughout Angola. Furthermore, most hospitals, health clinics and RH programs for youth exist in urban regions. Consequently, youth from rural areas, who lack access to RH services, programs and information, represent an extremely vulnerable segment of the adolescent population. The National Institute for Children (INAC) has had primary responsibility for coordinating government action concerning children's affairs, but has lacked the human and logistical resources required to provide necessary programs. As a result RH and family planning (FP) rights of youth have not been fulfilled.

RH issues among youth are becoming increasingly pressing. One of the unintended results of the war was to slow the spread of HIV/AIDS (Flechner, 2005). As a result, Angola, with an HIV/AIDS prevalence of nearly 6%, neighbors countries that suffer infection rates as high as 20% (Namibia and Zambia). HIV/AIDS transmission is increasing and disproportionately affects youth and females. Another result of both the war and the post-war transition has been the detrimental impact on maternal child health. Today, in post-war Angola, many young girls have turned to prostitution to help meet the basic needs of their families (Wessells & Monteiro, 2006). Women birth 7 children on

average and by the age of 20, most young women already have one child. Contraceptive prevalence is only 6 percent among girls and women age 15-49. Furthermore, Angola has one of the highest maternal mortality rates in the world, as many women are at serious risk of mortality due to complications associated with pregnancy and birth.

Research Goals and Objectives

The goals of this preliminary study are first, to understand why adolescent reproductive health rights continue to be violated during this post-war transition period in Angola, and second, to make recommendations for how to provide adolescents with the necessary opportunities so to have good reproductive health, that are based on key informant and adolescent interviews. The study objectives are to identify the RH and FP needs of youth and the gap between the RH/FP opportunities being offered youth and their perceived RH/FP needs through the identification of: A) the RH/FP goals, policies and programs of NGOs, FBOs, governmental organizations, multilateral institutions, and donor organizations, B) perceived access to and availability of sex education, health services and contraceptives, knowledge of STIs and unwanted pregnancy prevention efforts, among youth living in urban centers and rural areas, C) national RH trends, and D) RH/FP programs and messages for youth displayed in the media and public domain.

METHODOLOGY

This mixed methods study involves both qualitative and quantitative research methods: 1) Semi-structured interviews were conducted with key informants from NGO's, FBO's, governmental organizations, multilateral institutions and donor

organizations, regarding their post-war RH/FP goals, priorities, policies and programs; 2) Semi-structured interviews and focus groups were conducted with youth from urban, peri-urban or rural regions of the Provinces of Luanda and Malanje, regarding perceived access to and availability of sex education, reproductive health services and contraceptives, knowledge of STIs and unwanted pregnancy and maternal mortality prevention efforts; 3) Longitudinal data on national trends in RH were procured, including prevalence of STIs, contraceptive use and unwanted pregnancies, and maternal and infant-mortality rates, using the UNICEF-based National Multiple Indicator Cluster Surveys conducted in 1998 and 2003 and the National Demographic and Health Survey of 2006; 4) Copies of the organizations' most recent reports and studies and examples of their latest manuals, brochures, toolkits, guides and handbooks were procured, and 5) There was documentation, through ethnographic field notes, audio recordings and photography, coverage of RH messages for youth in the public domain—billboards, theater, music, radio, television, newspapers, etc...

Definition of Samples and Sample Selection

Key informants consisted of program directors and coordinators for government ministries (Ministry of Health, Ministry of Youth and Sports, Ministry of Education), multinational agencies (UNFPA, UNAIDS, UNICEF, UNHCR, USAID, WHO, World Bank), international NGOs (PSI, CCF, Marie Stopes), and local NGOs (Angobefa, CAJ, JIRO, ANASO), as well as doctors and nurses working at community-based health centers that provide free services to adolescents. Key informants were selected based

either on a prior literature review or by other key informants. They represent the organizations that are and have been the most involved in adolescent RH work in Angola.

Adolescents consisted of youth, ages 15-24, that seek free RH services at a community-based health center, attend a given public middle or high school, or work as youth activists by informing other youth about their RH options. Although this adolescent sample is not representative of the most vulnerable segment of the youth population, it includes a spectrum of high risk to medium risk youth.

Data Analysis

Interviews and focus groups with key informants and adolescents will be coded using content analysis. Adolescent survey data will be entered into an excel spreadsheet and transferred into STATA for statistical data analysis.

FINDINGS

Key Informant Interviews

Based on the 30 interviews with and informational material provided by key informants, several short-comings emerged regarding the adolescent RH services that organizations provide, which are a reflection of the organizations' structures, goals, priorities and human, financial and material resource limitations:

- **There is an artificial separation between adolescent sexual and reproductive health and HIV/AIDS.** RH issues beyond HIV/AIDS prevention and treatment are quite limited, including prevention of unwanted pregnancy, pregnancy

- complications, induced abortion, sexual violence, prevention and treatment of other STIs, gender inequality, gender identity and family planning.
- **Few rural communities are targeted for adolescent sexual and reproductive health and family planning programs.** Most RH programs for youth have targeted urban areas in such Provinces as Luanda, Huambo, Huila, Benguela, Namibe and Cunene, largely benefitting youth living in municipalities surrounding urban centers. However, there is a lack of sexual and reproductive health and FP information in remote areas of Angola.
 - **Few organizations include youth in their decision making processes regarding adolescent reproductive health issues.**
 - **There is a lack of human and material resources to address root reproductive health problems among adolescents.** Most informants reported that adolescent reproductive health is a stated national priority, but in practice Angola lacks the infrastructure and resources to address the reproductive health violations of its youth.

Youth Focus Groups, Interviews and Surveys

Based on 3 focus group, 20 in-person interviews and 200 surveys, the following adolescent themes emerged:

- **Reproductive health policy is employment, housing, education, education and transportation policy.** RH is not just about STI and pregnancy prevention, it is about employment opportunities, access to housing, water and electricity, and access to affordable transportation and education.

- **Abortion-related morbidity and mortality should be a national reproductive health priority.** A large proportion of young girls suffer and even die from illegal abortions and abortion-inducing pills.
- Little is known about the negotiation of condom use and family planning.
- There is a limited dialog between parents and children about RH issues.
- The church has adopted an abstinence-only stance that does not resonate with the majority of youth and results in their alientation.
- Barriers to youth seeking RH services including shame, fear, humiliation and perceived disapproval of some nurses and doctors of sexually active youth.

Key Informants and Youths: Concordance and Gaps in Understanding

There is a gap between the perceived needs and aspirations of adolescents and the actual and planned opportunities for youth, as decided by key informants and their respective organizations. Furthermore, the very definition of reproductive health differs for key informants and youth. Youth have a more ecological perspective on how to frame and therefore address reproductive health rights violations. RH includes socioeconomic stability, access to basic social goods including water, secure housing, and electricity and affordable public transportation, education and health care. To key informants, RH is more narrowly defined as health-related services, information and policy.

DISCUSSION

The remaining questions are: 1) what should the RH goals and priorities be in the context of Angola? 2) Who should decide? And, 3) who is accountable to protect the RH rights of youth? One thing is certain, if youth voice was included in the decision-making process, abortions would be legalized and made affordable and accessible, and RH interventions and campaigns would not only include access to affordable health care, services, treatment and education, but would also address inequities in land entitlement, access to housing, water and electricity, access to affordable education, and employment opportunities.

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REFERENCES