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WOMEN'S HEALTH RESILIENCE: EXPLORING THE IMPACT OF CONFLICT ON HEALTH PRACTICES IN MANIPUR AND NEIGHBOURING REGION

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ABSTRACT

Manipur, a state in Northeast India, has experienced various conflicts that have significantly affected its residents' lives. Women, in particular, face unique challenges due to their roles within families and communities. Though geopolitically acknowledged as an important land link to the ASEAN countries, this time too, the state has been in turbulence for more than a year due to unresolved ethnic conflict. Manipur occupies a vital position in Northeast India, which could facilitate cultural, economic, and strategic interactions with Southeast Asia. It serves as a gateway for India's Act East Policy to enhance economic ties with ASEAN countries through initiatives to boost trade, investment, and connectivity. The proximity to Myanmar and Southeast Asia influences socio-economic dynamics, including migration patterns, cultural exchanges, and regional cooperation initiatives. However, due to the current ethnic conflict in the state, hundreds have been killed, thousands have been displaced (60,000s), and many hundreds of houses have been burnt down to cinders. Indigenous people are seeking refuge in their land due to internal displacement, out of which more than half of the population are women and children. This study aims to explore how the ongoing conflict affects the health practices among women in Manipur, drawing comparisons with similar scenarios in the Chittagong Hill Tracts, Bangladesh. To state a few here, the ongoing ethnic conflict in Manipur has led to blockades, restricting access to healthcare facilities, especially during the initial intense phase. In CHT also, during their conflict (insurgency and subsequent unrest from the late 1970s – 1997), travel restrictions and insecurity had restricted healthcare access. Women in particular are prone to gender-based violence, which is increased many times during conflict times. And this has been witnessed in both Manipur and the CHT. In Manipur, the counterparts are two communities, whereas in the CHT, there were multiple indigenous communities involved against Bengali settlers and the government. The healthcare infrastructures in Manipur, though interrupted, include both government and private healthcare providers. Though there are problems with access and distribution during conflict, they are more developed compared to CHT. Health care infrastructures were highly limited, and there was a reliance on traditional healers. While the context differs, in both Manipur in Northeastern India and the Chittagong Hill Tracts in Bangladesh, the impact overall on women's health reveals common patterns that would help in developing support systems and health interventions in conflict-affected areas. and, despite challenges, resilient practices such as community support networks and adaptive coping mechanisms are evident in Imphal Valley, Manipur.

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1. INTRODUCTION

Manipur, a state in Northeast India, has experienced various conflicts that have significantly affected its residents' lives. Women, in particular, face unique challenges due to their roles within families and communities. Though geopolitically acknowledged as an important land link to the ASEAN countries, this time too, the state has been in turbulence for more than a year due to unresolved ethnic conflict. Manipur occupies a vital position in Northeast India, which could facilitate cultural, economic, and strategic interactions with Southeast Asia. It serves as a gateway for India's

Act East Policy to enhance economic ties with ASEAN countries through initiatives to boost trade, investment, and connectivity. The proximity to Myanmar and Southeast Asia influences socio-economic dynamics, including migration patterns, cultural exchanges, and regional cooperation initiatives. However, due to the current ethnic conflict in the state, hundreds have been killed, thousands have been displaced (60,000s), and many hundreds of houses have been burnt down to cinders. Indigenous people are seeking refuge in their land due to internal displacement, out of which more than half of the population are women and children. This study aims to explore how the ongoing conflict affects the health practices among women in Manipur, drawing comparisons with similar scenarios in the Chittagong Hill Tracts, Bangladesh. To state a few here, the ongoing ethnic conflict in Manipur has led to blockades, restricting access to healthcare facilities, especially during the initial intense phase. In CHT also, during their conflict (insurgency and subsequent unrest from the late 1970s – 1997), travel restrictions and insecurity had restricted healthcare access. Women in particular are prone to gender-based violence, which is increased many times during conflict times. And this has been witnessed in both Manipur and the CHT. In Manipur, the counterparts are two communities, whereas in the CHT, there were multiple indigenous communities involved against Bengali settlers and the government. The healthcare infrastructures in Manipur, though interrupted, include both government and private healthcare providers. Though there are problems with access and distribution during conflict, they are more developed compared to the CHT. Health care infrastructures were highly limited, and there was a reliance on traditional healers. While the context differs, in both Manipur in Northeastern India and the Chittagong Hill Tracts in Bangladesh, the impact overall on women's health reveals common patterns that would help in developing support systems and health interventions in conflict-affected areas. And, despite challenges, resilient practices such as community support networks and adaptive coping mechanisms are evident in Imphal Valley, Manipur.

2. SIGNIFICANCE OF THE STUDY

Understanding the influence of conflict on women's health practices is important for developing effective policies and interventions. This study seeks to contribute to the existing body of knowledge by providing insights from a conflict-affected region. Examining the challenges faced by women who are conflict-affected could highlight the need for targeted health interventions. The study could contribute to the understanding of health resilience in conflict settings while also informing the government and other concerned groups of the state to design effective interventions that could promote the welfare of women. The community could also be empowered through the voices and experiences of women affected by conflict. The study supports community empowerment and advocacy for women's health rights and well-being. The study could also enhance healthcare delivery and accessibility in challenging environments.

3. OBJECTIVES

- To find out the influence on the health choices of women in Imphal, Manipur, who are affected by the ethnic conflict and are internally displaced.
- To find out the challenges the women faced directly linked to their health because of the conflict.
- To know the ways, they utilise to cope with health challenges.
- To find out the solutions they seek from the state.

4. REVIEW OF LITERATURE

Mentioning a few takeaways from the literature reviewed here, firstly the book In the book 'Women's Health: Psychological and Social Perspectives' (1998), Lee delved into the multifaceted nature of women's health issues, emphasising the influence of psychological, social, and cultural factors. The book has shown us the importance of understanding health beyond biological determinants and looking for a holistic approach that considers the emotional and social dimensions of health.

William C. Cockerham, in his book 'Social Causes of Health and Disease' (2007), discusses how social factors such as socio-economic status, social environment, and cultural influences impact health outcomes and contribute to health disparities.

Bangladesh's Forgotten Crisis: Land, Ethnicity, and Violence in Chittagong Hill Tracts (2011) has pointed out that addressing the crisis in CHT requires prioritising the rights and needs so indigenous peoples, inclusive development focusing on sustainability and culturally appropriate developments that benefit all communities.

In the article 'Improving Maternal Health Care in a Post-Conflict Setting: Evidence from Chittagong Hill Tracts of Bangladesh' (2018), it has also been found that improving maternal health care in the CHT requires a comprehensive approach addressing infrastructure, human resources, socio-cultural barriers, economic constraints, and policy issues.

'The Indigeneity Question: State Violence, Forced Displacement and Women's Narratives in the Chittagong Hill Tracts of Bangladesh' (2017), by focusing on women's narratives, provided an understanding of the impacts of conflict and displacement and highlighted the importance of inclusive and rights-based approaches to solve these challenges. The work calls for a recognition of indigenous rights, accountability for state violence, and the empowerment of indigenous women as essential steps toward achieving justice and peace.

From the 'Social Determinants of Health-Relevant History, A Call to Action, An Organization's Transformational Story, and What Can Employers Do?' (2020), it is known that in 1999, Michael Marmot and Richard Wilkinson published a book entitled "Social Determinants of Health" where it was mentioned that differences when people change social and cultural environments, their disease risks change, and that the health gradient is not a function of poverty alone rather it is a problem across the entire socioeconomic spectrum.

In 'Barriers to accessing maternal health care services in the Chittagong Hill Tracts, Bangladesh: A qualitative descriptive study of Indigenous women's experiences' (2020), mainly focusing on CHT, has indicated that prolonged conflict leads to significant disruptions in healthcare services, affecting both access and quality. Also, women often bear the brunt of these disruptions. Various barriers, such as maternal healthcare access based on geographical, socio-cultural, and political factors, need to be up to address these needs. collaborative efforts from the government, NGOS, and the concerned communities themselves to create sustainable and effective maternal healthcare solutions.

'Difficult Encounters with the WPS Agenda in South-Asia: Re-scripting Globalized Norms and Policy Frameworks for a Feminist Peace (2021)', has let us know that while the WPS agenda provides a valuable framework for addressing gender issues in conflict and Peace building, its implementation requires significant adaptation, by re-script in global norms to fit regional contexts.

5. THEORETICAL FRAMEWORK

The Social Determinants of Health (SDH), a concept contributed by William C. Cockerham, emphasises that health outcomes are shaped by various factors besides biological determinants. Key components that could be mentioned are – Social Environment, such as social support networks, and cohesion; Health Behaviors, such as lifestyle choices, and health-seeking behaviors; Cultural and Social influences, such as beliefs and practices, policies and programmes; Socioeconomic statuses (SES), such as income, education, and occupation. In this study, Cockerham's framework is applied to understand how these social determinants of health impact women's health practices in the conflict-affected Imphal Valley in Manipur. Cockerham highlights that biological factors do not solely determine health but are deeply influenced by the social environment.

6. RESEARCH DESIGN

This study employs a descriptive cross-sectional study design as an observational research design aiming to describe the characteristics group so far at a point in time and the contextual picture of healthcare practices and conflict dynamics. It explores the impact of conflict on health practices among women in Manipur, with a comparative analysis after examining health practices and experiences by studying literature related to the Chittagong Hill Tracts (CHT) in Bangladesh. The study focuses on identifying key challenges and resilience Strategies employed by women in conflict zones with the help of social determinants of health as the theoretical framework.

7. DATA COLLECTION

Data was collected through interviews with a small sample of women in Imphal who have experienced living in relief camps. Participants were selected from three different relief campuses in a convenience sampling method, allowing for

a manageable yet sufficient data set to identify key themes and patterns from easily accessible and willing participants. The Interviews allowed for exploration of the participants' experiences and perspectives. Informed consent was obtained from the participants prior to the interviews. They were also assured of confidentiality.

8. RESULTS AND DISCUSSION

Thematic analysis was used to analyse the qualitative data collected through interviews to identify, analyse, and report themes or patterns. Four themes have been identified and taken up based on the responses. They are Effects of Conflict on Healthcare, Health Practices, Community Resilience, and Interventions.

Theme 1: Effects on Healthcare–Respondents portrayed their grievances and requests for normal daily lives at first. Relief camps or temporary settlements, though being there for them is not for the long run; instead seek a reliable, secure, and lasting solution.

1) Through the responses, it has been found that daily lives and lifestyles have been completely disturbed since the conflict from 03/05/2023 to date. They are worried more about meeting the day's end and their children's necessities.
2) They also highlighted that medical staff from government hospitals visited camps regularly while the conflict was still in the beginning phase, but now the visits have become sparse.
3) Unable to make decisions regarding health matters promptly as there are many restrictions, such as financial constraints.
4) Meals, though being made provisions in their relief camps, are not always being made available while considering nutrition.
5) Further stated that those whose families depended on agriculture and driving (husband) before the conflict times are meeting with problems securing income sources.
6) Food provisions when there is a gap in supply there a life resident manages to work for themselves and procure.
7) Change in their ideologies and mindset, such as losing hope, and worries for future livelihood.
8) Fear of developing mental illnesses due to stress and other mental blows because of their current undesirable conditions, caused by the conflict.

Theme 2: Health Practices–Respondents described changes in health behaviours and reliance on traditional healthcare to cope and for quick relief. They revealed that when doctors or health experts are not available as regularly as before, when the conflict was in its initial stage, they are sometimes left to their own devices despite the limited sources of finance and livelihood.

1) Highlighted that a lack of income or money is a major factor in being unable and reluctant to visit doctors or hospitals. There have also been instances of giving priority to children's needs, such as educational necessities over health, monetarily.
2) Have stated that they relied on painkillers to postpone the visits or consultations with doctors.
3) The respondents mostly relied on the community volunteers when they became physically or emotionally vulnerable.
4) Reliance on traditional remedies to relieve pains and other discomforts, such as boiling and drinking chaning manaa (Adlay leaves) for kidney stone-related pains.
5) Some of the respondents are having traumatic bouts with stimuli such as the sounds of ambulances, and the sounds of striking iron poles with stones, which are meant to alert people.
6) Have developed a sense of sacrifice to a greater degree within themselves and forgo self-care wherever possible to ensure instead the betterment of their immediate family members.

Theme 3: Community Resilience–Despite challenges, the community and volunteer groups of people have developed support systems for one another.

1) Relief camps' female residents have stated that volunteers in Imphal relief camps have been supportive and helpful.
2) Provision of meals or foods with consideration of nutrition.

3) Special care has been taken for pregnant women and childbirth.

4) Emotional support is provided when the inmates have emotional or mental breakdowns.

5) People around the areas and volunteers are said to have willingly allocated time to support them in various ways such as meal provisions, contacting experts and organizations, and acting as mediums, for example, by connecting to doctors or other organizations they know to take part in the provision of support to the camps.

6) Respondents relied more on community networks for health advice and treatment.

Theme 4: Interventions–Respondents look for long-term solutions from the government.

1) For short-term requirements, the respondents have highlighted the need to build and maintain the relief camp facilities, keeping in view male-female separate spaces for changing clothes and other needs.

2) For long-term requirements, the respondents showed their need to return to their proper settlements and secure their means of livelihood. They want their own separate houses where they can nurture their families freely again.

9. CONCLUSIONS

The paper sheds light on the challenges faced by women in Imphal, Manipur, due to the ongoing conflict in terms of healthcare and health practices. Community and volunteer support, while being quite supportive, requires further support from both governmental and non-governmental organisations. After comparing these findings with those in the Chittagong Hill Tracts they revealed some similar challenges, for example, interruptions in maternal and child healthcare services, conflict-induced disruptions in food supply chains increasing the rate of nutritional deficiencies among women and children, poor living conditions in some relief camps or temporary settlements like poor sanitation, heavy reliance on community supports and traditional health practices and limited use of modern healthcare. The conflict has disrupted economic activities, the strain of which forces women to adopt less healthy behaviors out of necessity. The displacement and social fragmentation have undermined support systems crucial for maintaining healthy lifestyles, and while traditional health practices are integral, the conflict has limited access to essential modern medical care. Thus, the studies have found that health challenges faced by women in Imphal, Manipur, are deeply rooted in social determinants compounded by the conflict. All these calls for approaches to address the situation by improving and including the policies and programmes in the state, by increasing healthcare access, and by making special prerogatives. Livelihood programmes that empower women economically could be created to reduce vulnerability to health risks, such as vocational training, and microfinance initiatives, implementing a specially designed systematic system that provides a channel/route to make their hand-made products, like candles, incense sticks, etc., available to the larger public. Special targeted support provisions could be made available to enable them to acquire benefits from government-initiated programs such as Ayushman Bharat Yojana (PMJAY). There could also be the development and implementation of social protection schemes that provide financial assistance to women who are displaced and have lost their primary breadwinners in the conflict. Nutritional and supplement programmes can be organised. Programmes for recreation focusing on the relief camp residents to alleviate their mental stresses can also be organised. There could be the implementation of community-based health programmes that support local knowledge and practices.

CONFLICT OF INTERESTS

None.

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