Central Africa: Deforestation brings HIV/AIDS to indigenous communities, mainly women

Indigenous peoples living in the tropical rainforests of Central Africa are widely dispersed and identify their groups by a variety of names. Numbering a total of 300,000 to 500,000 people, those members of communities from several ethnic groups characterized by their small stature are identified under the generic name of “pygmies” (see WRM Bulletin Nº 119). Considered to be the original inhabitants of the continent, pygmy populations have lived as hunter-gatherers in the forests of Burundi, Cameroon, the Democratic Republic of Congo (DRC), and the Republic of Congo (ROC) since time immemorial. They have enjoyed a symbiotic relationship with the rainforest on which their livelihood, medicinal practices and culture depend entirely.

But now, this delicate balance may be about to disappear. Intensive commercial hunting, the opening of roads into the forests due to logging activities, and systematic deforestation have devastated the rich ecosystem of the tropical rainforest threatening the very existence of the community. According to the Rainforest Action Network, “Between 1980 and 1995, Africa lost more than 10 percent of its forests, or approximately 150 million acres. In the 1990s, the rate of deforestation increased.”

In keeping with their traditions, pygmies have used to turn to the rainforest in times of sickness. This relative self-reliance for health services has allowed many groups to remain isolated from major epidemics that have affected neighbouring communities, such as cholera, meningitis or even Ebola. However, as the forests have receded under mining and logging activities, its original inhabitants have been pushed into populated areas to join the formal economy, working as casual labourers or on commercial farms, thus being exposed to new diseases. This shift has brought them into closer contact with neighbouring ethnic communities whose HIV levels are generally higher. HIV/AIDS has spread in the pygmy community.

Studies in Cameroon and ROC in the 1980s and 1990s showed a lower prevalence of HIV in pygmy populations than among neighbouring ones, but recent increases have been recorded. One study found that the HIV prevalence among the Baka pygmies in eastern Cameroon went from 0.7 percent in 1993 to 4 percent in 2003.

Speakers at a recent conference held in Impfondo, 800km north of the ROC capital, Brazzaville, noted that impoverished Twa pygmy women of communities in Burundi, DRC, Rwanda and elsewhere were turning to commercial sex work to make ends meet, but ignorance about the pandemic meant many were unaware of the dangers of unprotected sex.

"Almost all indigenous women in Burundi are illiterate ... ignorant of the fact that HIV/AIDS can also attack them," said Léonard Habimana, Burundi's first Twa journalist and the promoter of a private radio station, Radio Isanganiro, which educates people about the dangers of sexually transmitted infections, sexual violence and HIV/AIDS in pygmy communities.

"Because of poverty, sexual exploitation of indigenous women became a common fact," said Kapupu Diwa, head of a network of local and indigenous populations advocating for the sustainable

management of forest ecosystems in central Africa.

Commercial sex work has also been bolstered by logging and infrastructure building, which often place large groups of transient labourers in camps set up in close proximity to pygmy communities.

A widely believed myth that sex with a Twa woman has the power to cleanse men of the HI virus places Twa women at additional risk. Human rights groups have also reported widespread sexual abuse of indigenous women in the conflict-ridden eastern DRC.

Despite these risks, pygmy populations generally have poor access to health services and information about HIV. In 2006, the British medical journal, The Lancet, published a study showing that the Twa consistently had worse access to healthcare than neighbouring communities.

According to the report, "Even where healthcare facilities exist, many people do not use them because they cannot pay for consultations and medicines, do not have the documents and identity cards needed to travel or obtain hospital treatment, or are subjected to humiliating and discriminatory treatment."

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