

# Health and Vulnerability: Economic Development in Ugandan Pastoralist Communities



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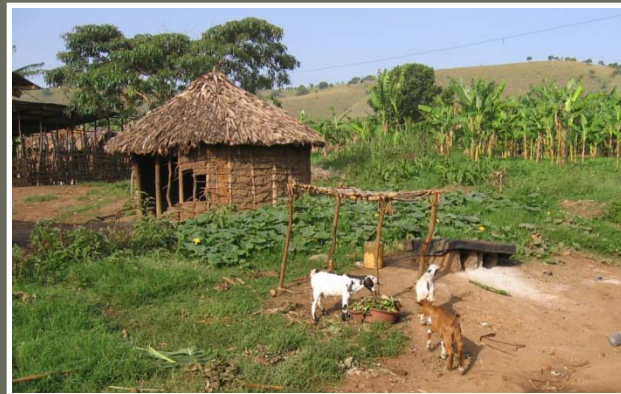


# Outline

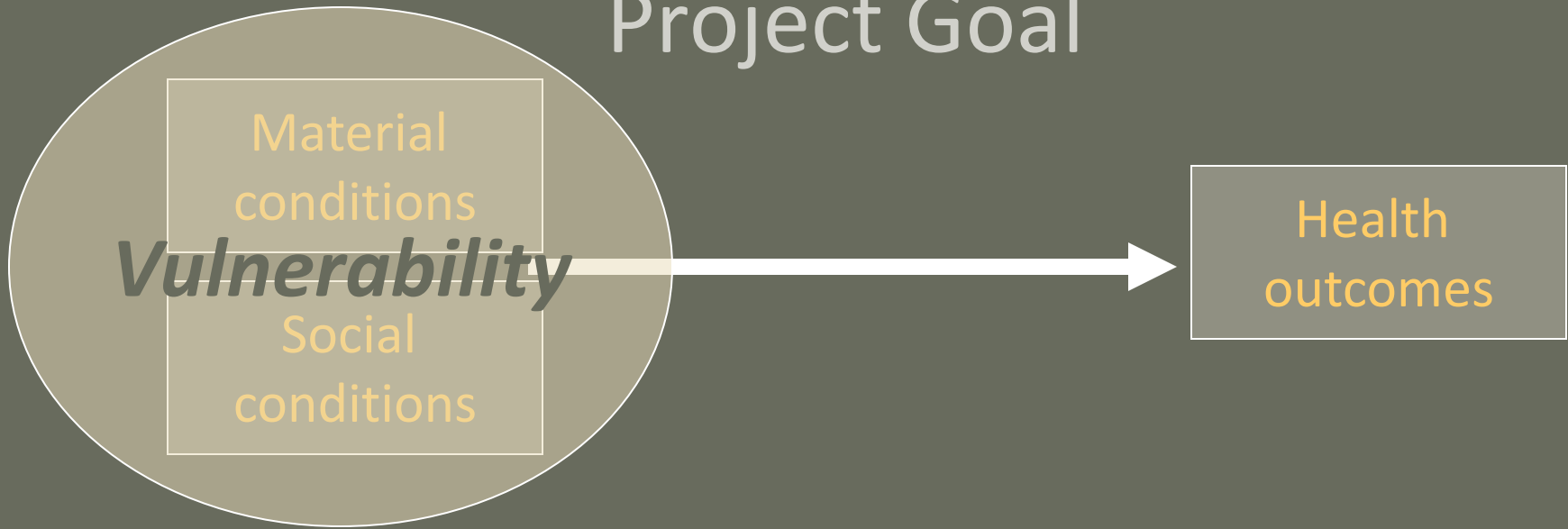
- Background
- Project Goal
- Why this place and this population?
- Methods employed
- Key findings
- Conclusions & Discussion

# Health Inequality and Economic Development in the Global South

- Why are some people healthy and others are not?
- Is it due to their physical environment? Social conditions? Behavior?
- Research in Global North
- What makes Global South different?
- Economic Development in southwestern Uganda



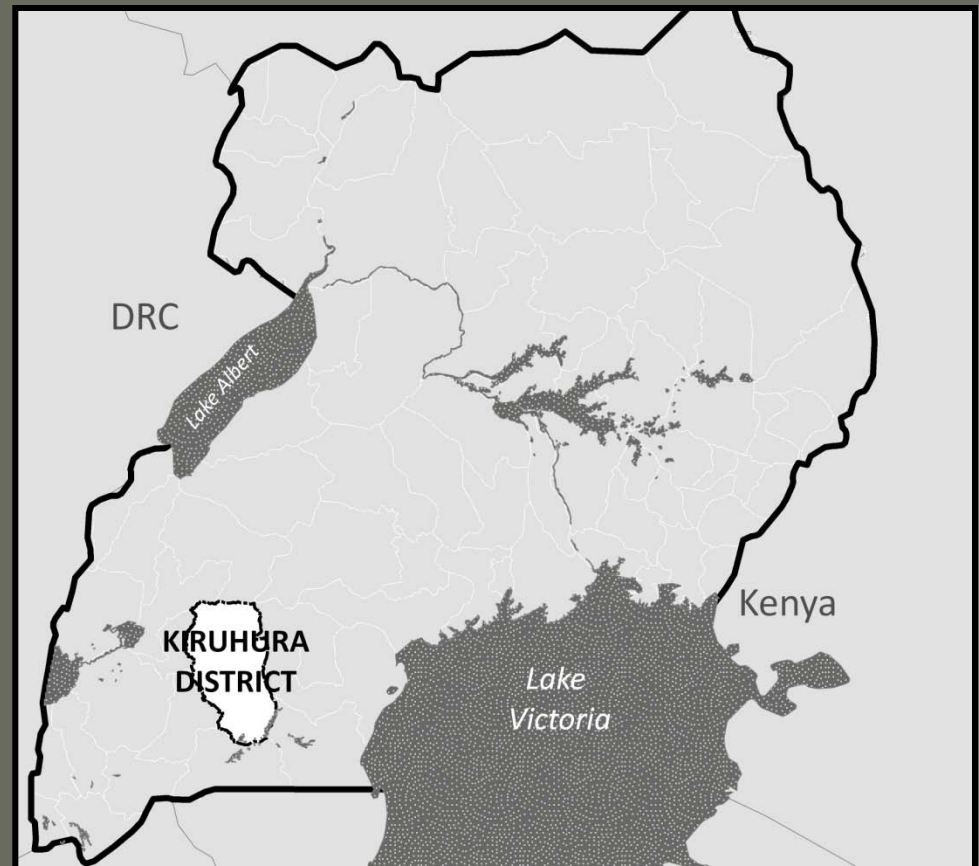
# Project Goal



Understand the roles of material and social conditions in shaping health and how they are actively being re-shaped through global economic processes, in ways that might increase a social gradient in health.

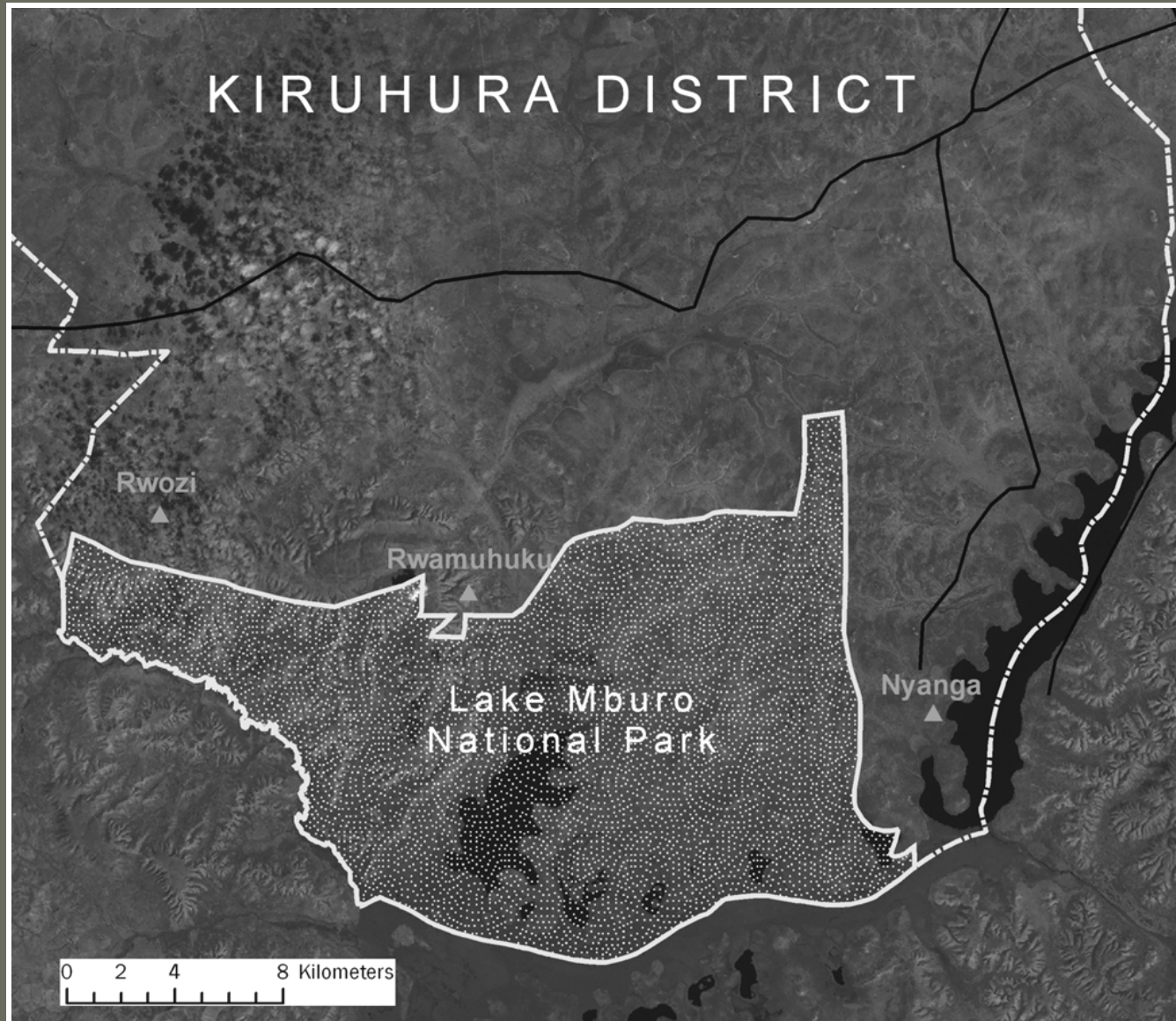
# Study Site

- Cattle corridor, migration
- Nyabushozi County
- Policies
  - National Park
  - Private Land
- Differential impact
  - ethnicity
  - wealth





# Study Site



# Study Population

- Bahima
- Bairu
- Other ethnicities
- Historical tie: livelihood = ethnicity





# Methods Overview

- Oral histories
- Semi-structured interviews
- Household Inventories/Anthropometrics
- Morbidity histories
- Demographic survey





# Key Findings

## Oral Histories and Semi-Structured Interviews:

- 1) wildlife damage: reduced harvests and fewer crop varieties = reduced food security
- 2) wildlife damage: reduced pasture, diseases to livestock
- 3) inaccessibility of land and water resources within the Park, especially during dry season
- 4) fewer coping strategies, especially for the landless due to land privatization and increases in cattle and human populations in Nyabushozi County.
- 5) Autonomy of communities to manage resources, divisiveness



“What I see as the problem that might have interrupted with my life is this program where they came and they grabbed our land and they turned this land into a national park. If it were not that, here we would not be suffering. Because land is there and we would be cultivating to our satisfaction. Even the little part that they left to us, we are increasing in numbers and we are congested.”

# Vulnerability variables

- **Material Conditions:**

- Household water (seasonality, ownership, perceived level of access)
- Livestock water (ownership, perceived level of access)
- Water coping strategies employed
- Land (ownership, access, perceived quality of plot, amount)
- Land coping strategies employed
- Assets (crops, livestock, household items)
- Food (meals eaten, perceived level of security)
- Food coping strategies employed

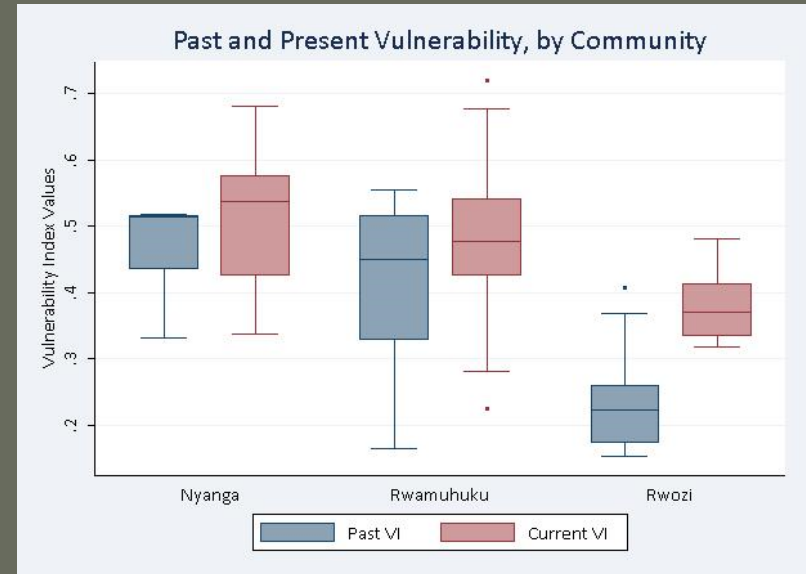
- **Social Conditions:**

- Peace (perceived level)
- Wealth (perceived relative wealth)
- Family and Social Support (asking for help, location of family)

# Key Findings

## Vulnerability over Time:

- 1) Vulnerability increased
- 2) Differences between the *Bahima* and the *Bairu*
- 3) Subjective/Objective measures of vulnerability



### Correlation Variables

Current VI and Past VI

95% CI

0.10 – 0.56

*r*

0.47<sup>‡</sup>

Current Material Conditions and Past Material Conditions

0.17 – 0.48

0.54<sup>‡</sup>

Current Social Conditions and Past Social Conditions

0.03 – 0.56

0.38\*

Φ = significant to 0.05\* = significant to 0.02<sup>‡</sup> = significant to 0.01

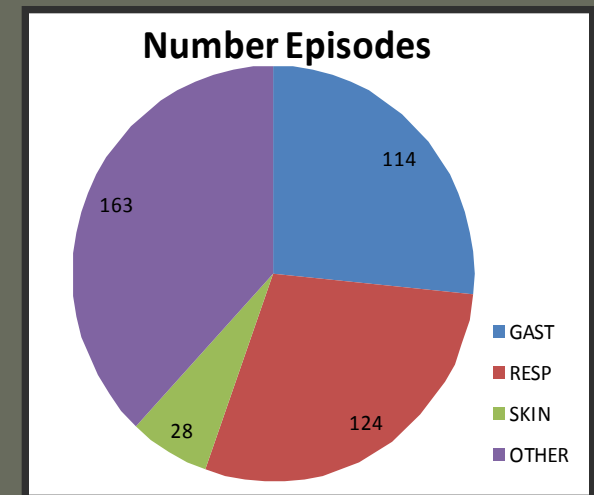
# Key Findings

## Vulnerability and Health:

- 1) 538 participants, 102 days observed on average
- 2) 4.7 episodes/1000 person-days
- 3) Most common: “Other” (fever)
- 4) “Level of Peace” predicted “percent time ill”



Exposure	Outcome	$\beta$	p value
Level of Peace	% Time Ill	5.99	0.038





# Conclusions & Discussion

- Social conditions are important for health in the Global South
- Health interventions often ignore this
- Resource management must involve communities



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