



ABOUT THE PORTAL BACK GROUND ERS

The Africa Portal backgrounder series offers brief background information and commentary on current policy issues of concern to Africans—especially in the areas of conflict, energy, food security, health, migration and climate change. Written by seasoned, up-and-coming scholars on Africa, the backgrounders are published exclusively on the Africa Portal and are available for free, full-text download. The Africa Portal is an online knowledge resource for policy-related issues on Africa. www.africaportal.org

SOCIAL DETERMINANTS OF HEALTH FOR UGANDA'S INDIGENOUS BATWA POPULATION

BY SHERILEE HARPER

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

ABOUT THE AUTHOR

Sherilee Harper

Sherilee Harper is a Ph.D. candidate and Vanier Canada Graduate Scholar in the Department of Population Medicine at the University of Guelph. Her research investigates associations between weather, water, and indigenous health in the context of climate change, and she collaborates with indigenous partners to prioritise climate-related health actions, planning, interventions, and research.

social determinants of health are often disparate, leaving some groups more vulnerable to poor health outcomes than others (CSDH, 2008; WHO, 2007). Indigenous¹ 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,

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.

2009; FPP, UOBDU, and CARE 2008; Namara, 2007; Kidd and Zaninka, 2008).

HEALTH OF THE UGANDAN BATWA

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 (Ohenjo 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 (Ohenjo 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 (Ohenjo 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 (Ohenjo 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 (Ohenjo 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 Batawa 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).

REFERENCES

ACHPR. *Report of the African Commission's Working Group on Indigenous Populations/Communities* African Commission on Human and Peoples' Rights, 2005.

BCH. *Kayonza and Mpungu Sub-Counties Household Survey 2009*: Bwindi Community Hospital, Uganda, 2009.

CSDH. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: World Health Organization., 2008.

FPP and UOBDU. *Batwa Women in Uganda: Disproportionate Human Rights Violations*. Moreton-in-Marsh, England: Forest Peoples Programme and United Organisation for Batwa Development in Uganda, 2010.

——— *Supplemental Report on the First Periodic Report of Uganda on the Convention on the Rights of the Child*. Moreton-in-Marsh, England: Forest Peoples Programme and United Organisation for Batwa Development in Uganda, 2005.

——— *Urgent Communication to the United Nations Special Rapporteur on the Situation of Human Rights and Fundamental Freedoms of Indigenous Peoples Concerning the Situation of the Batwa Indigenous People of Southwest Uganda*: Forest People Programme and United Organisation for Batwa Development in Uganda, 2009.

FPP, UOBDU, and CARE. *The Indigenous Batwa People and Protected Areas in Southwest Uganda: A Review of Uganda's Implementation of the CBD Programme of Work on Protected Areas*. Moreton-in-Marsh, England: FPP series on Forest Peoples and Protected Areas, 2008.

- Gracey, M. and M. King. "Indigenous Health Part 1: Determinants and Disease Patterns." *The Lancet* 374, no. 9683 (2009): 65-75.
- Jackson, D. "The Health Situation of Women and Children in Central African Pygmy Peoples." *Indigenous Affairs* 1/06, (2006): 38-45.
- Kidd, C. "Development Discourse and the Batwa of South West Uganda: Representing the'Other': Presenting the'Self'" (2008).
- Kidd, C. and P. Zaninka. *Securing Indigenous Peoples' Rights in Conservation: A Review of South-West Uganda*. Moreton-in-Marsh, England: Forest Peoples Programme and United Organisation for Batwa Development in Uganda, 2008.
- King, M., A. Smith, and M. Gracey. "Indigenous Health Part 2: The Underlying Causes of the Health Gap." *The Lancet* 374, no. 9683 (2009): 76-85.
- Lewis, J. *The Batwa Pygmies of the Great Lakes Region*. www.minorityrights.org/?lid=1056: Minority Rights Group International, 2000.
- Mbazzira, C. *Uganda: Constitutional, Legislative and Administrative Provisions Concerning Indigenous Peoples*. Geneva, Switzerland: International Labour Organization and African Commission on Human & Peoples' Rights, 2009.
- Mikkonen, J., & Raphael, D. *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management, 2010.
- Namara, A. *Case Study: Impacts of Creation and Implementation of National Parks and of Support to Batwa on their Livelihoods, Well-being and use of Forest Products*. Kampala, Uganda: Global Environment Facility, 2007.
- Ohenjo, N., R. Willis, D. Jackson, C. Nettleton, K. Good, and B. Mugarura. "Health of Indigenous People in Africa." *Lancet* 367, no. 9526 (2006): 1937-1946.
- Ramsay, K. *Uncounted: The Hidden Lives of Batwa Women*. London: Minority Rights Group International, 2010.

Stephens, C., J. Porter, C. Nettleton, and R. Willis. "Disappearing, Displaced, and Undervalued: A Call to Action for Indigenous Health Worldwide." *Lancet* 367, (2006): 2019-2028.

Tumushabe, G. and E. Musiime. "Living on the Margins of Life: The Plight of the Batwa Communities of South-Western Uganda." *ACODE Policy Research Series* 17, (2006).

Ugandan Ministry of Health and WHO. *FACT SHEET: Health and Human Rights in Uganda*: MoH, WHO, 2009.

UNCEDAW. *Concluding Observations of the Committee on the Elimination of Discrimination Against Women: Uganda*: United Nations: Convention on the Elimination of All Forms of Discrimination against Women, 2010.

UOBDU. *The Long-Term Priorities of Batwa from Southwest Uganda: Report on the Batwa Community Consultations Carried Out by UOBDU between March – June 2004 in the Districts of Kabale, Kanungu and Kisoro*. Kisoro, Uganda and Moreton-in-Marsh, England: United Organisation for Batwa Development in Uganda and Forest Peoples Project, 2004.

Warrilow, F. *The Right to Learn: Batwa Education in the Great Lakes Region of Africa*. London: Minority Rights Group International, 2008.

WHO. *Adelaide Statement on Health in all Policies*. Geneva: World Health Organization and Government of South Australia, 2010.

——— *Achieving Health Equity: From Root Causes to Fair Outcomes*. Geneva: Commission on Social Determinants of Health (CSDH), World Health Organization, 2007.

——— *The Right to Health*. Geneva: Office of the UN High Commissioner, World Health Organization, 2008.

ABOUT THE AFRICA PORTAL

The Africa Portal is an online knowledge resource for policy-related issues on Africa. An undertaking by the Centre for International Governance Innovation (CIGI), Makerere University (MAK), and the South African Institute of International Affairs (SAIIA), the Africa Portal offers open access to a suite of features including an online library collection; a resource for opinion and analysis; an experts directory; an international events calendar; and a mobile technology component—all aimed to equip users with research and information on Africa's current policy issues.

A key feature to the Africa Portal is the online library collection holding over 3,500 books, journals, and digital documents related to African policy issues. The entire online repository is open access and available for free full-text download. A portion of the digital documents housed in the library have been digitized for the first time as an undertaking of the Africa Portal project. Facilitating new digitization projects is a core feature of the Africa Portal, which aims to improve access and visibility for African research.

www.africaportal.org

The Africa Portal is part of the Africa Initiative project.

AFRICA INITIATIVE

The Africa Initiative (AI) is a multi-year, donor-supported program, with three components: a research program, an exchange program, and an online portal. A joint undertaking by CIGI in cooperation with Makerere University (MAK), the Africa Initiative aims to contribute to the deepening of Africa's capacity and knowledge in five thematic areas—conflict resolution, energy, food security, health, and migration, with special attention to the cross-cutting issue of climate change. By incorporating field-based research, strategic partnerships, and online collaboration, the Africa Initiative is undertaking a truly interdisciplinary and multi-institutional approach to Africa's governance challenges. Work on the core areas of the initiative focus on supporting innovative research and researchers, and developing policy recommendations as they relate to the program's core thematic areas.

MASTHEAD

Series Manager
Erica Shaw

Series Editor
Brandon Currie

Series Coordinator
Hayley MacKinnon

Designer
Steve Cross

Copyright © 2012 by The Centre for International Governance Innovation

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of The Centre for International Governance Innovation or its Board of Directors and/or Board of Governors.



This work was carried out with the support of The Centre for International Governance Innovation (CIGI), Waterloo, Ontario, Canada (www.cigionline.org). This work is licensed under a Creative Commons Attribution-Non-commercial — No Derivatives Licence. To view this licence, visit (www.creativecommons.org/licenses/by-nc-nd/3.0/). For re-use or distribution, please include this copyright notice.

First published in 2010 by The Centre for International Governance Innovation



The Centre for International Governance Innovation
57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
www.cigionline.org



57 Erb Street West
Waterloo, Ontario N2L 6C2, Canada
tel +1 519 885 2444 fax +1 519 885 5450
www.cigionline.org

