Linking Policy to Programming

Situational analysis on young key populations’ sexual and reproductive health and rights in Angola

This brief presents the findings of a situational analysis of the sexual and reproductive health and rights (SRHR) of young key populations (YKPs) in Angola, undertaken by HEARD, University of KwaZulu-Natal. The analysis was part of a larger, multi-country project (2017-2020) which seeks to strengthen the legal and policy environments for YKPs and improve their SRHR in Southern Africa. The analysis brought together existing and new data in order to capture the political, legislative, socio-economic and socio-cultural issues that affect the SRHR of YKPs. Data collection included qualitative and quantitative data from published and grey literature and existing data sets, as well as primary data obtained through key informant interviews with actors from government, international organisations or NGOs working with young people on issues of SRHR.

Key Findings

The Socio-Economic and Legal Context

Despite Angola’s official status as a middle-income country due to its vast oil revenues, many Angolans still suffer from poverty. Falling oil revenues since 2014 have led to decreases in GDP and have worsened poverty and inequality in the country. In 2016, it was estimated that 40.1% of the population were living in poverty, and that the poverty rate was increasing, with prediction of it rising to 44.1% by 2021. Poverty is much higher in rural than in urban areas of the country [1]. Rural poverty is estimated at 57% compared to urban poverty levels of 19% [2]. Youth unemployment is estimated at around 26% [3]. The informal sector is reckoned to be the largest employer of people though this has not been accurately measured.

The impacts of the long civil war are still being felt in Angola and have a particular impact on young people. “Because of the 27-year conflict, almost two generations of youth in Angola have missed important opportunities to enter adulthood successfully. The war caused long-term disruptions to the social systems and infrastructure that typically supported youth. Among these, education was definitely the most affected sector. Moreover, the war produced a context of insecurity that caused youth to avoid combat by migrating, especially to urban areas, or pulled them into it as soldiers or servants for adult combatants” [4].

The long-term effects of the war on the rural economy mean that many young people continue to migrate to urban areas to seek economic opportunities. Rapid urbanization has led to rising urban unemployment and pressure on infrastructures and services such as housing, health services and education in cities. Many young people have adapted by seeking refuge on Angola’s urban streets, engaging in all sorts of economic – often illegal and dangerous – activities and have had to postpone education and take on greater responsibilities within their families.

There is a general lack of state investment in public services, with education and health, for example, gaining only around 3% of the national budget. The public health system in Angola is weak, with an estimated 40% of the population having access to high quality health services. Public health services, from primary care to specialized services, are available at no cost, subject to availability of human, technical and financial resources. However, the public system suffers from shortages of doctors, medicines, nurses, primary health care workers, as well as inadequate training and medicines. As a result, access to healthcare...
services and to medicines for the majority of the population is limited. Despite continuous investment in resources, provision of public health care continues to be severely constrained by lack of staff, medicines, and equipment but there are provincial variations in the severity of the constraints [5]. The best quality health services are found in major cities. But those who can afford to usually use private health service providers.

Access to health care is particularly problematic for women. Seven in ten women in Angola report at least one problem in accessing health care. Sixty-three percent of women had difficulties getting money for advice or treatment, and 52% had problems with the distance to the health facility.

The 2015-16 multiple indicator and health survey included some information on the accessibility of health services amongst adolescents. 72% of 15-19 year old adolescents reported that access to health services was difficult. The reasons included lack of authorization (from parents) [34%], lack of money for counselling or treatment (63.1%), distance to a health unit (52.1%), and not wanting to go alone (38.3%) [6].

Low investment in education means that many young people, especially in rural areas, do not have access to schools beyond primary level. Only around 80% of rural areas have sufficient primary and secondary educational resources. 30% of the population is illiterate (40% women; 16% men). 33% of men and women have attended primary school only [7].

The Angolan penal code is largely inherited from the Portuguese colonial legal system. The penal code used to prohibit “acts against nature” which included homosexuality, referred to as “an offence against public morals”. However, there have been few reports of arrests or legal sanctions for homosexual activity in the country, suggesting that this code was rarely applied [8]. The provision criminalizing homosexual relationships was abolished in January 2019 and the amended penal code now specifically against nature” which included homosexuality, referred to as “an offence against public morals”. However, there have been few reports of arrests or legal sanctions for homosexual activity in the country, suggesting that this code was rarely applied [8].

Abortion is illegal with a practical exception for saving the life of a pregnant woman and the penalty for performing an abortion can range from 2 to 8 years imprisonment. Efforts to reform abortion laws have been strongly opposed by the Catholic Church

There are no indications that the government will also be supportive to same-sex marriages (in 2012, at the time of the general provision criminalizing homosexual relationships was abolished in January 2019 and the amended penal code now specifically prohibition of the previous findings, showing relatively low use of HIV testing services (in part, perhaps, because of lack of availability) [15]. 47% of MSM in Luanda, and 36% in Benguela, had “ever tested for HIV and received test results”. Risky sexual practice was common. 79% MSM in Luanda reported having recent penile-vaginal sex without using condoms; fewer (55%) reported the same for recent anal sex with a man. Likewise, 71% MSM in Benguela reported not using condoms in recent penile-vaginal sex and 67% reported the same with regard to recent anal sex with a man. HIV prevalence rates from the study as a whole were similar to those reported above: 1.9% for MSM and 8.8% for transgender women [11].

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Further information:


Dr. Tamaryn Crankshaw, HEARD crankshaw@ukzn.ac.za