Abstract

Utilisation of Healthcare Services in a Conflict Situation: 
A Study of Lois of Thanga in Manipur

Introduction:

Health services are one of the important basic amenities to be made available to achieve the goal of social development; poor health status of citizens in a country is an indication of the deprivation of basic services. Therefore, improving the health status of the people has been an important concern for human development. The health system has a vital role and continuing responsibility to people throughout the life span and is crucial to the healthy development of individuals, families and society (Nyazema, 2010). However, a number of factors influence access to health care services creating a major challenge providing the services. In addition to the limited availability of health-care professionals and resources in rural areas that often compound the problems relating to access and utilization of the health services (Sowell et al. 2003), economic, social, political, administrative, geographic and cultural factors all converge to influence the healthcare seeking behaviour of people and their access to health services (Krishna et al. 2006; STI, 2008). Use of public facilities by the rural masses, particularly the poor and the deprived, is dependent on the kind of facilities available locally that can be accessed easily (Srinivasan & Mohanty, 2004).

At the same time, though availability and accessibility of the services are necessary factors, they are not sufficient to determine the utilization of the services. Particularly, in a conflict situation, the service-providers as well as the service-users are affected in a number of ways determined by location–specific conditions within which the services are being provided and accessed.
The effects of conflict on the health service include increased difficulty of attracting staff to work in peripheral areas, increased difficulty in gaining access to services (e.g. due to curfews), disruption of immunization campaigns, lack of supplies, including drugs and equipments, emigration of skilled health personnel and repression of health workers (Zwi & Ugalde, 1989). A case in point would be the current situation in North East India. Due to the prevailing conflicts in the region, several Primary Health Centres (PHCs) are dormant while others have been converted into makeshift security posts. In conflict areas, even where the infrastructure exists, the PHCs remain unmanned due to the high security risk arising both from state and non state actors. The situation of armed conflict in several areas has also led to the breakdown of health services leading to decreased accessibility and interference with the efforts of service providers. Infrastructural facilities in PHCs, mainly in rural areas are very poor and absenteeism among doctors and nurses is high (North East Network, 2004).

The conflict between the state and the non-state armed opposition groups, ethnic conflict between and among different communities and fratricidal factional infighting between different armed groups are the specificities that gives Manipur a stamp of being in Conflict. The ongoing conflicts in Manipur adversely affect development programmes because of the frequent bandhs (strikes), curfews, disruption in transportation, blockades, insurgency etc. This has disrupted health service delivery and is causing impediments to public service providers. It has also disabled access to institutions of public goods and services. Indefinite closure of educational institutions, health centres and other such institutions affect an individual’s personal growth, development and health (Thangjam, 2005). The problems in delivery of health services have arisen due to the lack of mobility constraints of service providers and users, including the lack of drugs and basic commodities as well as irregular visits of health officials. Conflict has both direct and indirect effects on people’s health and on the overall health system (cited in Devkota & Van Teijlingen, 2010).

An important challenge for researchers is to understand how the health system has adapted and responded to conflict and to determine whether those developments are positive and deserved to be reinforced. Conflict often disrupts the functioning of health and social services and results in heightened risk of disease transmission. However, social
service delivery, particularly the delivery of health services in regions affected by armed conflict has not received the adequate attention from public health research and policy. As improving the health status of the people has been an important concern for human development, in this study, an attempt has been made to look into the healthcare seeking behaviour of communities residing in a conflict prone region and the challenges faced by service providers working in environments affected by conflict. The outcome of the study will contribute to understand the healthcare seeking behaviour and also develop conflict sensitive health programs.

**Objectives of the study:**

The proposed study focuses on the following related objectives –

1. To study the socio-economic status of the affected community.
2. To examine how the healthcare service providers and service consumers (community) cope with the conflict situation for providing and accessing the services.
3. To understand the healthcare seeking behaviour of the community.
4. To examine the different factors that affect peoples’ preference in choosing healthcare services.

**Research Design:**

The Study is exploratory in nature using mixed methodology in which the quantitative approach is dominant.

**Sampling:**

Simple random sampling method was used to select the respondents for this study. The studied households were selected from the four hamlets taking twenty-five per cent each of the households list located at the respective hamlets. The sampling frame was taken from electoral register. The unit of analysis was household head.
Sample size:

For this purpose of study, a sample size of 200 households was taken up from the sampling frame which is based on the electoral register. All the households were listed using random number table. In addition, a few health personnel were also interviewed. The researcher also took help from some key informants who contributed to the issue of present study.

Data collection:

The Study is visualized in two parts-

Part 1 relates to the socio-economic analysis of the study population and their perception of health and beliefs, available services, perception of conflict and related outcomes in connection with accessing healthcare services and healthcare seeking behaviour

Part 2 deals with the stakeholder analysis of different groups involved in the issue of the study. The main focus is given to the interaction process on accessing and delivering the health services pertaining to the conflict situation.

Data analysis:

Data were entered and processed using SPSS software version 15.0. Frequencies and cross tabulation were used for descriptive analysis as all the variables of interest were categorical or categorized. Interview transcripts were independently reviewed by the researcher. Responses related to healthcare access, service delivery, seeking behaviour were coded and response themes were emerged from the qualitative data. Some of these thematic wise qualitative data provided additional depth of understanding to the quantitative data outcomes where it is substantiated the former.

Ethical consideration:

As this study deals with some sensitive issues, and includes some questions about problems related to conflict the researcher took prior informed consent, educated the respondents regarding their right to withdraw from the study and maintained confidentiality. The names of respondents who gave information are not recorded on the
interview forms; instead a code to identify the number is maintained for the study. During both the phases of fieldwork, written consent was obtained from the participants of the research after explaining the details and purpose of the study. The participants were allowed to withdraw from the interview if they felt the need to do so. They were also assured the confidentiality of their names and details of information. Therefore the researcher used a code name to maintain the confidentiality of the participants of the study.

**Result:**

This island region of Loktak had long been neglected until conflict emerged in this remote village of Manipur. Thus the infrastructural condition of the islands was in a very poor state. During the last decade, there have been some changes in the islands of Loktak. The majority (76.7 per cent) of the respondents opined that development of transport and communication are the main changes that have taken place in the region, followed by development of the education sector (42.9 percent) like the coming up of private schools and increasing number of enrollment of students in the existing schools.

This region was a conflict prone region, both insurgents and security forces were camped in and around the islands. The tense situation created a setback for the locals in carrying out their everyday activities. Majority of respondents (79.5 per cent) believe that conflict affected their daily life activities. The conflict situation in Manipur manifested in various forms such as restriction in movements, curfew, strikes etc. Fisher folks were allowed to go fishing according to their convenience and the villagers were advised to desist from fishing after sunset. Majority (73.0 per cent) felt that because of the conflict situation in Manipur, economic activities were affected in one or other way.

This island village has two health centres, viz one primary health centre in Thanga village and one Primary Sub Health centre in Karang island. Maximum (38.0 per cent) of respondents travelled more than 30 kilometres of distance to seek healthcare services mainly for major and severe illness as many of the private clinics and hospitals are set up at Imphal and half of the respondents travelled by public transport to visit these health centres.
Majority of the respondents (65.8 per cent) were dissatisfied with the existing health services in the region because of the unavailability of adequate health facilities followed by (54.4 per cent) saying there are no specialist doctors in the public health centre which poses further encumbrance when consulting on matters of severe illness.

It was observed that a majority of the respondents (56.8 per cent) studied till higher secondary followed by illiterate (44.0 per cent) performed religious rites in situations where they consider that a person has fallen sick due to supernatural forces. Irrespective of level of standard of living index, respondents followed the same pattern of performing ritual in which illness is related with supernatural. With respect to religion, majority of Sanamahism and Hindu followers (44.6 per cent) and (40.9 per cent) respectively performed ritual practice in the condition as mentioned above where as half of the Christians respondents performed rituals when any bad incident occur in the family.

Majority (64.6 per cent) and (69.8 per cent) of the respondents belonged to medium standard of living index and graduate and above respectively, they recognized that it is important to eat a balanced diet and exercise regularly in order maintain a healthy body. The common health problems in this population are body ache (38.3 per cent) which includes joint pain, back ache and chest pain. This is probably because majority of the population is involved in fishing activities which require a lot of body movement. Other minor illness such as cough, cold and fever (38.3 per cent) are also common across the families. Cancer (32.2 per cent) is the major illness which shows the highest occurrence in the families followed by stone case illness (31.0 per cent).

Irrespective of difference of Standard Living of Index, education level and occupation, the majority of studied population opts for treatment only when illness is severe. Concerning the preference of health centres, half of the respondents (50.5 per cent) belonging to low standard living index group preferred public health facilities. This is because treatment of the patient is more affordable in public health facilities.

In case of minor illness, it is evident from the hat majority of the respondents (41.8 per cent) prefer to take treatment at home though some respondents (31.6 per cent) sought treatment at private health care centres. For major illness, a majority of the respondents
(59.8 per cent) sought treatment from public health facilities followed by (34.5 per cent) of respondents who went to private clinics and hospitals.

Upon examining the reasons for choosing different modalities for treatment (at home treatment, public health centres or private health centres), it is evident that majority of the respondents (74.5 per cent) chose taking treatment at home as the illness was not considered serious. Usually, people opted for herbal treatment or over the counter medication from chemist shops for minor illness like cold, cough and fever body ache etc, that a majority of the households experienced. Maximum of the respondents (58.3 per cent) chose traditional practitioners for treatment in the belief that this modality is good for minor ailments. The respondents (55.2 per cent) who chose public health centres did so because it is affordable as public health facilities take small fees and provide free medicines. Respondents (54.2 per cent) who opted for private health centres did so because of the availability of specialized treatment.

As the region is affected by conflict, majority of the respondents (31.5 per cent) felt that constraint in free movement is the main hurdle in accessing healthcare services. Respondents (30.5 per cent) also reported that they feel insecure seeing armed personnel. For example during the instance when three security forces combing operation in Loktak lake, many people suffered from panic and terror seeing armed personnel. It was reported that even if there were sick persons within the family, the villagers didn’t dare to leave their homes as they were concerned that some unexpected tragedy might befall them. In addition, the health workers also got threatened by both security forces and insurgents.

**Conclusion:**

A community’s health beliefs play a role in determining the health seeking behaviour and successful treatment of illness thus contributing to health outcomes or status. The concept of health, disease treatment differs from culture to culture. The findings of the study also showed that many people performed religious rites as they assumed that the person has fallen sick due to supernatural forces. Thus, usually, patients and their families consulted the traditional healers who are popularly known as Maibas(male) or Maibis(female), who perform divination techniques, before consulting professional heath practitioners. The patients and families group decided the future course of action after consulting traditional
healers. Moreover, irrespective of differences of Standard Living of Index, educational level and occupation, respondents wait till the illness has increased in severity before seeking medical aid. This shows the lack of awareness in terms of their health care. However, lack of good health infrastructure, unavailability of specialist doctors in the village and the need to travel long distance for treatment of severe illness is also contribute to the underutilization of the existing health facilities. A majority of the respondents opted for home treatment of minor illness as they consider the illness to be a minor one.

Financial problem is also constraint in seeking treatment; many respondents preferred public health facilities in case they seek treatment. However some respondents opted for the specialized treatment available in private health centres even though it is more expensive than public health services.

It should also be noted that due to the prevailing armed conflict situation, the provisioning and delivering of health care services suffer. Moreover, educational centres like schools, tourist centres and healthcare centres in the rural areas are mostly occupied by security forces. Under these circumstances, people’s health status is adversely affected due to their poor access to health services and inability of service providers to make those services available on time. The atmosphere creates widespread apprehension, reluctance to travel or be posted to conflict affected areas due to fear of arrests, ill treatment ,and restriction of freedom, both from the insurgents as well as the government security personnel is affecting the services delivery mainly in such remote regions. This has resulted in a situation where the locals have lost trust in health service providers and are increasingly opting for self medication or using locally available resources like traditional healers. The widespread prevalence of mental disorder among the people appears to have been normalized by the conflict situation as exposure to violence and other traumatic situations happen on a day to day basis and have slowly become accepted as a part of life. Unfortunately, only marginal efforts have been made to improve mental health by both the government and private sectors.

The region has its own unique set of critical needs as a result of armed conflict. An effective and accountable health service that focuses on fulfilling the needs of the people...