

Gender and Family in Angola in a Situation of National War¹

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1. INTRODUCTION

Angola has lived through armed conflict for more than 3 decades that has provoked forced displacement of millions of person from their homelands to more secure areas. In this process, this population is submitted to we denominate as human vulnerabilities and indignities, in which both material and non-material come together.

This paper evaluates these vulnerabilities that characterize the conditions of family life of IDPs, as a consequence of the war in Angola, of a population living principally in IDP camps SUPPORTED by the Angolan government, non-governmental agencies, the international community and the United Nations.

The study focuses on the process of de- structuring of the family through events such as death, dissolution, migration or disappearance of family members as a consequence of the war. The paper also examines gender related issues such as gender based violence, prostitution, and reproduction variables. Another dimension examined is the change in family dynamics in situations of armed conflict, which leads to a reversal of male and female roles, that had traditional patterns of division of labor, in which men were considered the exclusive economic providers of the family and women for the organization of social and biological reproduction of maternity and mothering.

A discussion of data collection, is followed by an analysis of the life of IDPs prior to displacement and how displacement occurred. Finally, we analyze how life in this situation and which are the principal economic, affective, psychological and reproductive health vulnerabilities

1.1. The data

Data reported in this paper were from the Survey on Reproductive Health and Family Life (SRHFL) conducted, with technical and financial support of the United Nations Fund for Population (UNFPA), among IDPs in 4 Angolan provinces (Huila, Benguela, Malange and Zaire) in 1999 and 2000. These provinces were selected because of the large number of IDPs as compared with other provinces, and their location, that is provinces in the north, south and center of the country. In addition, UNFPA supports 2 subprogrammes in population in the Provinces of Huila and Benguela, where the governments requested support from UNFPA to evaluate the living conditions of this population, and develop strategies for intervention.

The objective of the survey was to characterize conditions of family life and reproductive health of the IDP population both those living camps and those living in peri-urban areas of large cities. The study examined demographic characteristics, namely migration, fertility, and mortality as well as the direct effect of the war on the family (deaths and disappearances as consequences of the war). The degree of knowledge about STD/AIDS (that is, of transmission and prevention), knowledge of family planning methods, assistance to pregnant women, male and female prostitution, and finally the use of drugs and alcohol, especially among youth to understand what happens to this population in terms of their reproductive rights and health.

The study design was quantitative-qualitative. The quantitative component used a questionnaire, and focus groups and in-depth interviews were used in the qualitative component. It is important to point out that, numerous difficulties were encountered in operationalizing the study plan, as might be expected in a study carried out amid an armed conflict situation. These are discussed in depth in the study report. However, the results are considered valid and representative of the country.

In the four provinces, 1421 IDPs were interviewed, with 70% living in IDP camps and 30 % in peri-urban neighborhoods of 4 capital cities. The qualitative component was based on 13 focus groups and 179 in-depth interviews. This method was necessary to examine in-depth sensitive questions, such as those related to sexuality and reproductive health.

The results of the study were published in a full report, and served as the basis of new programme initiatives undertaken by the national and provincial governments, and UNFPA immediately following the preliminary analysis of results. For example, a reproductive health package was introduced in Malange, Huila and Benguela provinces with support of the Government of the Netherlands, OCHA and UNFPA. At the national level, a workshop was organized to present the results and sensitize the donor community and government entities not involved in the study. Recently, the Government of the United States provided support for a new gender based violence prevention initiative.

Given the richness of information from the two components of the study, a number of aspects still need to be analyzed. In this paper, we examine questions related to the vulnerability of this population. To more fully understand the experience of the population, the study examined how the process of dislocation from the homeland and the conditions in which this population arrived at their temporary destination.

2. LIFE BEFORE DISLOCATION FROM THE HOMELAND

2.1. The rural family: economic and affective relations

Information about the total number of IDPs in Angola come from diverse sources but the exact number of dislocated women, men and children from urban and rural areas was not measured when this study was undertaken. Data gathered in this study show that the majority originated from municipalities in the interior regions.

In these interior areas of the country, the traditional society has the family, as its fundamental base, whether conjugal, nuclear, or reduced, that is, father, mother and children. Relationships within these families are ruled principally through the role of the man, as the economic provider of the family, and his role of leadership and the submissive role of the woman and children.

As discussed in the focus groups, all IDPs who were interviewed were agricultural workers in their homelands. Some combined these tasks with other functions, such as, teacher, nurse, businessmen, but the principal support came from working the land.

Each family had its ploughfields that constituted a "family agricultural business". As the principal mode of survival, life was based on the diverse tasks related to periods of the farming year, and the local culture.

Within this system, the family guaranteed products such as corn, cassava, peanuts, potatoes and beans, among others. Normally the agricultural activities were combined with raising animals, such as chickens, goats, and cattle, that were used to feed the family and to sell. A small segment of this population was dedicated to small business that brought the products from the fields to the city.

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

Life that IDPs led in their homelands was perceived at least as of "good quality, relatively satisfy and comfortable". According to them, the fact that they could work the land, provided food security for relatively long periods. Even if they did not cultivate for 2 years, there was no lack of sufficient food. They had enough by their standard, a relatively stable life and without great difficulty, fundamentally they did not depend on anyone to survive.

About family life and the role of men and women in the homeland, a significant number of the IDPs declared that the men took care of the animals and the women planted the fields and took care of domestic work. The tasks of the children were divided, that is, the boys helped their fathers and the girls their mothers, with each helping in the plough fields. The tasks requiring animal traction normally were handled by the men.

*"This way the man and woman and children all worked the plough fields. And the father felt that he was the head of the family".
Man, Feira de Lobito*

In their family relations, the IDPs felt that in the homeland, parents were much more caring with their children as with their partners. The role of mother and wife was perceived by these men as being more affective and caring because they had more time and also because they did not have worries that they now have with physical survival.

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

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

It can be said that the original family, regardless of composition and structure in the prior life to armed conflict after passing through the suffering to arrive in a more secure destination suffers many transformations.

2.2. The process of displacement in search of secure living arrangements

Given the increased lack of security provoked by guerilla activities, especially in the interior of the country, the resident population perceiving the risks, with their own initiative and means, seek more secure places to live, without counting on support of any institutions in the process of displacement. For the most part, this population is forced to abandon all of their belongings and travel long distances on foot in search of a secure place that will accept them.

According to the survey data (SRHFL, UNFPA/Angola 2001) the flux of IDPs interviewed in the 4 provinces (Huila, Benguela, Malange and Zaire) is characterized fundamentally as being of intra-provincial origin or short distances. They move principally in direction of medium size cities and provincial capitals. Moderate inter-provincial flux or medium to long distance was experienced between 1992-1998. Particularly in the Province of Zaire, there was a presence of foreigners (refugees) because of the region's closeness to the border of the Democratic Republic of Congo. Also, there was a small flux of return to homelands after the elections in Angola in 1992, and later a return of the same IDPs to the locations where they sought refuge when conflict erupted. Security is a primordial factor of life for these people, and the violence of the war in their municipalities of origin forced them to seek security in other regions.

Particularly, those that leave the interior municipalities, arrive either as individuals or large groups in medium size cities and provincial capitals seeking protection. In these destinations, government institutions send them to existing camps for IDPs or to new locations when the size of the group justifies it. The camps are located in the centers of cities, in abandoned buildings, or in isolated areas, far from the cities, and for the most part with difficult access.

One group of IDPs seek by their own means their subsistence through family members, and friends when they arrive in these cities. This group is of considerable size, equal to the IDP camps, normally finds places in peri-urban areas, provoking rapid and disorderly growth in the cities. This group of IDPs depends less on the support of the government and humanitarian assistance.

In the IDP camps, each family receives a very small portion of land to live on from the government. Through the process of constructing their own dwelling, the construction of a small straw hut, that with the passage of time may be a place where they build a small wooden or adobe dwelling with 2 rooms. These straw huts and dwellings are covered with straw and, as might be expected, do not have water or electricity, or basic sanitation. The Government and Non-governmental organizations work with the IDPs in the sense of trying to give the camps a minimum of organization.

This assistance, of emergency nature, is based fundamentally in food distributions (corn meal, and vegetable oil), normally distributed monthly in quantities considered by the IDPs to be insufficient.

"the same fuba (corn meal) doesn't amount to anything. There are problems with the children. The quantity of corn meal or food that we receive isn't enough for the family." Woman 45 years, UNECA Benguela

To reduce the suffering of this population, and particularly of the children, in many cases, the non-governmental organizations distribute a supplementary feeding for children and the aged.

For oldest IDPs, the government, established a plan for distribution of lots for agriculture but few benefit compared to the large mass of agricultural workers who lost their fields. The lack of support for agriculture, along with the lack of perspective to create roots in the new location or to lose the harvest with "the arrival of the war" impedes this from happening. The IDP community in the camps have to, with government support, construct social infrastructures such as schools, health posts and a place for administration of the camp, through which all humanitarian assistance is provided. In these settlements, groups of 3 to 4 families are oriented to construct and maintain their latrine.

In summary, survival of this population depends entirely on humanitarian assistance of the government and international community that is insufficient and irregular putting the population in the most absolute misery.

3. LIFE IN IDP CAMPS -VULNERABILITIES

There are proportionately more women than men in the camps, especially in the age groups of 14-44, inverting the situation of the older population in which men are the majority. There is an accentuated reduced number of men in the age groups of 20-24 and 25-29, which are the groups of greater reproductive activity. This disproportion between men and women certainly is related to the recruitment of men to the military in these age groups.

The female population of reproductive age, is concentrated in the 20-34 age group with 70% of women in this group. It is recorded that in this group fertility is highest.

The mean age of the population interviewed was 30.4 years with 32.3 for males and 28.9 for females. (ISSRVF, FNUAP, 2001).

3.1. Consequences of the war on the family

3.1.1. Morbidity-mortality

Life expectancy (Θ_0), estimated from the data in the survey (ISSRVF) show values extremely low, between 35 and 41 years. According to the Multiple Indicator Cluster Survey conducted by UNICEF in 1996 was 43 years. Also, these data take into account that in 2000, there is a proportion of the population of 80 years of age and above.

Infant mortality, that represents a probability of death before completing the first year of life, was between 271 and 276 per 1000. In more simple terms, approximately 3 children out of 10 die before reaching 1 year of age. The mean for the country estimated on the basis of the MICS in 1996 was 159 per 1000. It is estimated that the maternal mortality rate for the country is also very high, 1850 per 100,000.

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

Table 1 Indicators of mortality for the entire population studied (both sexes)

	Model	
	West (Coale & Demeny)	General (Brass)
Life Expectancy	41,1	35,2
Infant Mortality	271,4	276,5

Source: SRHFL, UNFPA-Angola, 2000

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

Table 2 Family members who died as a direct consequence of the war (Table of multiple responses)

	Family member deaths as direct consequence of war			Disappeared family members as a consequence of war		
	Cases reported	Proportion		Cases reported	Proportion	
		Of responses	Of valid cases		Of responses.	Of valid cases
Father	285	25%	37%	37	8%	9%
Mother	178	16%	23%	28	6%	7%
Brothers	232	20%	30%	124	27%	31%
Sisters	178	16%	23%	83	18%	21%
Spouse	35	3%	5%	10	2%	2%
Children	7	1%	1%	4	1%	1%
Other family members	229	20%	30%	168	37%	42%
Total	1144	100%	148%	454	100%	113%
Valid cases 771; Missing cases 651				Valid cases 401; Missing cases 1021		

Source: SRHFL, UNFPA-Angola, 2000

Most of the family members who died were reported in order of importance (or perceived importance) as father, brothers, other relatives, mother and sisters. An estimated 77% of the cases reported referred only to fathers and brothers of IDPs reflecting how the family of these IDPs was affected.

The mean of disappeared relatives was 0.32 persons among all IDPs interviewed. More than one-third of the disappeared relatives were referred to as “other relatives”. Brothers and sisters who disappeared were reported in order of importance.

In summary, each IDP interviewed lost an average, between deaths and disappearance approximately 1 person directly in the family revealing how the violence of the war has reached populations who are indefensible, which further confirms the de-structuring of the family, provoked by armed conflict (SRHFL, UNFPA, 2001).

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

3.1.2. Economic, affective and psychological breakup

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

In the disorderly process of fleeing, most of the families were de-structured as already mentioned. Many respondents from the same family were divided during the escape and in this process many died and/or disappeared.

*"[...] even some children went with the water, they ran away from people who were running after them [...]" (they drowned).
Woman >45 years, UNECA, Benguela*

Some men who tried to resist until the final moments in the land of origin, sent their wives and children first to seek a places that was considered more secure. Still others, were enlisted by the 2 warring armies, leaving their wives and children to their own luck which explains, in part, the large number of women in the IDP camps. In summary, these persons had to abandon their homes, ploughing fields, all of their belongings, and many family members died or disappeared in the process of seeking refuge, and they are now solely dependent on humanitarian assistance, without work and living in the most absolute misery.

Other indicators demonstrate the family de-structuring of the IDPs, such as, the number of children without mother and father who count on the support and solidarity of the community to survive is a case in point. The IDP statements reveal how much the women suffer more than the men, due to the weight of family concerns. This issue is examined in more detail below.

The economic and psychological impact of the "new life" in the camps has a different weight for the over 45 years generation, and for youth. For those over 45 years, the HOPE to improve life through an integration in new work opportunities, and adaptation/assimilation with other groups are very TENUOUS, and perhaps because they have a consciousness of this, they enter into a catatonic "state of despair" that one day the war will terminate and they will return to the exact physical/human space from which they departed to seek refuge from the war. Despite the transformation that they feel, they still think about redeeming the lost link of family ties and community reference groups broken away by the war, despite the fact that war is unending, some groups try to return to the homeland, as mentioned above in the discussion of migratory fluctuations of returning.

*"Let's pray to God, to give us peace [...] But where finish the war we could return. We have to return."
Man, Chibia*

The younger generation has a different posture, to seek integration in the communities where they are. They don't feed the expectation of returning that their parents and grandparents have, perhaps because they have a more realistic vision of the moment they are living, or perhaps they do not feel as uprooted as the more mature family members that had developed a small assets and had their material and affective roots "planted in the land".

Another reason clearly objective in nature is how much the chances that youth perceive they have in leaving the existing economic situation of total danger in the IDP camps by inserting themselves in the local labor market. According to various testimonies of the older respondents, youth are already outside the camp working in some type of informal activity as street sellers, selling fruit and vegetables, personal objects or working as domestic help.

[...] If we have a grown son to sell this firewood and at the end we buy something to eat."
Man, Matala

The survival of each person in the group of IDPs is so disparate that existing ties of solidarity in small communities of origin can also be transformed with a predominant sentiment of individualism. This would not be surprising because other social groups, in diverse cultures have passed through a similar experience. That is, in moments of extreme economic scarcity what counts is survival of each one and in this case the older ones and children who depend on others for their survival are the ones who suffer the most because they don't have ploughing fields, their family or neighbors to count on.

3.1.3. New survival strategies, permanence, conflicts, and expectations

Besides the de-structuring of family composition, one other aspect is the family arrangements that operate for the survival of the family in this crisis situation. As discussed above the lack of a dwelling, food, clothing, medical medication assistance, and principally the lack of work opportunities put this population in an inhuman/catastrophic situation of life.

In the focus groups carried out in the SRHFL, the IDPs were unanimous in their opinion that in their homeland the situation was much better before the war. There "one lives well" because we had our planting fields and did not depend on others.

All regret the loss of their assets but fundamentally their current incapacity to develop an activity that will give them dignity and guarantee the survival of their families. It is important to note here the term "live well" that refers fundamentally to the fact that they had their independence, work, ploughing fields and they didn't depend on anyone for survival.

About their current life, all of the IDPs have bitter reflexions:

*"Our life now is very bad [...]. Here, only thanks to the NGOs, we survive. It were not like this, we would really be very bad off [...]. We ask that others help us, if not we will continue like this. This here is not for a human being."
Man, UNECA Benguela*

These families are forced to make a variety of internal arrangements in the survival strategy. One of them is to change the type of activity that they were accustomed to and also masculine and feminine roles, that were rigid within their cultural paradigm – agrarian they also change. More than this: they mix and become defuse and difficult to be assimilated. The group already knows this, but resists recognition and only does so with concrete examples: men and women doing the same work, children are dispersed, family relations become more fluid. The changes established, because of circumstances of survival, but become permanent culturally the anterior rural values in which gender roles were separate and hierarchical.

The changes in gender roles in the unavoidable division of labor of the family suffers a great resistance on the part of women. For them there is an increase in the burden of work because they have to go to the "marketplace" to seek economic security and still to manage the affective family relations. This, perhaps, is the most complex part, because the husband/partner, having lost the position of provider implicit in his former role of "pater familia" enters into existential crisis that brings about various reactions. It could be that his resentment for his wife causing, including an increase in domestic violence. It could, also, bring about psychological disturbances that eventuate in the man abandoning his family. A third possibility is that they accept, husband and wife, the new reality and begin to work cooperatively to confront the new domestic economic situation. It is clear that the gender conflict will remain but the need for survival will replace dissension

*"the man does the same work as the woman, this isn't good, it is because of the suffering; it is a help but not just ; the work of the man is for the man; the work for the woman is for the woman; it is very difficult"
Woman 15-49 years, Matala*

*"The wife and children there (in the homeland) were obedient because they saw the richness. Here, there is an understanding with the women but because of the lack of richness, things are too good."
Man, Matala*

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

Economically, the poughfields in the past were substituted with a chaotic and unpredictable marketplace, where earning a living became an uncertain game, or where "the family agricultural

business", changed to a "family commercial enterprise" without anyone having the minimum fall back position.

*"There (in the homeland) there were no marketplaces. Certainly, there were no marketplaces. There are ploughfields. We here don't have ploughfields. Our ploughfields are the marketplace.
"Man, Chibia*

In the new activity, the IDPs (normally men and children) seek anything that could possibly be used as marketable:

*"[...] everything that you yourself can get has to be sought in the trash". You find cans here, bottles there, wash them and the same bottles are sold to get anything to eat".
Woman > 45 anos, UNECA, Benguela*

A woman adapts better than a man to the new type of activity of the "family business". The marketplace is seen as a business for the woman despite the fact that the man has the moral responsibility find something that the woman will sell. The men feel unuseful, because all the phases of the process depend on the woman and, because they do not have control of the situation, which is viewed by the group as dishonorable for the man.

*"At times the hospital prescribes ampoules but the health post doesn't have them, now you have to find a way, and also grab leaves to make business. Now as head of the family this is bad, because it seems there's more business for the women than for the men."
Man, Feira, Lobito*

*"Now the problem is that the woman does everything, the man is not doing anything. The woman back there was the family, the man was in front. Here the woman decides more in the family than the man".
Man, Feira, Lobito*

Within the family, the loss of the family network left profound effects, there are orphaned children and women widowed, separated, or abandoned, that besides all of the economic difficulties and grief for lost family and friends, they have to confront life alone in the camps where they are sent. The fact that they don't have company makes them more vulnerable to sexual violence and gender conflicts because the sex ratio in the camps is very unfavorable for a woman, however the development of new relationships is seen as "a dream for the future". On the other hand, the fight for survival leaves little time to have affective relationships, either with spouses or between parents and children and many of them feel that they do not have time or energy to dedicate to their children feeling guilty at times for not having dedicated and cared for their children and spouses, as they did before.

*"There, there was more caring for the children, here I don't have caring for the children because I spend the day in the marketplace, I come at night and don't show caring; the children wake up alone, dress alone, [...], it is suffering that we are talking about here".
Woman, Chibia*

"Here there is no caring nor attention to children because of the suffering; with so much suffering, how can we pay attention; if we have to pay attention, we will not eat, then die;"
Woman, Matala

"the mothers go out in the morning and children even the very small ones stay along, some we don't even get into school" "there in the village, the situation was different because we had time".
Woman, Matala

The economic vulnerabilities do not affect only the material side of the IDPs life, but also the most intimate part of the couple, caring and sexuality (as they describe) for which a certain physical privacy is needed and certain material conditions, is affected.

"I will treat him how, with what? How will I take care of him? If it were now in our little houses, the two... we sleep on the floor,"
Woman, Matala

"How is it that you can worry about the husband who only has one pair of pants, I wash them, he dresses and they dry on his body" "the love and caring stayed back there, only maybe at night, in the daytime, no, and even at night he's tired and doesn't accept it[...]"
Woman, Matala

"The difficulties are so many that the men forget they have wives;"
Woman, Feira Lobito

3.2. Vulnerabilities in reproductive health and rights

3.2.1. Reproduction

The total fertility rate (TFR) estimated in the SRHFL was more than 10 children per woman, with a distribution by age, very similar to a natural fertility. This value of 10 per woman, was higher in all of the provinces studied.

The general desire for a large number of children was present among men and women which is in accordance with the rural cultural values in terms of an ideal size family. However, the situation in which they are living at present as a consequence of the war seems to provoke some impact on desired family size.

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

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

As this population does not have information and necessary means for intervention in reproductive behavior, the situation is the same as with the women, that is, reproduction is out of their control.

Forces that escape the individual sphere have a fundamental role in the definition of the high number of children desired. It is on the one hand, "God and nature" who are responsible for their destiny, and on the other hand, the social norm obliges the husband to have more and more children.

Table 3 Parturition, Total fertility Rates (TFR), Average age of fertility, and children desired by pregnant women

Indicator	level
Parturition	7,3
TFR	11,1
Average age	29,4
More children desired by pregnant women	4,7

Source: SRHFL, UNFPA-Angola, 2000

3.2.2. Reproductive rights

The rights of citizenship defined in the platform of Human Rights of the UN include the right to have habitation, health, education and work. For the IDP population who lacks the basic element of survival, food, and bed to rest the body, it would appear to be fiction to discuss the absence of rights. However, it must be remembered that beside the precarious material conditions, this population is subjected to the same vulnerabilities as other populations away from the areas of conflict. Sexual violence that reaches children, girls, and women is a fact observed in a number of camps researched. This type of violence has to do with no respect for human rights and with the absence of the right of citizenship. The individual or group that commits any type of gender based violence has, above all, a perception (in error) of the power they have over their victim. When cultural values reinforce gender inequalities, the violence acquires many faces: the domestic who manifests in sexual abuse, in beatings, in psychological torture, in rape, just as in economic exploitation in prostitution of youth and young girls. The absence of access and assistance to reproductive health besides being a violation of human rights to health constitutes a violation of the status of citizenship of the woman when she is deprived of having a health sexual life, which implies among other things the prevention of sexually transmitted diseases, and remaining safe from HIV transmission. Safe motherhood, that also implies also the health of the newborn, requires access to information and health services prenatally that also should provide family planning for women who wish this service.

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

As to STD/AIDS, the majority of those interviewed revealed that they had knowledge of these diseases. However, these data, when analysed by sex, indicate that women have a lower degree of information than the men. 58,8% and 36,34% respectively of men and women do not know what an STD s and never heard of AIDS. This fact demonstrates the vulnerability of women with regard to these diseases, which corroborates the finding of other studies that found that there is higher incidence of HIV among women, characterized as the feminization of AIDS. The following data on these indicators are presented below:

Table 4 Information about STDs, AIDS and use of condoms, according to sex of interviewee

Questionss about STDs	Men		Women		Total	
	N	%	N	%	N	%
Do you know about sexually transmitted diseases?						
Yes	414	67.65	309	41.42	723	53.24
No	198	32.35	437	58.58	635	46.76
Have you heard about AIDS?						
Yes	499	82.89	466	63.66	965	72.34
No	103	17.11	266	36.34	369	27.66
Did you use a condom the last time you had sex?						
Yes	66	13.61	30	6.79	96	10.36
No	419	86.39	412	93.21	831	89.64
Why didn't you use a condom?						
Don't like them	62	31.47	69	32.39	131	31.95
None available	39	19.80	14	6.57	53	12.93
Never saw one	35	17.77	80	37.56	115	28.05
Have only one partner, who is trustworthy	59	29.95	42	19.72	101	24.63
Other	2	1.02	8	3.76	10	2.44

Source: SRHFL, UNFPA - Angola, 2000.

A small percentage of interviewees (10,36%) responded that they had used a condom during last sex, revealing a very high vulnerability among this population as regards STDs/AIDS. With regard to reasons mentioned for not using condoms, 31,47% of men and 32,39% of women declared that they do not like the method.

The fact of having one partner (a) of confidence, also was a reason used by the interviewees – 29,95% of men and 19,72% of women. Various studies regarding this subject have questioned about the extent to which these partners are of confidence, since there is no way of determining actual conduct and fidelity of a partner. Another fact that calls attention is that 37,56% of women and 17,77% of men responded they had not used a condom because they did not know about them, which reinforces the need for information campaigns about prevention and treatment aimed at the population in this study.

Interviewees were asked if they had already had an STD infection. Of these, only 9.9% of men and 7.6% of women declared affirmatively. Perhaps the low percentage of persons infected is due to the lack of information about STDs, which could prevent them from recognizing physiological signs of infection through sexual transmission.

Almost all of the interviewees who indicated having STD infection were treated by health staff at the health posts. It is important to note, however, that among the men seeking treatment 14,29% sought treatment from a family member or friend, which is in accordance with the findings of studies among other societies in which men present difficulties in seeking a health professional to treat sexually transmitted diseases.

Table 5 Information about STDs

Questions	Men		Women		Total	
	N	%	N	%	N	%
Have you ever had an STD infection?						
Yes	40	9.88	22	7.64	62	8.95
No	365	90.12	266	92.36	631	91.05
Did you receive treatment for the STD infection?						
Yes	39	97.50	19	95.00	58	96.67
No	1	2.50	1	5.00	2	3.33
Who gave you the treatment?						
Health personnel	27	77.14	17	94.44	44	83.02
Family member/friend	5	14.29	0	0.00	5	9.43
Tradition treatment	3	8.57	1	5.56	4	7.55

Source: SRHFI, UNFPA - Angola, 2000.

The population in the study presented a low use of contraceptive methods, only 84 (14,69%) of men and 35 (2,2%) women reported using a method to prevent pregnancy. Among the men, the reason most mentioned for not using was lack of knowledge about contraceptive methods. A second reason is within the context of inequality of gender and low level of empowerment of women, since 21,38% of the men said that their partners do not use contraceptives because he "does not consent". Among the women, the most relevant reason referred to a desire to have children which could be explained by the very high loss of children, or because they did not reach their desired number of children according to the cultural standards of their homelands. In any case, the low contraceptive prevalence indicates the absence of adequate services with appropriate information about reproductive health.

Table 6 Reasons for non use of contraception according to Sex

Reasons	N	%
Men		
Do not consent	90	21.38
Partner intends to have more children	57	13.54
Do not know any methods	130	30.88
Want a large family	65	15.44
I don't worry	44	10.45
Religion does not permit	26	6.18
It's not frequently used in the community	9	2.14
Women		
Are you pregnant now	4	9.30
Want a child now	11	25.58
Have a husband or partner	10	23.26
Husband or community wants a child now	1	2.33
Difficult to obtain services	2	4.65
It's bad for your health	2	4.65
Don't know enough about methods	6	13.95
Don't know where to go	6	13.95
Other	1	2.33

Source: SRHFL, UNFPA - Angola, 2000.

Of women in the study, 13,5% were pregnant at the time of the survey, and the majority (51,8%) desired to become pregnant. When asked about the moment in which they would like to have this child, 32,56% responded that the " decision was not hers" which corroborates the absence of the power of women to decide reproductive questions. There is a doubt, however, about who is responsible for the decision, that is, it is the husband/partner or divine will. In any case, this reveals that reproductive rights of women are not being respected given that they can not exercise control over reproduction, deciding on the number of children to have, when to have them or not.

Table 7 Information about pregnancy

Questions	Total	
	N	%
Are you pregnant at this time?		
Yes	95	13.51
No	584	83.07
Not sure	24	3.41
Would you like to be pregnant?		
Yes	346	51.80
No	322	48.20
When would you like to become pregnant?		
Immediately	64	18.44
Next year	73	21.04
In another year	97	27.95
The decision is not mine	113	32.56

Source: SRHFL, UNFPA - Angola, 2000.

The voluntary termination of pregnancy constitutes a practice used by a number of societies to limit unwanted births, principally among adolescent groups who become pregnant "accidentally". The problem is that from the point of view of reproductive rights is that in countries where the laws are restrictive and cultural values condemn the practice and impose sanctions, the effects on health of those who practice unsafe abortion are enormous, including the risk of death of some who choose to do so. The risk conditions encountered by women who submit themselves to provoked abortion by unqualified persons or in unsanitary conditions, according to WHO, is a cause of elevated maternal mortality and morbidity rates in less developed countries. Unsafe abortion, provoked by the women or by others is part of the reproductive reality of female IDPs.

Among the interviewees, 20,34% reported knowing a woman or girl who did not want to become pregnant but did. When asked about what these women did, 74,74% reported that they tried to end the pregnancy, which shows that the prevalence rate of abortion is high for those with unwanted pregnancy. It should be noted that in this case, the interviewees were responding about the reproductive experience of others, but when asked about their own reproductive life, only 24,30% said they had an abortion. Spontaneous hemorrhage was declared as being the major reason (55,19%) that led to an abortion. It should be remembered that, this type of reasoning is often used by women in areas where abortion is prohibited and they have to seek illegal abortion. However, it is not possible to know much about the spontaneity of the hemorrhages. Hemorrhage "post aggression" was given by 8,33% of women more than 45 years, which indicates that abortion among these women followed physical aggression against them. The cause "for illness" is present in all age categories, with the majority among women under 24 years of age (32,35%). Despite not having indications of which are illnesses, it is known that a subnormal nutritional status and severe anemia can lead to a spontaneous abortion. Among women 45 and over, 16,67% indicated that the reason

for the abortion was unwanted pregnancy, which shows again that the absence of information and access to contraceptive methods has laid a heavy cost on these women.

Table 8 Information about abortion by age group of women

Questions	under 24 years		25 to 44 years		45 and over		Total	
	N	%	N	%	N	%	N	%
Do you know a woman or girl who did not want to be pregnant but became pregnant								
Yes	50	19.23	87	21.17	7	18.92	144	20.34
No	210	80.77	324	78.83	30	81.08	564	79.66
What did they do?								
Nothing, continued with the pregnancy	8	24.24	14	23.73	2	66.67	24	25.26
Terminated the pregnancy	25	75.76	45	76.27	1	33.33	71	74.74
Have you ever had an abortion?								
Yes	35	14.34	116	29.15	14	37.84	165	24.30
No	209	85.66	282	70.85	23	62.16	514	75.70
Why did you have an abortion?								
Did not want to be pregnant	2	5.88	4	3.70	2	16.67	8	5.19
Spontaneous hemorrhage	20	58.82	61	56.48	4	33.33	85	55.19
Hemorrhage after being physically abused	0	0.00	2	1.85	1	8.33	3	1.95
Accident	1	2.94	9	8.33	2	16.67	12	7.79
Illness	11	32.35	31	28.70	3	25.00	45	29.22
Other	0	0.00	1	0.93	0	0.00	1	0.65

Source: SRHFL, UNFPA - Angola, 2000.

3.2.3. Violence: physical, sexual and e prostitution

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

Despite the fact that gender based sexual violence was observed historically in the socio-cultural context in internal/external conflicts, a major difficulty in surveys about this issue among IDP and refugee populations, is the socio-cultural heterogeneity of the population that has its concepts and characterizations of general violence and of those caused by gender inequalities. Populations that have had all of their rights disrespected in one form or another and not having their basic human needs attended to, tend to minimize sexual violence in surveys. Thus, in the majority of cases, responses given to questions related to gender based violence are underestimated (McGINN, 2000).

According to the data from the current study, it is observed that violence and maltreatment are many times understood as synonyms but if the response is given by men or women, the nature of the violence changes. For some men, for example, the major violence is the war that deprives them of their material goods or forced them from their prior "habitat" in which their cultural/affective roots were planted.

*"I refer to violence like the war that mistreats us because no one treats us well.
Man, UNECA, Benguela*

Rape, on the other hand, for them is summarized in the question of maltreatment, which is in a certain way a cultural banalization of the act of violence that touches the intimate side of a woman. For the men, inter-gender violence could be the interface of sexuality that involves a sense of "property" and sense of betrayal. For a man, the biological dimension of paternity is culturally relevant and the fact that it is only a woman who biologically controls this fact constitutes violence against his sex.

*"A wife is who knows the father of her children, being that you as the husband... The wife will defecate, will urinate, will go to the river... meet another husband. If they get on. It's a pregnancy. She goes home and says that this pregnancy is of the husband. In the end, at the bottom of the heart, she recognizes who is the father of her child".
Man, Chibia*

An approximate view of the prevalence of forced sex in women and men is found in the following table. Nearly 24% of the interviewees declared knowing cases of women forced to have sex. It is interesting to observe that the degree of information with respect to this issue varies very little for both sexes, in terms of percentages. On the one hand, 12,95% of interviewees declared having known of someone, of men as well, who were forced to have sex. Of the 587 men who responded to the question about their concern in being forced to have sex, 75,13% responded affirmatively, while among the 721 women respondents, 81,69% said yes. Of the total of 1.308 men and women, only 21,25% responded negatively on this question. Given the sensibility of the issues, one could infer how difficult it was for IDPs to respond to this question living in a reality in which many times forced sex is out of control in the community, and that they could suffer threats if they denounce the practice that would contradict their cultural values.

Contracting AIDS seems to be one of the major fears related to forced sex, for men as well as women (61,40% of men and 35,88% of women). Observe, however, that there is an enormous difference between the two sexes, that would indicate a major degree of misinformation among women about the risk of contracting AIDS through sexual relations. On the other hand, through the very reproductive function, it is the women who fear unwanted pregnancy from forced sex.

The information about "forced sex and marital status" indicate that the young women would be the principal victims, about 37,22% followed by the group of unmarried women (28,07%). Given that among this latter group are women without a partner (widows, separated, abandoned) it could be

expected that the major vulnerability is among this group is and that for married women, the proportion diminishes proportionately (8,40%).

The last part of the Table provides indications about possible categories of "agressors", or those agents who would force someone to have sex. The category "police or military" was the most cited (43,7%) by both men and women in the sample, followed by the category "any man" (39,2%). It seems that the notion of forced sex has as the principal aggressor element linked to the military sector is quite defused among the population living also in the capital and in "normal" conditions of life. A study conducted among an adolescent population of "students and non-students" ages 14 to 20 revealed that sexual violence is directly related to police who principally force themselves on young girls in IDP camps. (Ref. Study of Adolescents, Leitão 1996). There could exist a double relationship of power in this type of attitude: of gender and of status constituted and legitimated through the conflict of war exercising violence principally against women.

Table 9 Information about sexual violence by sex of interviewee

Questions	Men		Women		Total	
	N	%	N	%	N	%
Do you know women who are forced to have sex?						
Yes	138	22.70	184	24.93	322	23.92
No	470	77.30	554	75.07	1024	76.08
Do you know men who are forced to have sex?						
Yes	78	12.79	96	13.08	174	12.95
No	532	87.21	638	86.92	1170	87.05
Would you be worried if forced to have sex?						
Yes	441	75.13	589	81.69	1030	78.75
No	146	24.87	132	18.31	278	21.25
Why?						
Afraid of contracting AIDS or STDs	237	61.40	188	35.88	425	46.70
Pregnancy	7	1.81	96	18.32	103	11.32
Shame	71	18.39	154	29.39	225	24.73
Stay with a physical defect	71	18.39	86	16.41	157	17.25
Who is more likely to be forced to have sex?						
Married women	24	6.98	43	9.47	67	8.40
Single women	95	27.62	129	28.41	224	28.07
Young girls	131	38.08	166	36.56	297	37.22
any woman	70	20.35	89	19.60	159	19.92
Other	24	6.98	27	5.95	51	6.39
Who forces someone to have sex?						
Police or military	133	40.55	194	46.19	327	43.72
Father or mother	8	2.44	6	1.43	14	1.87
Uncle or aunt	3	0.91	0	0.00	3	0.40
Other members of the family	4	1.22	12	2.86	16	2.14
Friend	20	6.10	25	5.95	45	6.02
Any man	138	42.07	155	36.90	293	39.17
Other	22	6.71	28	6.67	50	6.68

Source: SRHFL, UNFPA - Angola, 2000.

When we are treating social groups that are not being subject to a certain reality of so many vulnerabilities as the IDPs, the issue of prostitution presents a major analytical complexity. The

gender connotation is present in any context but among the IDPs, the combination is with the violence of poverty. Given the socioeconomic situation in which this social group finds itself, prostitution could be an economic alternative for many women to sustain principally due to the possible breakup suffered by the family along the trajectory of forced migration suffered because of the war.

Approximately 40% of men and women said they knew of women and young girls who "prostituted themselves" in order to buy food. In terms of male prostitution the proportion was much lower. While, 39,56% reported knowing women who "prostitute themselves" in order to survive (buy food), only 14,39% declared the same phenomenon for men. This difference is related to with gender asymmetry. Given that prostitution, in general, is legitimated, culturally, as being "of women", then tendency is to not reveal, or to ignore the masculine practice of prostitution. On the other hand, given that women, in the context of displacement, are more "sacrificed" by their gender status, they would be more involved in prostitution.

Table 10 Information about prostitution by sex of interviewee

Questions	Men		Women		Total	
	N	%	N	%	N	%
Do you know women/young girls who prostitute to buy food?						
Yes	248	40.52	286	38.75	534	39.56
No	364	59.48	452	61.25	816	60.44
Do you know of men who prostitute to buy food?						
Yes	82	13.78	108	14.90	190	14.39
No	513	86.22	617	85.10	1130	85.61

Source: SRHFL, UNFPA - Angola, 2000.

Relative to the opinion of the younger population about reasons that bring them to practice prostitution, a study carried out in Luanda with adolescents in Ingombota and Rangel (Leitão...) reinforce the idea of economic necessity: "to get money", "they do it because of poverty", "this happens because of the suffering, they have no family". A relevant finding of this survey is that among the adolescent students, prostitution occurs even in the schools among classmates, and between teachers and students.

Despite the fact that violence is more explicit, since it leaves external physical marks, not presented in psychological violence, for example, is less denounced because its victims fear denouncement of their aggressors because they fear reprisals. When physical aggression occurs, and perpetrated by a person (s) close to the family, it becomes more complicated to report.

In fact, the following table containing information about the "perpetrators" reveals that the majority of cases involve husbands, lovers, and fiancées (71,15%) or, by persons with whom the respondents have an affective relationship. Among young women (under age 24), the "perpetrator", or the person who abused is practically divided among "husband/lover/fiancée, (46,84%) and parents (father and mother) (40,51%). In the other age groups, women do not report parental

aggression, which leads us to infer that a significant percentage of youth who experience parental “aggression” are in fact being corrected as youth, and this may be an artifact of their memory.

Table 11 Information about physical aggression against a woman, by age of women interviewed

Questions	under 24 years		25 to 44 years		45 and over		Total	
	N	%	N	%	N	%	N	%
Did someone ever physically abuse you?								
Yes	84	32.56	128	31.22	15	40.54	227	32.20
No	174	67.44	282	68.78	22	59.46	478	67.80
Who beat you?								
Husband, boyfriend, fiancée	37	46.84	102	86.44	9	81.82	148	71.15
Father	18	22.78	3	2.54	0	0.00	21	10.10
Mother	14	17.72	0	0.00	0	0.00	14	6.73
Other relative	1	1.27	5	4.24	0	0.00	6	2.88
Friend	2	2.53	2	1.69	0	0.00	4	1.92
Stranger	5	6.33	4	3.39	0	0.00	9	4.33
Police or military	1	1.27	2	1.69	1	9.09	4	1.92
Other	1	1.27	0	0.00	1	9.09	2	0.96

Source: SRHFL, UNFPA - Angola, 2000.

The data on physical aggression against women, among the IDP population, presents similar aspects related to the context of the country. According to date of the Statistics and Investigation Unit of the Ministry of Family and Promotion of Women for the period of June 1999 to June 2000, 510 cases of violence were registered of which 95% of the victims were women. Of these cases, the majority were committed by male family members, of which conflict between husband and wife was the major cause.

4. CONCLUSION

Life in the homeland of the IDPs studied presented a relative “stability” in the affective and economic dimensions of the family. With the resurgence of armed conflict and its spread across the territory of Angola, this “stability” was interrupted in the displacement process of population groups, depriving them of their material assets and their affective roots.

Displacement normally in a precipitated and disorderly manner, movement toward medium size cities and provincial capitals under the jurisdiction of the Angolan government. In these localities, despite all deficiencies, the government and humanitarian agencies provide a minimum of support.

In camps, the IDPs are exposed to innumerable affective vulnerabilities in which they have to make adaptations as any population that suffered a “diaporatic” experience from their homeland. The material vulnerabilities suffered (precarious food security, lack of medical attention, unemployment, and lack of schooling for their children) are less painful or perhaps easier to assimilate than the rupture of the family and the absence of expectation of a solution in the short and mid term in terms of improvements and the possibility of “return to their roots”. The only

reprieve in this situation, according to the interviewees, is that in the IDP camps they can sleep "peacefully" without fear that the guerillas will attack them. This is to say that with all of the material and affective losses, the compensation is a "pseudo-security" that the war is far from them. As they themselves say when they compare the prior situation with the actual:

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

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

Families come, forced to radically change their survival strategy, developing types of activities to which they are not accustomed: from the ploughfields to the marketplace is their only chance for survival. In the "marketplace" activities appear that are considered more adapted to women. The men feel "shame" to undertake activities "of women" and feel unuseful to the family because they lost the economic status of provider. Concomitantly, they are intrinsically linked to rural cultural values in which they were socialized. Thus, these changes imply a number of family conflicts.

The woman has to assume a more active role in resolving financial problems of the family, assuming a greater participation in decisionmaking, a fact that generates more gender conflicts. For the women who do not have their husbands or partners present, due to the circumstances of war, the economic strategies for family survival weigh heavily on her shoulders. Many, as the data show, pursue prostitution as a survival strategy for themselves and their families. In this situation of totally precarious economic status, and with their reproductive rights compromised with the risk of physical violence, possible infection of STD/AIDS, and possible early death because of pregnancy and high risk delivery or unsafe abortion, what is their recourse?

To the material vulnerabilities, we would add the loss of cultural identity due to the force separation of reference groups with whom they shared life, material goods and feelings in the past in the homeland. The loss of reference when not substituted by others can lead to acute anonymous psychological states, especially if the rupture occurs without affective family support. Among the IDPs, the war affected both dimensions. The rupture of family structure occurred in various stages and in different circumstances. The family experienced a dispersion process in the flee of its members from the villages and also during the process until they found another space, where in the camps they are destined to be lodged and wait for other solutions to their destiny.

Those who escape and survive until they arrive in the IDP camp or peri-urban area suffer losses, principally those of more advanced age, women and grandparents remain there with small grandchildren while the younger ones seek work in urban centers because they know that survival in the IDP camp with government and international donations represents a greater degree of

uncertainty and increases the uncertainty and increases still more the expected and well known vulnerabilities.

Concluding, facing the transparent reality of the IDP population in these date revealed in the quantitative and qualitative methods used, there appears to be very little hope for this population, if not that "a divine entity" that would provide a solution ... "we will pray to God to bring peace. Until peace comes".

With the dream of peace, the hope of regaining all human dignity lost because of the war that they did not provoke, of which they did not benefit, (if such exists) and of which they are the principal victims, the carry on.

*"[...]we did not know if the end of the war is near or not. But where the war ends, we can return. We have to return. But in case, we can't return now, we will stay here until ... a new order".
Man, Chibia*

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