SOCIAL DETERMINANTS OF HEALTH FOR UGANDA’S INDIGENOUS BATWA POPULATION

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SUMMARY

• Uganda’s Indigenous Batwa people are among the most vulnerable populations in the world and have limited access to key social determinants of health, including health care, education, clean water, employment and adequate clothing, food, and security.

• The Batwa were evicted from their native forests following an environmental policy enacted in 1991 and are now considered conservation refugees undergoing a drastic transition from forest dwellers to agriculturalists; the shift has negatively affected their people’s health.

• Coordinated action among public and private sectors is required to improve Batwa health through the enforcement of their rights and increased participation in policies and programs affecting their well-being.

POPULATION HEALTH

Health is considered a fundamental human right and has been ratified in numerous international treaties, recognized in global human rights law and documented in at least 115 constitutions worldwide (WHO, 2008). Research and analysis shows that a healthy population improves economic productivity, environmental sustainability, poverty reduction and social inclusion (WHO, 2010; Mikkonen and Raphael, 2010). The health of a population is often determined by the circumstances in which people live, which are conditioned by social policies and economic forces that are usually beyond an individual’s control (CSDH, 2008). These complex and interrelated factors are called the social determinants of health and are shaped by the distribution of resources throughout society (CSDH, 2008). Within countries and communities, the
social determinants of health are often disparate, leaving some groups more vulnerable to poor health outcomes than others (CSDH, 2008; WHO, 2007). Indigenous populations are among the world’s most marginalized populations, with significant health inequities between indigenous and non-indigenous groups within the same country (Gracey and King, 2009; King, Smith, and Gracey, 2009; Stephens et al, 2006; Ohenjo et al, 2006; ACHPR, 2005).

THE INDIGENOUS BATWA PEOPLE OF UGANDA

The Government of Uganda has ratified numerous international treaties recognizing the right to health within the country’s available resources (Ugandan Ministry of Health and WHO, 2009). Furthermore, the Ugandan Constitution protects many social determinants of health, including access to education, health services, clean water, employment and adequate clothing, food, and security. These international and domestic commitments provide a framework for planning, policies, and programming at the national level (Ugandan Ministry of Health and WHO, 2009).

Among the most vulnerable groups in Africa are the indigenous Batwa peoples (ACHPR, 2005). There are approximately 6,700 Batwa in Uganda who formerly inhabited the forests of the Bwindi, Mgahinga and Echuya. The Batwa were semi-nomadic hunters and gathers and relied on the forest for sustenance, shelter, religious rites, socio-economic activities, herbal medicine and general wellbeing (FPP and UOBDU, 2009; FPP, UOBDU, and CARE 2008; Namara, 2007; Kidd and Zaninka, 2008). In 1991, the Bwindi Impenetrable Forest and Mgahinga Gorilla National Park became world heritage sites to protect endangered mountain gorillas and Batwa peoples were evicted from their homeland with little compensation (ACHPR, 2005; Kidd and Zaninka, 2008; Mbazzira, 2009). As a result of their eviction, the Batwa are conservation refugees undergoing drastic and rapid socio-cultural transition from forest dwellers to agriculturalists (FPP and UOBDU,

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1 According to the UN Declaration for the Rights of Indigenous Peoples and the African Commission on Human and Peoples' Rights, Indigenous is defined as people having geographically and historically distinct territorial residence on ancestral lands, having cultures and ways of life that are different from dominant society, having dependence on their traditional land, having suffered from injustices as a result of dispossession of their lands and resources, and self-identifying as being part of an Indigenous group.
Studies have shown that Batwa people living in the forest generally have better health outcomes than those living outside (Ohenjo et al, 2006; Namara, 2007; Jackson, 2006). Compared to other Ugandans, the Batwa have less access to education, higher alcoholism rates, no government representation and poor medical care. While there is limited data available, the Batwa have been shown to suffer serious health inequalities compared to other Ugandan citizens, including higher mortality rates in infants and children under five, lower life expectancy and higher incidence of infectious disease (Ohenjo et al, 2006; Namara 2007; Jackson 2006; BCH 2009). Batwa are also less likely than other Ugandans to use family planning, be protected against malaria, obtain vaccinations and have adequate nutrition (Ohenjo et al, 2006; ACHPR, 2005; BCH, 2009).

Though Batwa epidemiological data and published health research are rare, a growing number of organizations, advocacy groups and national statistics outline substantial disparities in Batwa health. Based on these reports, Batwa are shown to be disadvantaged compared to other Ugandans in the below listed social determinants of health.

Income and Social Status: Nearly half of Ugandan Batwa are landless (Ohenjo et al, 2006; ACHPR, 2005) and often work for non-Batwa in relationships that have been described as “bonded labour” (FPP and UOBDU, 2009; Tumushabe and Musiime, 2006). It is reported that Batwa social status is impacted by the denial of participation in civil affairs and the exclusion from various forms of social and economic activity (Ohenjo et al, 2006; ACHPR, 2005; Mbazzira, 2009; Tumushabe and Musiime, 2006). For instance, Batwa reportedly have disproportionately high rates of unemployment and comparatively low wages, influence in government decision-making processes and access to healthcare, education and social services (Ohenjo et al, 2006; ACHPR, 2005; Lewis, 2000). Their low income and social status impact overall living conditions and negatively influences health-related behaviours (Ohenjo et al, 2006).
Environment: Compared to neighbouring communities, Batwa live in poor housing conditions with higher rates of overcrowding and minimal access to safe drinking water (Okenjo et al, 2006; Mbazzira, 2009). Research has shown that physical environment is directly related to Batwa health: those living in the forest have lower mortality rates than those living outside of the forest (Okenjo et al, 2006). For those Batwa living outside of the forest, it is shown that access to land to cultivate for subsistence reduces the mortality rate of children under five from 59 to 18 percent (Okenjo et al, 2006).

Gender: Compared to Batwa men, women have relatively poor working conditions, are paid 50 percent less for similar work, and suffer more abuse through forced labour, sexual exploitation and assault (Mbazzira, 2009; FPP and UOBDU, 2010; Ramsay, 2010; UOBDU, 2004). It is also reported that Batwa women are at higher risks of rape than men due to a belief that sex with a Batwa woman can alleviate HIV/AIDS — a practice that puts Batwa women and girls at a high risk of infection (Okenjo et al, 2006; Tumushabe and Musiime 2006; FPP and UOBDU 2010; Ramsay 2010; Warrilow 2008). Female Batwa school enrollment is substantially lower than Batwa males and non-Batwa females, often resulting in marriage at early ages and complications during pregnancy (FPP and UOBDU 2010; Ramsay 2010; FPP and UOBDU 2005). Unsurprisingly, female Batwa experience poorer physical and mental health outcomes than their male counterparts (Jackson 2006; FPP and UOBDU 2010).

Culture: Batwa endure significant health risks through ethnic marginalization, stigmatization, and reduced access to health and educational services (ACHPR, 2005). Discrimination has led to a suppression of Batwa pride in their own culture, with reports that some define the term “Batwa” to mean being poor, illiterate, dirty, poorly dressed and forest dwelling (Namara, 2007). This struggle with indigenous identity has negative impacts on physical, mental and emotional health (ACHPR, 2005).

**NEXT STEPS: SOCIAL DETERMINANTS OF HEALTH AND POLICY**

The Batwa are a resilient people. For centuries their culture and traditions have adapted to changing times while maintaining distinctiveness (Okenjo et al, 2006) and making numerous positive contributions to Ugandan society.
In order to improve Batwa health there is an urgent need for coordinated action from government departments, not-for-profit organizations, community-based organizations and the private sector. Aspects of government policy from all sectors have the potential to impact Batwa health, including finance, health, education, and employment (CSDH, 2008). The health sector alone cannot tackle the complex health-related issues facing this population today (CSDH, 2008). The following actions are recommended to government agencies and organizations as they take steps to improve the health and well-being of the Batwa people.

Acknowledge the Indigenous Rights of Batwa: Some African governments, including Uganda’s, have attempted to suppress ethnic differences to promote national cohesion and prevent disputes, often resulting in indigenous peoples not being recognized as distinct peoples (Ohenjo et al, 2006). This government action contravenes Uganda’s obligations under international law and has resulted in Batwa land dispossession and cultural erosion (Tumushabe and Musiime, 2006; FPP and UOBDU, 2010). Considering the close relationship that Indigenous peoples have with the environment, land rights are consistently cited as fundamental to their health and development (Stephens et al, 2006; Ohenjo et al, 2006). Recognizing Batwa as Indigenous peoples would afford them rights under international agreements, securing their ability to engage in traditional activities and receive compensation for unfairly dispossessed lands (Ohenjo et al, 2006; ACHPR, 2005; FPP and UOBDU, 2009; Mbazzira, 2009; Tumushabe and Musiime, 2006; Kidd, 2008).

Increase Batwa Participation in Developing Policies and Programs: Batwa participation should be integrated into the development, management, and implementation of policies that impact their people (Ohenjo et al, 2006; Mbazzira, 2009; Tumushabe and Musiime, 2006). Furthermore, Batwa should be provided with adequate capacity to effectively contribute as equal partners to key decisions (Kidd, 2008), which would support Uganda’s constitutional commitment to fair representation of marginalized groups in all constitutional and other bodies.

Enforce Equal Opportunity Policies: The Government of Uganda has several policies that govern equal rights for women, including “equal payment for equal work without discrimination” (FPP and UOBDU, 2010; Warrilow 2008). In monitoring this policy, governments, agencies and organizations should
heed specific attention to protecting Batwa rights (FPP and UOBDU, 2010; Warrilow 2008). Equitable income and access to education would enable Batwa to improve several social determinants of their health, including physical environment, gender, culture, social status, education and healthy child development (FPP and UOBDU, 2010; Warrilow, 2008).

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