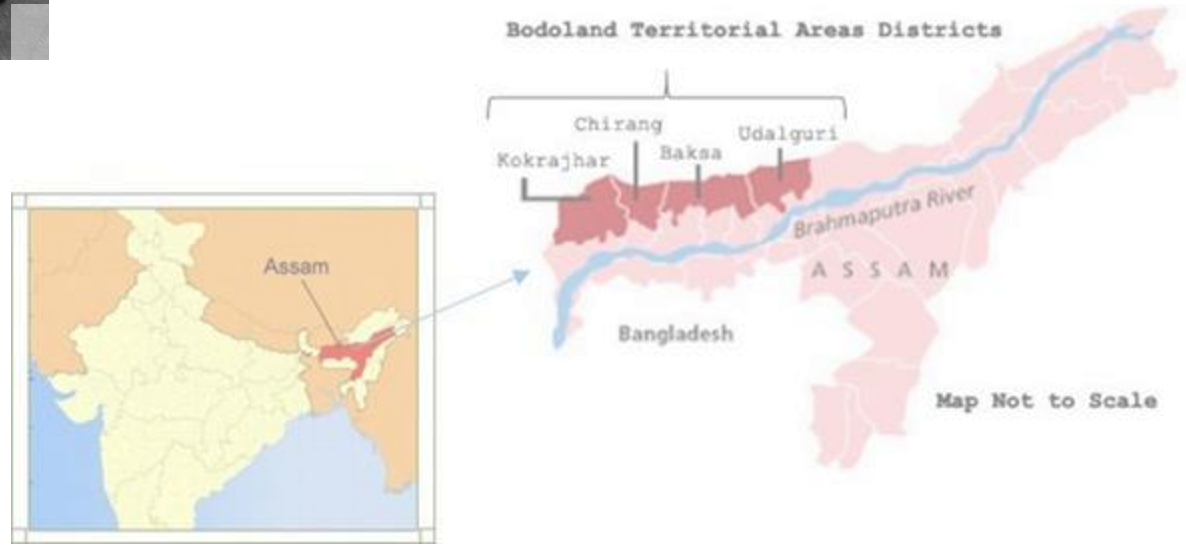
Health Inequities in A Conflict-Affected Area – An In-depth Qualitative Study in Assam



Balawansuk Lynrah
the ant (the action northeast trust)
October 25th, 2024

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

SCIENTIFIC DAYS

Outline of Presentation

1. Context of the Research
2. Research Questions
3. Research Methodologies
4. Research Sites
5. Findings of the Research

MEDECINS SANS FRONTIERES
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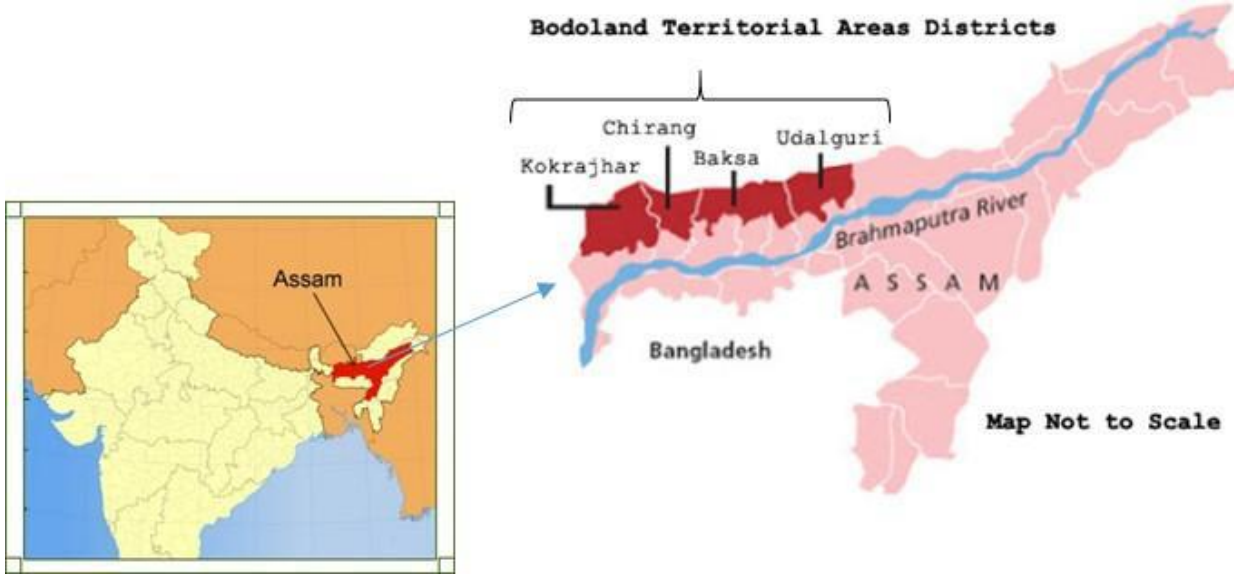
SCIENTIFIC DAYS

Bodoland

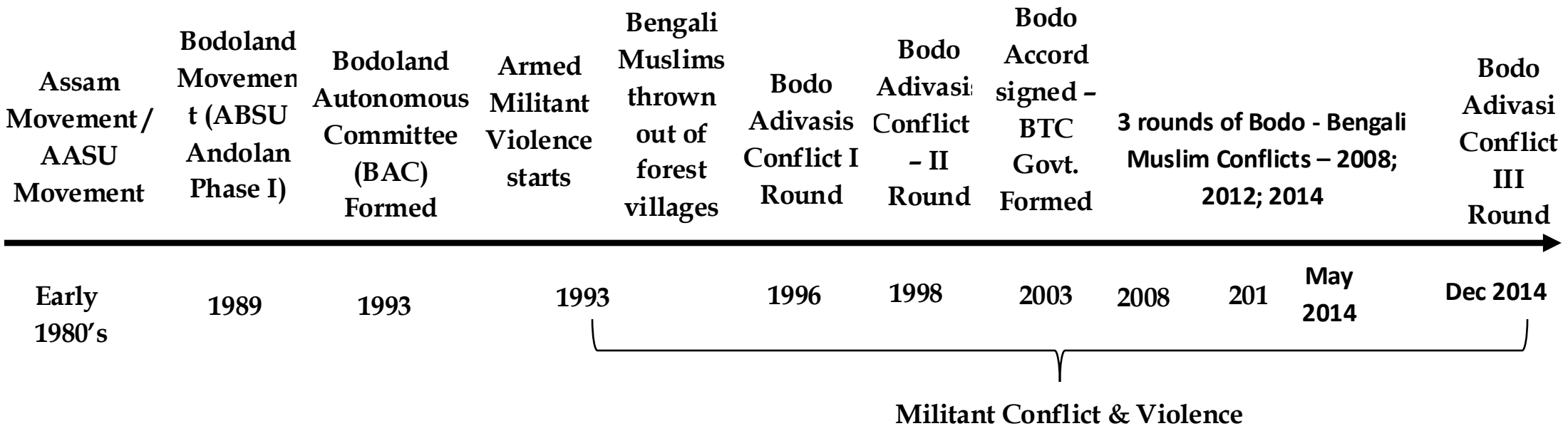
- Bodoland is an autonomous region within Assam governed by the Bodoland Territorial Council (BTC).

- The Bodos form the majority of the population, with Bengali Muslims, Koch—Rajbongshis, Nepalis, and Garos making up the rest of the population.

- Bodos (30% of the population in the region) demanded a separate state for themselves as a resistance to Assamese hegemony.



Conflict Timeline of Bodoland



Research Questions

1. How have socio-political changes historically shaped health and the public health system in the area? And conversely, how has lack of health contributed to conflict?

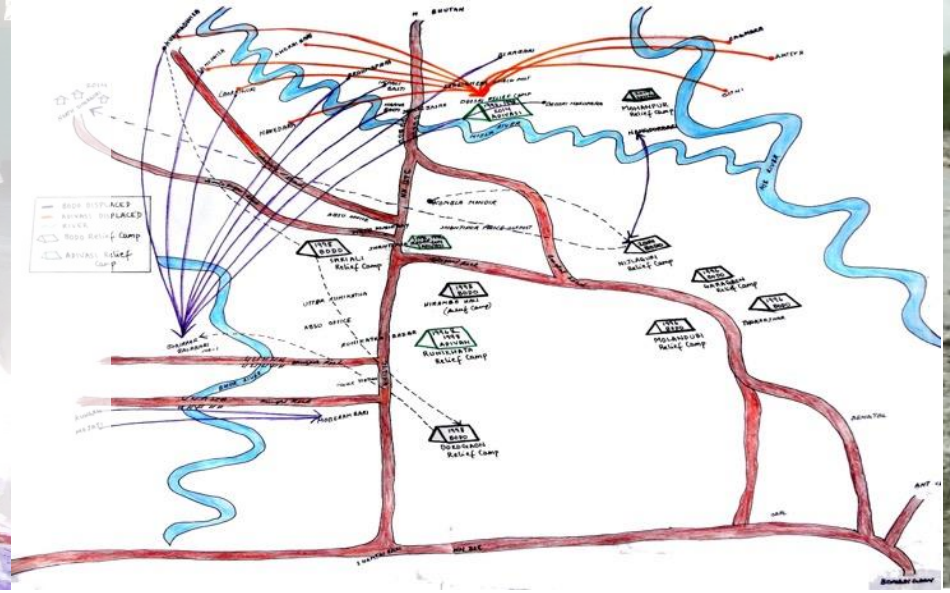
2. How does conflict affect health of different ethnic groups differentially? How do critical social determinants such as loss of livelihoods, land, housing, culture, safety & security, community, mediate to create ill health?

3. What are the ways in which different people, individuals and groups, gender, class, ethnicity, religion respond to ill-health in a conflict area?

4. How do various groups interface with and benefit from government health services and also health promoting institutions such as Public Distribution System, Anganwadi Centers, Water, Sanitation and Mid-Day Meal?

Research Methodologies

- Qualitative Research Methodologies
- Participants:
  - Conflict affected and Displaced – Bodos and Adivasis;
  - Non-displaced – Nepalis
- Methods:
  - In – depth Individual Interviews
  - Group Interviews
  - Biographies
  - Observations



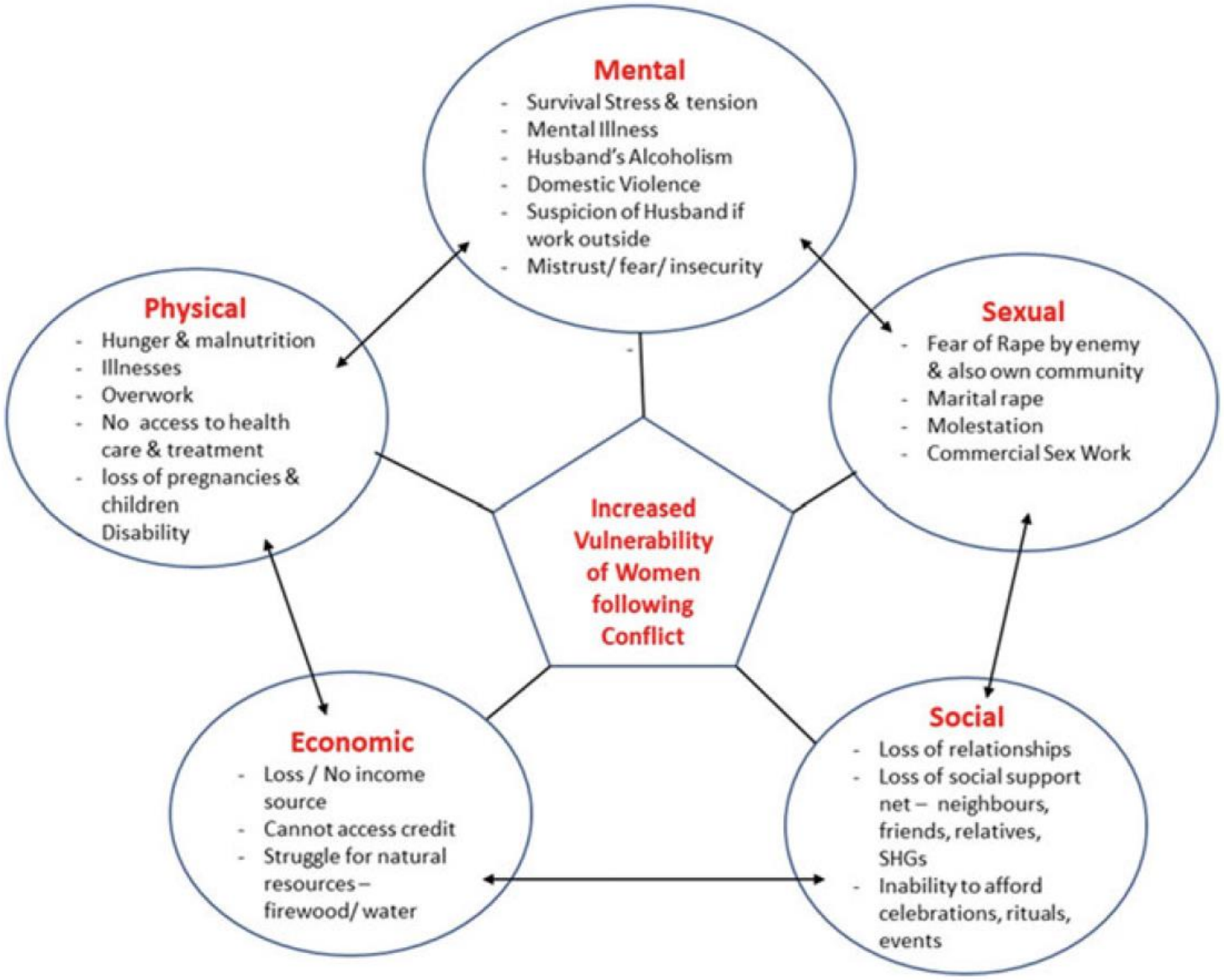
Research Site

Conflict & The Public Health System

- A functioning health system till 1990s – system ‘worn out’ with years of militancy & repeated bouts of ethnic conflicts.
- Private players - NGOs/ traditional healers/ non-qualified ‘pharmacists’ filled health services gap during the years when public health services were absent.
- Physical infrastructure improved with NRHM but getting qualified health personnel a challenge till date - negative perceptions about lawlessness & insecurity
- Poor quality– especially lack of qualified doctors – in government hospitals

Health & Well-being of Conflict Affected Communities

- Poor and the marginalised in a conflict area pushed to the edge after an episode of conflict.
- Complex web of losses at multiple levels - physical, economic, social, psychological, ecological etc.
- Risk factors of ill-health persist long after violence episode is over.
- Vulnerable populations of women, young girls & children affected disproportionately



Sinha and Liang, 2021

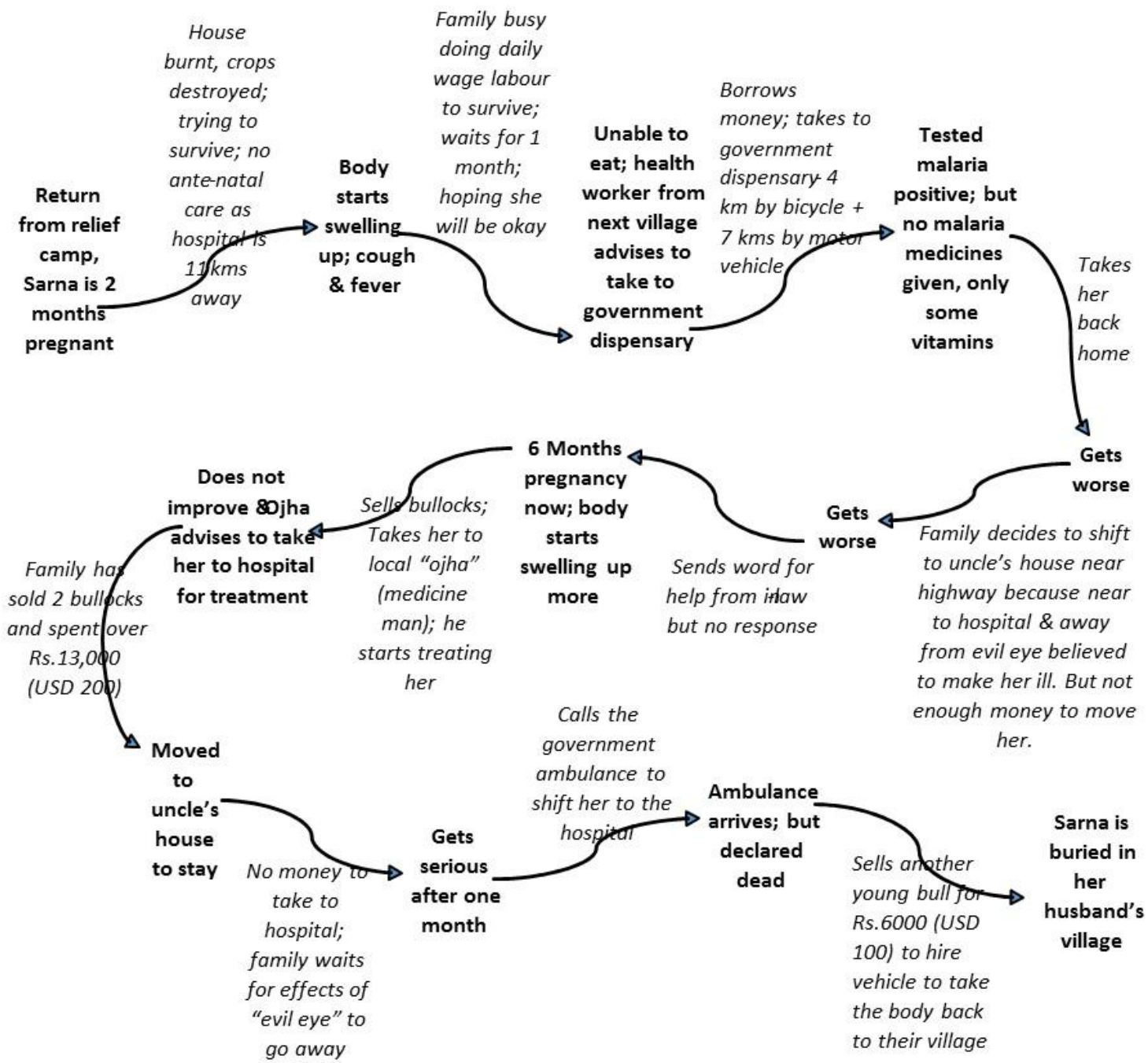
Health Seeking among Conflict Affected Communities

- In the absence of functional public health system, dependence on informal health care providers very high.
- All communities in the study area, Bodo, Adivasi and Nepalis use a mix of treatment services – choice depends on affordability & level of affluence; Adivasis delay in seeking modern allopathic treatment for most illnesses because of poverty.
- Poverty due to conflict-inflicted losses & an irresponsive public health system creates health catastrophes for affected families.

‘We hesitate to go to the Shantipur hospital because it is too expensive, and besides the doctor just writes the name of medicines on a slip and sends us to the pharmacy. So, we might as well go to the pharmacy straightaway, why go to the hospital?’

- **Adivasi women; Mohanpur village**

Post-Conflict Poverty & Illness Pathway of 16-year-old Sarna



Role of State in Promoting Health & Well Being of Communities in Conflict Areas

- Governance in conflict affected areas very poor; essential services compromised; no government accountability.
- Services denied & no accountability as seen to be ‘forest encroachers’.
- Forcibly displaced populations left to survive or perish on their own after the immediate emergency.

Recommendations

- Move beyond knee-jerk crises reaction to conflict episodes - multi-agency, multi-layered, deep and long-term strategies.

- Government to acknowledge presence of conflict displaced populations & work to reduce their vulnerabilities in the long-term.

- Give special focus on quality health centres & health personnel working in fragile and conflict affected areas.

- Focus on reducing vulnerabilities of women, young girls, children etc.

Thank You.

For the report of the study, please contact jenny@theant.org