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11-15-2017

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Kilian N. Atuoye

Isaac Luginaah

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Health Impacts of Large Scale Land Acquisition in Coastal Tanzania

Kilian N. Atuoye and Isaac Luginaah (PhD)

Department of Geography

Western University, London, Ont. Canada

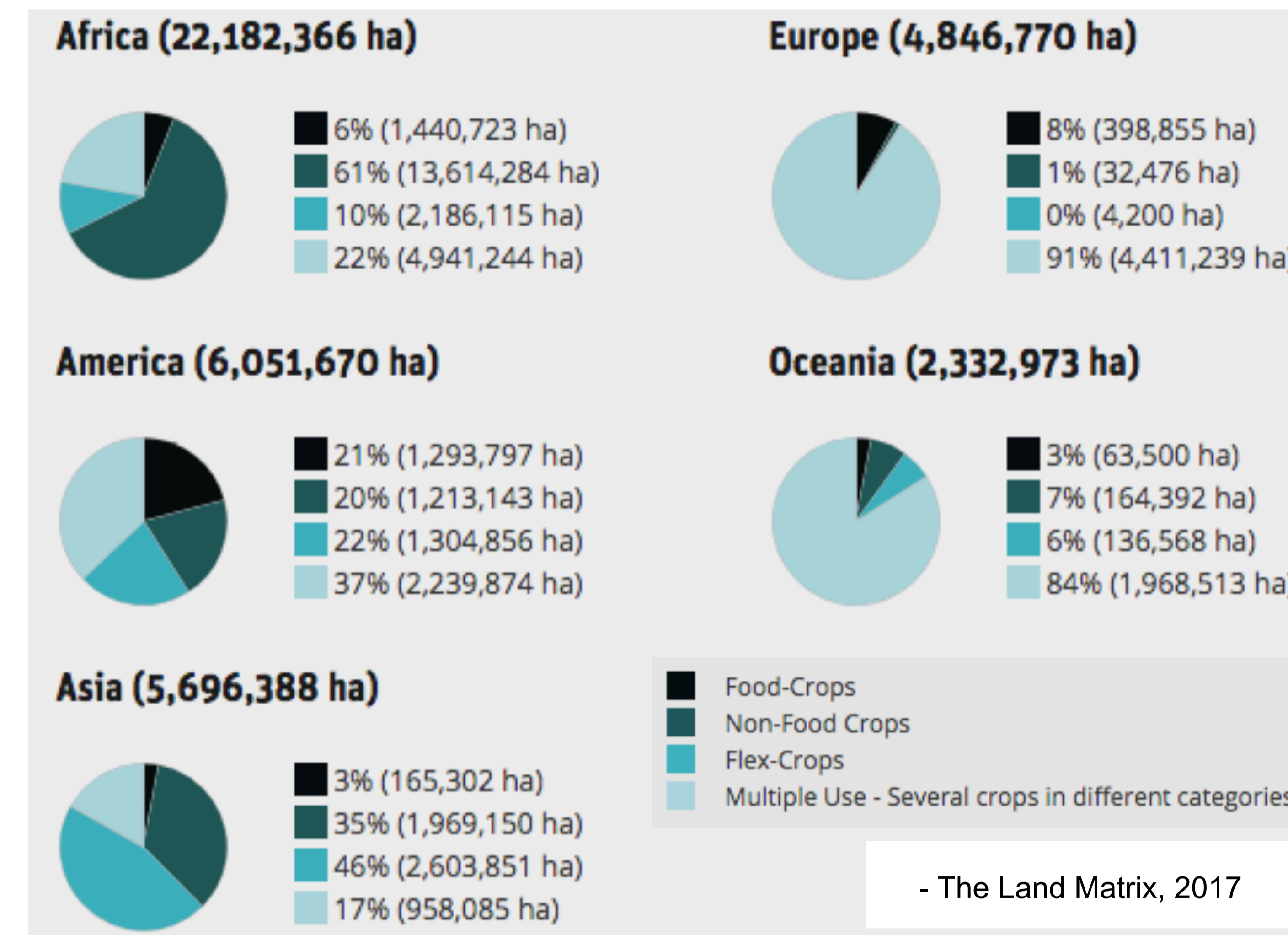
Background

Although variously defined, Large Scale Land Acquisition (LSLA) is widely known to involve land size of at least 1,000 hectares. It has been on the rise in developing countries since 2007/08, being fuelled by multiple factors key among which are:

- The scramble for less risky investment portfolios following the 2007/08 financial crunch
- Increased risk of global food insecurity as global grain prices rise, and global diet fast changing from grains to meat
- Renewed and increased action for sustainable plant based fuels, and development of carbon markets to slow down climate and environmental variability
- Policy shift into a development paradigm that commodification land, and applies it as an important investment tool in development countries

Developing Countries (Africa) as the last frontier occurring through land based investments –

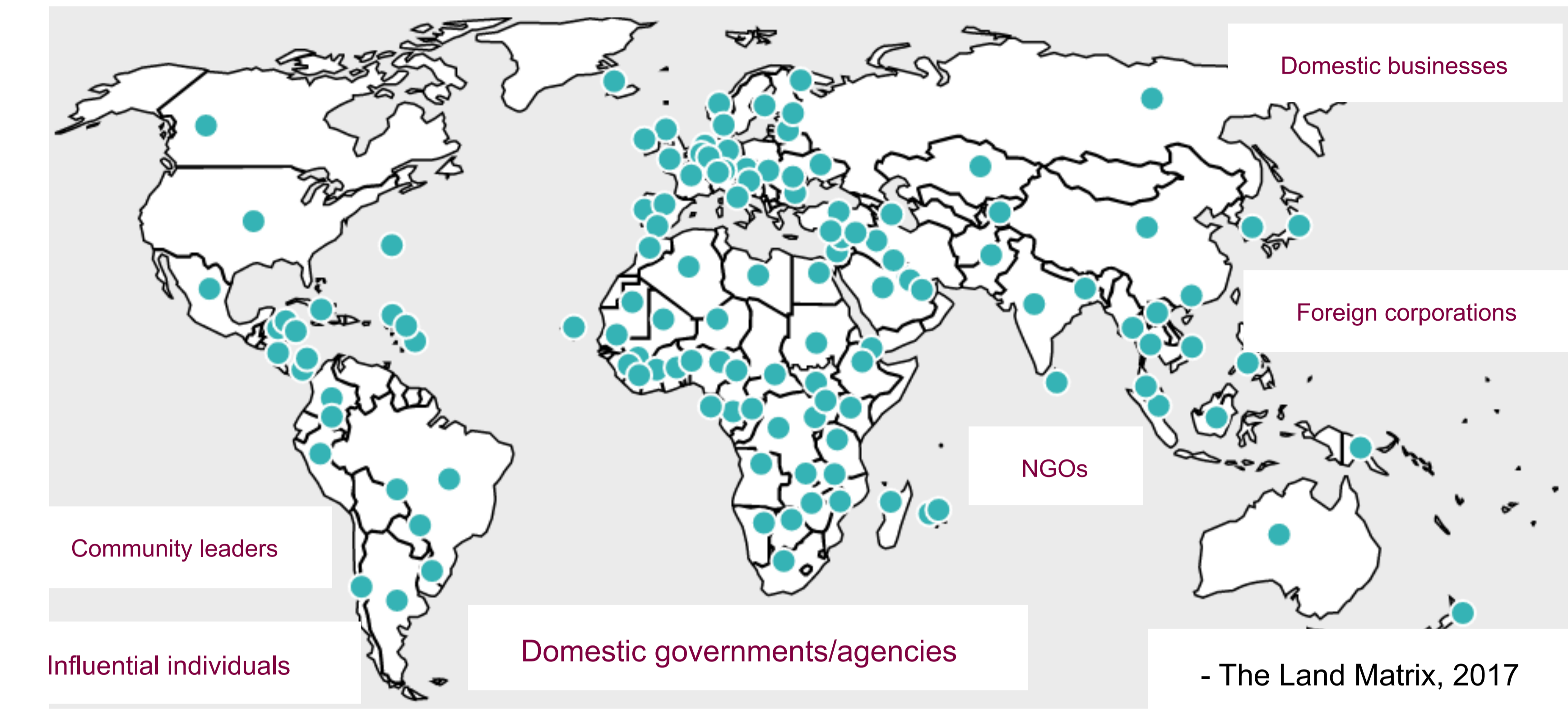
LSLA - Implication for food Security



Impacts of LALS on Local Populations (highly contested)

- **MIGRATION** – Forced vrs voluntary
- Livelihood Change – Improved and sustainable employment in large businesses vrs Worsening local livelihoods
- Conflicts and social disempowerment vrs socio-economic

Global LSLA – Multiply Actors

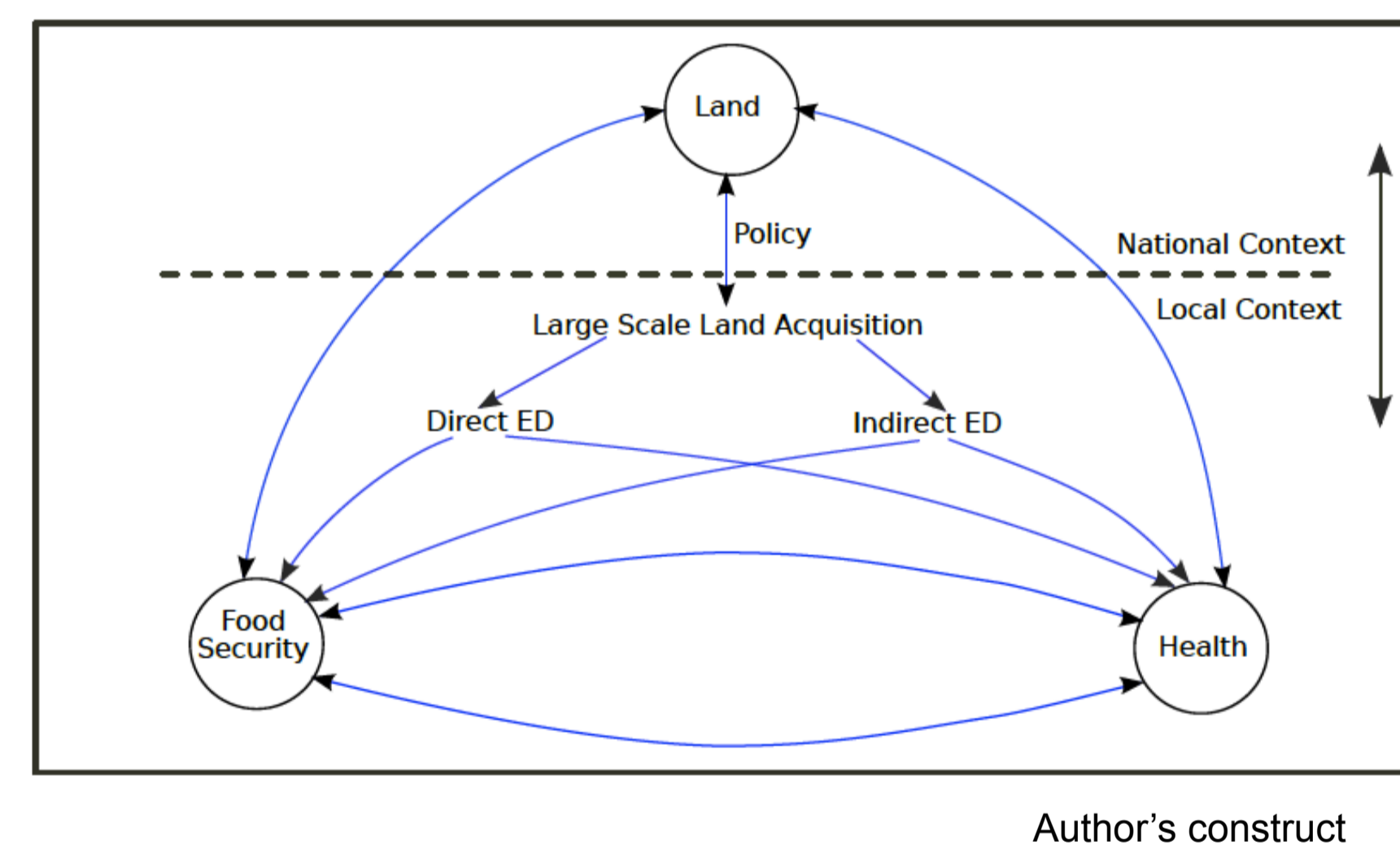


The fact that health is shaped by a complex web of compositional and contextual factors acting at multi-scales, our understanding of the influence of LSLA on the health of local populations would be important for land investment policies.

Research Question: How does dispossession of lands in the context of LSLA impacts on the health of local populations in Coastal Tanzania?

Theoretical Context: Environmental Dispossession and Health

- Land (the natural environment) is not only an economic resources, it also has **spiritual and social significance** among populations with strong attachment to it.
- Among First Nation populations in North America and Australia, closeness to their natural environment has been shown to improve good health and wellbeing.
- Physical removal of populations from their natural environment (direct environmental dispossession) or limiting their access to resources within their natural environment (indirect environmental dispossession) is associated with poor health and wellbeing.
- Health is conceptualized as holistic wellbeing of the individual and population. Its more than just absence of ill-health, it includes spiritual wellbeing and feeling of self-worth.



- *Local and global political economy and land policies, and LSLA reciprocally influence each other.*
- *Availability and access to land impacts on health and food security, but food security and health have a reciprocal link.*
- *State of food security and health are also associated with quality of land (environment) and land governance.*
- *In this study we will like examine the potential link between LSLA and health.*

Study Area: Dar-es Salaam, Pwani and Tanga in Coastal Tanzania

Methods:

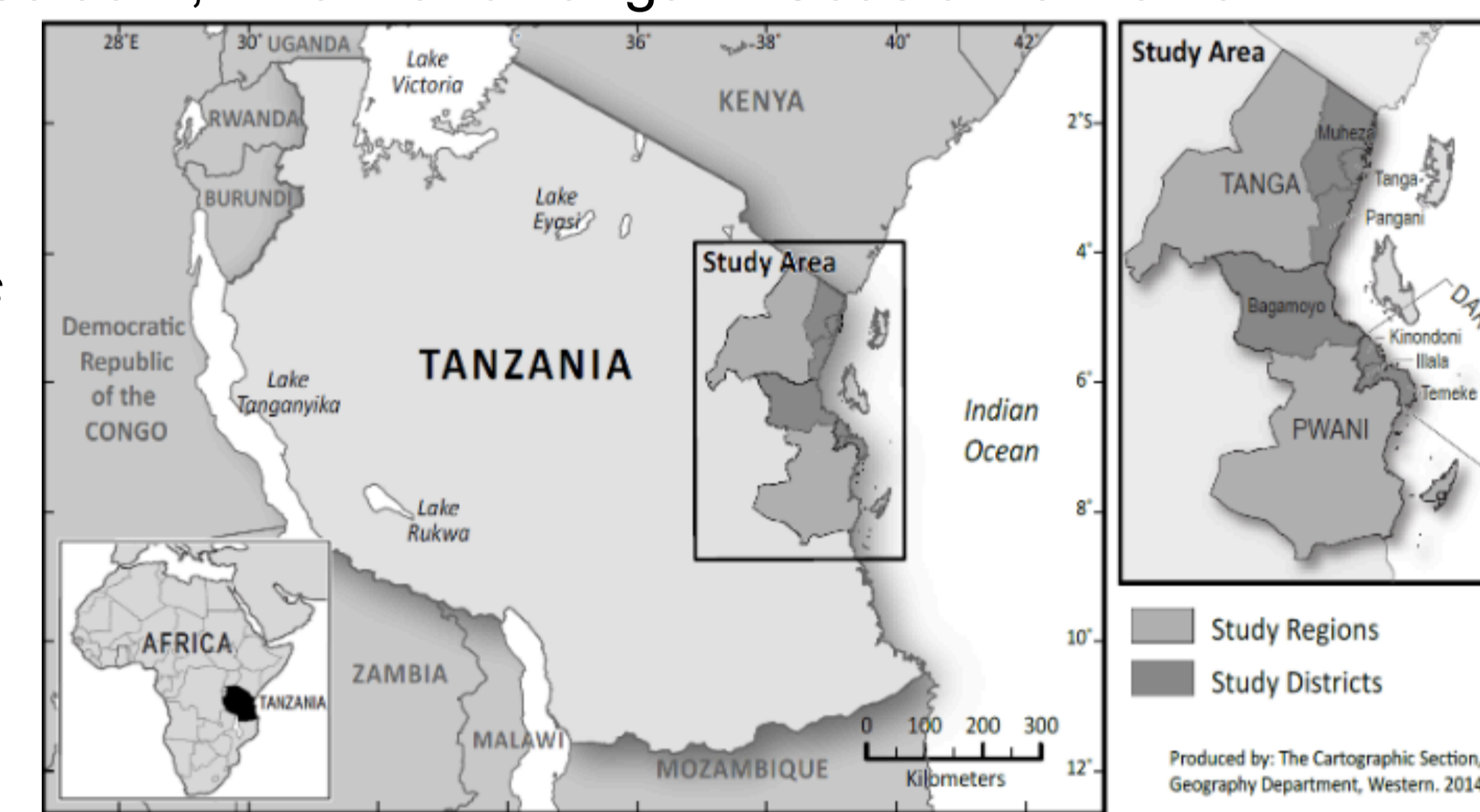
Mixed Methods (qualitative analysis here)

Data

Cross-sectional survey with a random sample of 1,516 (Male=803; Female=713)

Measures and Analytical Technique

- **Outcome variable:** Self rated health (ordered from poor, good, to excellent health)
- **Key independent variable:** Experience of land abuse from LSLA
- Descriptive statistics and three multivariate ordinal logistic regression were applied to examine the link between perception of abuse of land from LSLA and self rated health
- Results of regressions are presented as Odds Ratios. Post-estimation margins results are in probabilities of reporting poor health.



Model 1: socioeconomic factors; Model 2: Bio-sociocultural; Model 3: Locational factors

Results

Multivariate ordinal logistics regression examining self-rated health in Coastal Tanzania

	OR (Robust Std. Err.)		OR (Robust Std. Err.)
Experienced LSLA		Age	1.02(0.0065)**
No	1.00	Gender	
Yes	1.75 (0.134)***	Male	1.00
Wealth quintiles		Female	1.67(0.114)***
Poorest	1.00	Marital Status	
Poorer	1.42(0.214)	Not currently married	1.00
Middle	0.11(0.713)	Married	1.24(0.028)
Richer	0.89(0.194)**	Religion	
Richest	0.43(0.842)**	Christianity	1.00
Occupation		Muslim	0.47(0.719)
Farming	1.00	Traditional	1.56(0.389)**
Trading	1.26(0.765)	Place of Residence	
Civil service	0.23(0.41)*	Rural	1.00
Others		Urban	1.18(0.041)
Education		Region	
No education	1.00	Dar es Salaam	1.00
Primary	0.08(0.012)	Tanga	1.25(0.052)*
Secondary+	0.49(0.651)	Pwani	0.45(0.115)
		Threshold 1	0.4133(0.924)***
		Threshold 2	1.542 (1.117)**
		Log likelihood	-892.43601
		Observations	1,516

Note: OR=Odds Ratios; Robust standard errors in parenthesis * p < 0.05, ** p < 0.01, *** p < 0.001

- Respondents who had experienced were 75% more likely to report poor health compared to those who had not experienced LSLA.
- Compared to the poorest, local population in the richest and richer wealth categories were 57% and 11% less likely to report poor health.
- The odds of associating poor health with abuse of the natural environment was 1.67 higher among females compared to their male counterparts.

Discussion and conclusions

- The study highlights the health impact of the LSLA in a developing country's context where investment in land by foreign corporations is considered an important economic development indicator.
- The findings in this study expand the environmental dispossession theoretical position beyond First Nation populations health analysis into the context of LSLA occurring in developing countries.
- Segments of local populations such as females, farmers, the poorest who are already deprived and vulnerable are more likely to report poor health when their environment is abused.
- Discourse of the global LSLA needs to expand beyond economics to embrace health impacts of local population.
- Development of 'sustainable land investment guidelines and tools' should take into consideration health impacts of local populations.
- The development thesis of LSLA espoused by international financial institutions (eg. the IMF) maybe a façade as its non-economic impacts are examined.

