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Effect of political violence on health: A review of literature

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Abstract

There is increasing recognition that political violence and war present a significant negative impact on health services and health systems. They also present opportunities, however, for the development of new services and systems; the challenge of confronting adversity allows for innovation, creativity, and the emergence of new technologies and systems that may have some positive benefits for health. This review article examines how political violence of various forms affects health services and health systems. It highlights the challenges facing the health systems in their attempts to maintain activity despite adversity.

Keywords: political violence, health, health services, health systems, political goals

Introduction

Political violence is the deliberate use of power and force to achieve political goals. As outlined by the political violence is characterized by both physical and psychological acts aimed at injuring or intimidating populations. The WHO definition of political violence also includes deprivation, the deliberate denial of basic needs and human rights. Particularly when we look at dimensions of deprivation within political violence, it is clear that political violence is intimately related to structural violence: the ways that structures of society (e.g. educational, legal, cultural, healthcare) insidiously act as “social machinery of oppression” to regularly, systematically, and intentionally prohibit the realization of full human potential through unequal arrangements of social, economic, and political power. ^[1,2] Furthermore, political violence in the forms of repression, torture, and forced exile is often leveled specifically towards those who pose the most threat to the prevailing and oppressive social order. A considerable amount of research has examined how political violence is implicated in a variety of poor outcomes related to mental health, including PTSD, depression, and anxiety. The WHO, for example, estimates that between one-third to one-half of people exposed to political violence will endure some type of mental distress, including PTSD, depression or anxiety. However, particularly when we look across disciplines, there does exist some evidence about how political violence affects the dynamic relationships between individuals and the collective. ^[2, 3-5]

Political Violence on Long-Term Health Outcomes

It was found consistently that those either born, or in infancy, in chronic political violence have lower lung capacity later in life. This result is consistent with findings from epidemiological studies which suggest that individuals born with lower birth weight have reduced lung capacity in adult life and that children exposed to traumatic stress, such as physical and sexual abuse, have a higher incidence of respiratory problems decades later. The results are also consistent with findings that living in violent environments promotes respiratory diseases. Apart from lung capacity, we find little support for the proposition that political violence experienced in utero has adverse health effects later in life. This outcome is similar to other recent studies which have found little evidence that adverse income shocks in utero have lasting health effects. One possible explanation for this result is that despite the adverse political shock in utero, health status may have been protected by other factors, such as improved public health infrastructure. The reasons for gender differences in the pathophysiological response to an adverse adolescent environment are not well-known. In their survey paper of childhood human capital development. Several studies reviewed suggested

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that both shocks and interventions can have different long-term effects on males and females. But these findings are too new for us to be able to predict when this difference will occur, and we have virtually no evidence about why it occurs". Epidemiological studies, none the less, suggest a role for sex hormone involvement. Political violence has given lot of evidence affecting mental health of the population in the form of Stress, PTSD, Anxiety and Depression.^[4, 5]

Solving health outcomes caused due to political violence [6-10]

A) Violent conflict is driven by politics and economics Complex political emergencies

1. Occur within and across state boundaries,
2. Have political antecedents typically relating to competition for power and resources,
3. Are protracted in duration,
4. Express existing social, political, economic, and cultural structures and cleavages, and
5. Are often characterised by one sector preying on other parts of the community. Damage to health is not just a side effect but may be the objective for violent groups.

In complex political emergencies, we can typically identify three groups: the winners, the 'conflict entrepreneurs' (who seek the perpetuation of conflict because they profit economically or politically), and the losers, whose lives and livelihoods are imperilled. Humanitarian and relief agencies increasingly recognise that belligerents may seek to control or manipulate the inflow of humanitarian and relief resources. A political economy perspective helps identify those interests, which may impede the transition to peace.

B) Appreciating context is crucial

The nature of the conflict—its background, history, and the different forms of violence involved—will greatly influence health outcomes. Most conflicts are today intra-national rather than international. Internal conflicts affect populations through forced migration, violence, and human rights abuses including torture, disappearances, and rape. The forms of violence and types of health damage relate to the phase of the conflict, the sophistication of weapons used, the degree of involvement of regular military forces, the extent of terrorism employed, and the extent to which genocide is intended. Recent reports highlight the difficulties of re-establishing the health system in some countries—partly because of a failure to appreciate the cultural and health services context.

C) Better care can save lives

Emergency relief efforts are increasingly based upon empirical evidence, and priority health issues are much more effectively addressed than previously. Emphasis is typically placed upon disease surveillance, immunisation, control of infectious diseases, reproductive health, water and sanitation, shelter, and nutrition. Mental health, sexually transmitted infections, and HIV have recently attracted additional attention. Standards have improved, can be further improved, and warrant widespread dissemination and application. The more-established humanitarian agencies have accepted that their relief efforts must be as evidence-based as possible. This principle should also apply to the post-conflict period, during which the health of affected communities continues to suffer.

D) We need enhanced accountability for humanitarian action

Despite a developing evidence base for health-related humanitarian action, evaluations of humanitarian activities have found ongoing problems. These include poor standards of delivery, duplication of efforts by different agencies, lack of coordination, and failing to learn from prior experience. An ailing humanitarian enterprise is labouring under pressures from the external environment over which it has little control, while struggling with issues internal to its own function for which it should take greater responsibility'.

E) Militarization of humanitarian efforts is problematic

Multinational military forces have played a major part in recent conflicts in many countries. The military has become increasingly involved not only in waging war but also in seeking to win the peace; it is increasingly active in delivering emergency relief. It not only provides services—sometimes necessary to deliver needed relief—but also seeks to 'win hearts and minds' while operating within structures responsive to military and foreign policy directives. The result has seen a blurring of the separation between military and humanitarian efforts. Emerging evidence and good practice in civil-military cooperation highlights the importance of

- (1) Promoting needs-based assistance free of discrimination,
- (2) Civilian-military distinction in humanitarian action,
- (3) Independence of humanitarian organisations from political pressures and interference, and
- (4) The security of humanitarian personnel.

Despite the knowledge we have gained on responding to violent political conflict, many important gaps remain.

Conclusion

The health sector could play a role in demonstrating the values and priorities of government, reflecting the relationship between those with and without resources, and the relationship between those who do and do not have protection. In the aftermath of major periods of violence, the health sector could also help to ensure that the structural inequities that preceded the violence and may have contributed to it, are not reinforced and the same injustices not recreated. But, engagement around health is not always positive: the health system is open to abuse and has been abused by repressive systems. We need more sophisticated policy analyses, more sensitive policy-making, and more relevant research. Political violence will continue to challenge the global health community. International policy-makers and funders must support more extensive documentation and reflection: the building blocks of better practice.

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