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Angola, Healthcare

Angola: Education for Women's Health

Introduction:

In the sub-Saharan country of Angola, 610 women die for every 100,000 births. This is among the highest in the world when compared to Canada at six, Greece at three, Columbia at sixty four, and Pakistan at 178. While Angola does not have the highest maternal mortality, rates they are surprisingly high for the wealth of the country. Angola is extremely rich in oil and diamonds producing 1.8 million barrels per day and ranking 2nd in Africa (Carpenter). Some of the richest people in Africa live in Angola, so do some of the poorest. With the highest birth rate in the world and a high child mortality rate (12th) in the world. Angola, has an obvious imbalance of wealth, healthcare, and rights especially pertaining to women and mothers (CEDAW). However, with increased education, the well-being of many women in Angola will be greatly improved. Education of women in Angola is the solution to the female healthcare crisis.

Country:

Angola is located in the southwest of Africa, and it gained its independence from the Portuguese in 1975. About 45 percent of the population lives in rural areas (CIA). Luanada is the capital and largest city in Angola with around 5 million inhabitants (a quarter of the population). After their 27 year civil war the country is among the highest in economic growth with large oil resources (SAHO). In total Angola is a relatively rich country with a GDP of \$124 billion, 6th highest in Africa; however, two thirds of the population lives in extreme poverty (CNBC). In the rural areas of Angola people live in such poverty and isolation that they do not know that they live in a rich country (TheNewYorkTimes). Angola is a Presidential Republic with strict regulations on media and public knowledge (CIA). The main Angolan crop is cassava (Our Africa). Other crops, such as maize, beans and potatoes, are also grown. Angolan soil has large potential for agricultural use, but as a result of the civil war the land is full of landmines, and farming can be risky (MAG). At about twice the size of Texas Angola is a relatively large country, yet only 5% of this country is cultivated (Our Africa). The Angolan economy is centered around oil. This oil caused major economic growth in the years following the war, but now the economy is beginning to taper off and decline due to the 75% decrease in the cost of oil (SAHO). Currently, Angola imports 4/5th of its produce and because of this food is extremely expensive (Our Africa). In Luanda the average summer temperature is 25 degrees Celsius and 21 degrees in the winter (Our Africa). Angola has one of highest birth rate of any country and along with that comes Angola's ranking at twelfth highest child mortality rate (CIA). Angola has an extremely young population with the median age being 18 and is the second fastest growing country just behind South Sudan (CIA).

Typical Family:

An average angolan family consists of a mother with on average 5-6 children, and the average age is 18 (CIA). Most married women are widowed and because of the number of male deaths in the 27 year civil war there are many unmarried women (SAHO). About 40% of the population lives in rural villages where

cottages have thatched roofs (Our Africa). However, most of the population lives in urban areas with a quarter of the population living in the capital of Luanda (Our Africa). There is a stark contrast between rich and poor. The richest woman in Africa lives in Angola, but the average person lives on two dollars a day (Chigozie) . In Luanda there is much luxury with expensive stores and consumer brands, but just outside of the rich metropolis live extremely poor people with little to no access to food and healthcare needs (TheNewYorkTimes). Most Angolans are unemployed. Only 42 percent of the population has access to clean water and few have internet (Redvers). Millions live in slums without running water and electricity (Our Africa).

Civil War and Impact:

Angola was under imperialised by the Portuguese and was under their rule until independence was declared in 1975 (SAHO). The revolution against Portuguese rule began in 1961 (SAHO). The civil war began in the height of the cold war and was a struggle of the Marxist-Oriented MPLA and the UNITA. The MPLA was backed by the USSR and Cuba under the leadership of Jose dos Santos, and the UNITA was backed by the United States, Brazil, and South Africa indirectly through munitions, intelligence reports, and mercenaries (Hurst). After years of heavy fighting, the UNITA leader Dr. Jonas Savimbi was killed and the fighting ceased. The war left 600,000 people displaced, thousands of people dead, and 20 million landmines which causes the people of Angola to live in constant fear of accidentally detonating one (SAHO). In Moxico, Angola's largest province with large agricultural potential, people cannot find safe land to farm because of the land mines (MAG). This leads to increased food scarcity and causes food prices to rise. There are various organizations who are working toward clearing the land mines such as Halo and MAG, but, as a result of the 75% price decline of oil, the budget for such humanitarian efforts has been greatly reduced (HALO). As a result of the civil war, it is much more difficult for women, especially those in rural areas, to be able to receive proper health care. This comes as a result of the degradation of infrastructure and landmines which could be anywhere. Another major issue facing women after the war is corruption and extreme wealth of the upper class (TheNewYorkTimes). Following the civil war the economy had a spectacular rebound founded on oil, but this emerging economy also lead to almost all healthcare non-governmental organizations pulling out (SAHO). As a result of the elite having such a tight grip on the economy, few benefit from the economic growth (SAHO).

Major Women's Healthcare Issues:

In 2013 the Committee on the Elimination of the Discrimination Against Women created a review on the Sixth Periodic Report of Angola concerning women's healthcare and rights (CEDAW). The committee states that women are at a high disadvantage when it comes to female healthcare, education, and prejudices (CEDAW). Angolan women in rural areas have little to no access to basic healthcare and instead have to use various roots and plants to try and help themselves and others (CEDAW). This is the result of inadequate health infrastructure as well as trained professionals (CEDAW). Even then, women who do live in an area where they can get to a hospital or healthcare facility receive lacking care. Many facilities are "state of the art" and have all the proper tools and space; however, the doctors and nurses are not well trained and have difficulty helping mothers and their children. Less than half of all Angolan births are overseen by skilled personnel (TheNewYorkTimes). While talking to a woman living in rural Angola, a correspondent from the *New York Times* learned about life as a mother in rural Angola who had lost ten children. When asked whose fault she believed it was she said, " There were no doctors or nurses, we only had roots [for medicine], and they didn't work." There is also limited access to contraceptives

with only 6 percent of women (aged 15-49) using them as compared to the 98 percent of US women who have used some type of birth control (Decker). The same *New York Times* correspondent went to a government funded family planning clinic and found hundreds of women waiting to get contraceptives (TheNewYorkTimes). The nurse there admits that there are no contraceptives in the clinic. They were ordered, but it is questionable whether they will ever arrive. This low access leads to the top birth rate in the world being in Angola (TheNewYorkTimes). The birth rate in Angola could be reduced in a few ways. For one in Angola it is legal, with parental consent, for a woman to be married at 15, because of this 30% of Angolan women are married by age 18 (Angola). The early marriage age allows for the birth rate to continue to rise. There is little restriction on domestic violence and rape (CEDAW). This, combined with the criminalization of abortion and the low access to contraceptives, contributes to the growth of the birth rate, and, in turn, increases the maternal mortality rate (CEDAW). Many women in Angola do not know their rights, and their rights are rarely enforced. These includes rights against rape and domestic violence, rights to safe and effective contraceptives and to family planning (CEDAW). When women work to enforce and act upon their own rights, there are many impediments that prevent them from seeking justice (CEDAW). The absence of safe and accessible contraceptives along with the high rate of child marriage and rape has lead to Angola having the highest birth rate on the planet. The low amount of food produced and the homogenous, fluctuating, oil economy makes it difficult for mothers to be able to feed their children. In extreme cases the malnutrition of mothers will affect the quality and quantity of their breast milk. Widespread droughts in the southern provinces have also lead almost 15% of children dying before the age of five (Anyadike). Maternal mortality leaves many children orphaned and the situation is worsened by improper funding and training for medical facilities. A “trained” nurse at a hospital in Angola would not be able to tell the difference between malnutrition and malaria (TheNewYorkTimes). On top of the staff being poorly trained, there is only one doctor for every 10,000 people (TheNewYorkTimes). The healthcare for all people, especially women, is poor in Angola.

Solutions:

These issues can be solved by creating inexpensive yet effective clinics that have plenty of contraceptives and first aid with easy access in areas of Angola. These small clinics could have short seminars on how to safely use the contraceptives and basic first aid. It would also be beneficial if, along with classes on contraceptives and first aid, there were classes that taught women about their rights, what to do in various situations, and how to properly and effectively seek justice. These classes are much needed in Angola, and they would benefit not just women but all people along with the economy. Educating women more would greatly reduce the birth, child mortality, and maternal mortality rates. Medical personnel also need more thorough and higher quality education. With additional education, doctors can work more efficiently and precisely. There are many people in Angola who need help from the public healthcare system, and additional training for doctors would save many lives. Another way to reduce the birth rate, and thus many other issues, is to provide and require more safe-sex education. Studies have shown that young people who receive safe-sex education are much more likely to wait to have intercourse (Gabe L.). Sex education also reduces the transmittance of diseases. HIV is a prevalent issue in Angola, and it could be widely reduced by safe sex education along with more access to contraceptives. Even though the Angolan government could, without issue, spend much more on healthcare and education, the most immediate and effective way to help the women of Angola is to work with nonprofits. One of many nonprofits is Women’s Campaign International. This organization works to empower and educate women to become leaders in their communities. There are a number of nonprofits, such as WCI, that are already working in

Angola. These organizations would be able, with additional funds and personnel, to smoothly add on educative programs. Funds would come from private donors and possibly grants from large, established humanitarian corporations such as UNICEF or the World Health Organization. Another possible source of funds for programs to provide education would be to partner with a university or college department. University students world wide are looking for additional opportunities to travel the world and more importantly, to help others. Oftentimes, university and college alumni endow large amounts of money upon universities to be used for various things such as humanitarian programs. A plan to provide medical assistance and education to women in Angola would be an amazing and rewarding opportunity for university students. An example of a University with a similar program, as previously suggested, is Iowa State University. ISU works with numerous schools in Uganda to provide healthy and nutritious food. Once funded thing program is funded, a possible roadblock in the program would be the Angolan government. In my plan we would not run the program through the government instead run it through as a privately funded organization. However, we would still need to ensure that our program is legal and complies with all governmental regulations. This may cause issues as the Angolan government is corrupt and has not jumped onto ideas to help its poor in the past. Additionally, A top priority of educational programs would be to empower and encourage entire communities using local educators. This would be much more impactful than foreign and outside forces teaching. Preliminary personnel from organizations would educate a number of women on contraceptives, women's rights, safe sex, basic first aid, and basic midwifery along with supplying medical supplies. They would also learn how to educate others on what they have learned. Ideally all the educational classes would be in the same location as the stocks of first aid supplies and contraceptives. It is not necessary for all women in a community to participate in the classes (even though it is ideal). If only one woman in an area learned, she could spread her knowledge through casual conversation. Knowledge spreads and even if program organizers are not able to reach all women, many would learn through the knowledge of others. Keeping programs community based is a top priority and will lead to the most success. However, with the presence of landmines in Angola it would be difficult to reach many of Angola's people. In order for outreach programs to be possible it would be essential to also work with organizations such as Halo and MAG who clear landmines. These landmines are one of multiple reasons infrastructure has not reached the rural areas. Without clear paths and roads, transportation to medical care is often next to impossible for many women. It would also be difficult for aid givers to travel out to rural areas with the current state of infrastructure. However, landmine removal is not impossible, it only requires time and dedication. Finally, if in conjunction with land mine removal women receive basic first aid, information on safe sex and contraceptives, and knowledge of the law and women's rights, the lives of Angolan women will be greatly improved.

Conclusion:

The female health crisis in Angola can be greatly improved through increased education. Angola is a rich country with poor people. The population is young and people are suffering. Many don't have electricity, clean water, access to information, or healthcare, and as a result of the 27 year civil war, landmines cover the agricultural land, and the economy is run by oil and a corrupt government. The healthcare for women in Angola is extremely poor. Women and children are constantly dying as a result of this. In addition very few women know of their few rights. However, there is a solution. Education, backed by supplies and land mine removal, will be the change that is so badly needed in Angola. Education is the powerful force by which we change the world.

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