Effects of Insurgency Related Violence and its Emerging Health Symptoms among Women of Manipur, North-East India

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ABSTRACT: The purpose of this study is to examine the nature of emerging health symptoms among people of Manipur who are directly exposed to violence and those who are unexposed to violence and are residing in Delhi for the last two year. The mental health assessments were conducted among peoples aged 15-92 who were randomly chosen from various parts of Manipur. A sampling of 688 peoples including students was drawn from different section of the society. The Cornell Medical Index Questionnaire was used to identify symptoms of mental health and other somatic health and emotional problems. From the qualitative research it is found that people of Manipur are facing problem of tension, restless, fear of uncertainty and death. It was found that women are having psychological problems with regards to unrest in the state. The present study come out with the findings that people are facing psychosomatic problems and there are possibilities that people of Manipur having post traumatic stress disorder (PTSD) due to prolonged expose to conflicts and tension arising between the state and insurgent groups.

INTRODUCTION

Political violence, as a subtype of collective violence is different from collective violence in the sense that unlike its parent type, it has explicit aims of a political type and is usually directed against the state to either alter or dissolute it. Most of the politically violent movements are ethno-political in nature, that is, are directed by a group of distinctive identity claimants. In other words, "most separatist movements are initiated by or on behalf of people who claim common ethnic or national interests… who share a distinctive and enduring collective identity based on a belief in common descent, shared experiences, and cultural traits, [which may be] ancient or recent, latent or active" (Gurr and Pitsch, 2005). While state is invariably the target, such violence may express itself against people deemed outsiders to the perpetuating party/parties.

As such, insurgency is the regional focus of this study, that is, the state of Manipur, can be said to be political violence having many features of its parent type, collective violence. This is reflected in the words of Singha (2013) who describes two types of conflicts in Manipur, internal and that between state and the society. While internal conflict is largely between different tribes and communities residing in and around Manipur, that between state and the society specifically deal with secessionist tendencies of armed separatist groups against the Indian state. If we go by definition, insurgency may be defined as: "an organised resistance movement that uses subversion, sabotage, and armed conflicts to achieve its aims". Anthropological studies have always highlighted the role of culture in structuring and interpreting violence. Though, it is also observable in earlier functional studies, they are most prominent in studies conducted since 1980s onwards, whether it is a study of paramilitaries in Northern Ireland (Feldman,'91), Indian

riot victims (Das,'90), and torture survivors in Sri Lanka (Daniel,'94). Here, the anthropology of violence becomes part of a new anthropology of the body, in which the body becomes a privileged site for the inscription of signs of power.

Roberts and Browne (2011) gave a systematic review of factors influencing the psychological health of conflict-affected populations in low- and middle income countries arguing for measures of general mental health as more appropriate to cover a broader range of health symptoms across populations. Roberts and Browne (2010) suggested a number of factors, like not being married or the loss of a partner and the burden of being the main career and earner in a household are associated with worse psychological health. Similarly, non-affected populations show poorer mental health amongst women highlighting strong influence of socioeconomic variables, such as education, income, work status, living conditions and security on psychological health.

National Commission of Women (2005) assessed the 'Impact of Armed Conflicts' on women in the North-east India drawing on case studies from Nagaland and Tripura. With the use of qualitative research methodology like interview and case studies this research uncovers the impact of direct and indirect violence on the participants. One of the most important points that have come up in this research is the problem women faced aftermath of violence and conflicts. The torture harassment, abuse and rape cases have led to emergence of psychological and economic problems to the women.

The present research studies the effect of insurgency in Manipur on the mental health of the women. In order to better understand the mental health dimensions of collective violence on the people in the state of Manipur, this study was conducted utilizing both qualitative ethnographic approach as well as quantitative methods concerning psychology and overall health in wake of persistent insurgency mediated violence and ethnic strife.

MATERIALS AND METHODS

The participant comprised of individual in the age-group of 15 to 92 years old. There were in total 688 respondents out of which 248 were unexposed respondents from Delhi and remaining 440 respondents who are exposed to violence were from Manipur.

Researchers adopted a triangulation with a panoramic approaches for gathering data using semi structure questionnaire, structured questionnaire, interview followed by secondary sources. The researcher was confident about the use of questionnaire and schedule having successfully used them. The researcher adopted a directive approach that is well suited to explore the different opinion and problems relating to mental health of the respondents. The strength of this method is that data can be collected face-to-face in a natural setting. The fieldwork of the present research took place over a period of time of 18 months across the valley of Manipur and the people staying in Delhi from Manipur for the last two year. Structured and semi structured questionnaire were employed to check the overall health and psychological status of the people. These questionnaires were distributed to the respondents in groups and were asked to return the same after completing. As all questionnaires are self-administered, there was no major problem among the respondents. The researcher had taken all the necessary cautions by instructing them through local language of how to give the responses.

Interviews were carried out with 150 respondents including politicians, government staffs from various departments of the state and central governments, school authority and teachers along with students. The interview was conducted to those whose lives were affected directly or indirectly by the violence, who had lost lives to violence, and who had observed the violence in the state. Interviews were conducted exclusively with the officials in Imphal valley and Thoubal district. Careful efforts were made to protect the privacy of research participants and these are detailed in the ethical consideration will discussed in the later part.

Ethical issues were also concerned on the analysis and writing up of data. This involves recognition of the collaborative nature of the research and therefore the need to allow the participants' voices to be heard and not to privilege one over others. One issue that presented itself in the writing up of the findings was

the decision about how to report some of the languages and comments of one participant. Some of the respondents were very angry about their experiences and made some scathing remarks about certain individuals. While it was clearly not appropriate to include those, it was important to acknowledge the depth of feeling involved.

Measures

Some of the assessment tools used while conducting fieldwork are as follows:

Demographic Questionnaire: The researcher has employed the socio economic background like occupation, education, income, besides age, sex, religion, age at marriage and marital status are also taken into consideration.

Cornell Medical Index: Cornell Medical Index (CMI) is an auxiliary method of comprehensive inquiry about client general health (Brown and Fry,'62). This questionnaire consists of 195 items, which comprises of 144 items on the physical section and 15 items on the psychological section which are useful in enquiring into the psychological state of the individual. The English version of the questionnaire was used for asking the respondent and translating to local language when required. The scoring criteria of this index is calculated as, every yes respondent item is scored as one score. Thus, by adding the score of different items set, the physical, psychological and total distress score is calculated. The use of critical scoring of 30 has been recommended. Scores of 30 or above are referred to below as "high" CMI score. The section (M-R) score has been found to be a useful indicator of emotional health. The primary aim of the research was to study the emergence of symptomology and its functional impairment of the people who have been exposed and under threat of violence throughout their life. The results of violence experience and its effects on the health of the people need to be interpreted very caution as the research was conducted during the time of violence and it's still an ongoing phenomenon. So, the trauma of violence and its consequences on health have a different course to the lives of the people. Thus, an attempt has been made to the present study to understand the symptoms of the health problem to the respondents in respect of the socio- political conflicts and its impact on the daily life activities.

The general health profile of the exposure and non exposure respondents was assessed by administering the Cornell Medical Index (CMI) health questionnaire. This was done to study the impact on health of these respondents and in studying the differences between the direct exposure (who are staying in the violence area) and non exposure (who are not residing during the violence), socio-economic status, place of residence, education, sex and age wise. The scoring of the CMI questionnaire was done according to the standard criteria of the questionnaire given in the manual. After matching the score of the participants in the CMI questionnaire with the standard scoring cut- off criteria, it became evident that there is a significant total distress among exposed group and unexposed group in terms of physical and total distress.

The data were broadly interrogated with regard to thinking about mental health and violence. The initial analysis provided basic information about how mental health was constructed, the numbers of participants involved, the issues presented and the range of symptoms associated with mental health problems. The quantitative data was analyzed by using the SPSS 16 version; Mean, standard deviation and t-test were calculated. Calculating the 5% level was used to detect statistical significance.

RESULTS

Demographic Characteristics

Mean ages of the exposed and unexposed subjects were 24.52 (SD= 12.23) and 23.4 (SD= 6.19) year, with age range between 15 to 75 years and 15 to 50 years respectively.

The individual's CMI total score also refer as overall health complaints reported by the exposed ranged from with an average of 47.55 (SD= 23.59), and for the unexposed 51.54 (SD= 26.03). Mean CMI for physical health complaints of exposed were 32.32 (SD=17.12), and 36.19 (SD=18.70) respectively. While mean psychological health complaints of 15.23 (SD= 9.02) and 15.35 (SD= 9.20) respectively (see Figure 1).

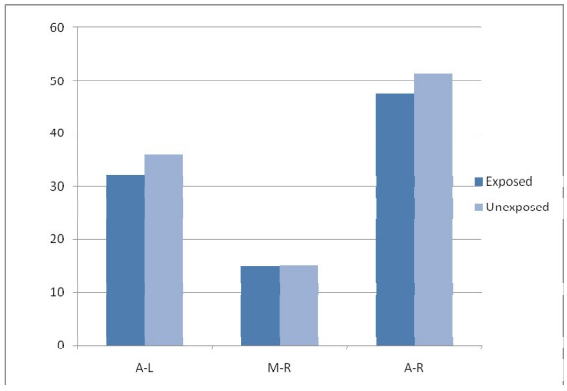

Figure 1: Comparative CMI score and mean CMI

Comparative Pattern of Complaints

The Figure 2, shows mean CMI by section among exposed to unexposed. The unpaired t-tests showed that the exposed women reported mean CMI for nearly all sections significantly higher than those of the unexposed women. However, unexposed women obtained significantly higher in nervous system disorder. If the CMI response more than 50 it showed be considered as common specific health problems among. Among exposed women respondents higher eye and ear problem (57.84%), cardio health problems (67.07%), muscle (70.65%), skin problems (63.06), genitourinary (55.97%), Fatigability (66.19%), frequency of illness (68.04%). Moreover, there are several questions that give more than 50% of the unexposed but much lower among exposed such as respiratory (51.42%), digestive (51.51%), nervous system (61.53%), habits (53.84%).

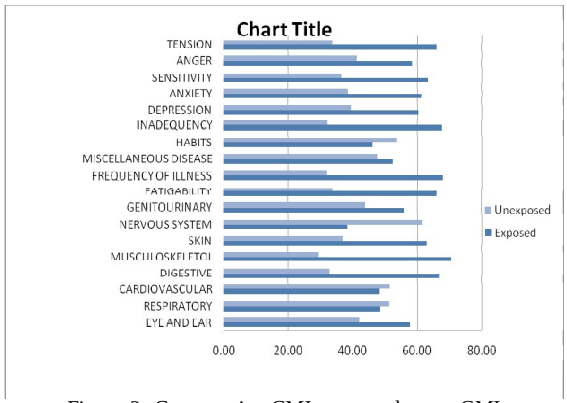

Figure 2: Comparative CMI score and mean CMI

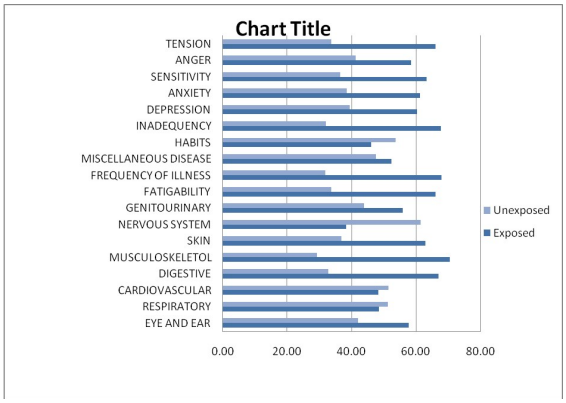

Figure 3: Comparative CMI score and mean CMI

Comparative Psychological Health Complaints

According to the recommended use of the CMI total score >30 or MR score >10 as a cut-off point for indicating degree of emotional disturbance (Brodman *et al.*,'52).

TABLE 1

Comparative percentage of psychological health problems using conventional recommended cut off CMI score

Cut off CMI Score	Exposed (n= 440)	Unexposed (n=248)	Chi-square values
Total score			
< =30	66.3%	33.7%	
31-49	64%	36%	154.47*
> = 50	60.1%	39.9%	
M-R score			
< =10	60.3%	39.7%	54.70*
> 10	66.0%	34.0%	

Significance: * p< 0.05

Kerridge (2013) discussed the prevalence of diarrheal and related diseases, schistosomiasis, trachoma and the nematode infections (DSTN diseases) in conflict prone region. Disability adjusted life years were significantly associated with deaths caused due to terrorism, civil war and one-sided violence in particular subgroups, especially young. Nasim *et al.* (2014) studied psychiatric morbidity among medical students in terrorism affected Karachi using hospital anxiety depression scale. There was a significant association of terrorism with psychiatric morbidity and significant risk factors were found to be age, gender, physical, mental and social health and the desire to live in Pakistan.

Chrisman and Dougherty (2014) reviewed literature detailing increased exposure of millions of

children to wars, terrorism and other disasters leading to heightened mass trauma. The clinical impact of such exposure is influenced by a child's social ecology, which is understood in a risk and resilience framework. R. S. Murthy (2007) analyzed recent epidemiological findings on mass violence in relation to mental health. The development of psychiatric disorders in hitherto unexposed population to violence highlights disproportionate exposure and vulnerability of some particular groups of population like women especially widows, children especially orphans, elderly, disabled and those exposed to severe pain and loss of body parts. The psychiatric symptoms need to be assessed more broadly than just post traumatic stress disorder (PTSD) by including acute stress disorder (ASD), depression, complicated bereavement reactions, substance use disorders, poor physical health, fear, anxiety, physiological arousal, somatisation, anger control, functional disability and arrest or regression of childhood developmental progression.

McKay ('98) addressed the psychological consequences of sexual and gendered based violence for the women. The author has adopted the Machel Study approach in dealing with the effect of violence and their consequences. An important highlight of this article is depicting the proactive roles of women in peace reformation process and as peace builders. The capacity of women in protecting their children's physical and social well-being is a significant finding.

Hershfield *et al.* (2012) discuss the link between mixed emotional responses in attenuating health over time. There is found to be a link between mixed emotions in a person and their physical health in such a manner that co-occurrence of positive emotions effectively checks the physiological impact of negative emotions. Some of the studies explore various interrelations between mental health and various aspects of everyday life. Olatunji *et al.* (2007) discuss the impact of anxiety disorders on quality of life through quantitative meta- review. De Wild-Hartmann *et al.* (2013) discuss everyday association between subjective sleep and probability of future depression among females. Poutanen *et al.* (2007) explored subsequent depressive episodes in primary healthcare patients by using the Depression Scale as a screening instrument for sample of British population.

DISCUSSION

The Cornell Medical Index (CMI) (Brodman *et al.*,'51, '52; Brown and Fry,'62) health questionnaire scores obtained from the exposed and unexposed groups show significant distress in both physical and total distress. The psychological distress on both the group was not found to be significant. When considering exposed and unexposed groups separately there was a significant difference between the age, sex, area and physical and psychological levels. In both the groups there was a significant distress levels in inadequacy, depression, sensitivity, anger and tension. There was a difference in physical distress between the exposed and unexposed groups. The exposed groups showed high significant distress levels in cardio-vascular problems, musculo-skeletal system, nervous system and frequency of illness which were not found to be significant among the unexposed groups. The reason for significance of musculo-skeletal problems and nervous system among the exposed population can be due to the sample size being considered from the aged population as compare to unexposed population. In unexposed groups eye and ear problems along with habits was significant which was not significant in exposed group. In both the groups, genitourinary system, fatigability and digestive system problems were commonly found to be highly significant.

In today information and technology era, hardly everyone is leave untouched by the hurt of violence. It has its hard impact on everyday life of people, affecting the very essence of meaning of living a normal life. There has been many a cases in every corner of the globe which have trigger fear in the life of people everywhere. In the study by Joshi and Mir (2002), there are increasing numbers of adolescent children who are experiencing the problems of post traumatic stress disorder in the valley of Kashmir. The study was one of such kind which enlightens the area of violence affecting and has largely impact the life of these growing up children. There are hardly any official government data which shows the number of violence related trauma on the life of the people. As the government records shows only those data which are seen by the naked eye and countable numbers which can be treated by the physician during the time of violence incidence. The remains of those which

have been unseen and leave undiagnosed remains untreated and most of them become major health problems in their latter part of their life. The study by Sengar (2013) and Roberts and Browne (2011), showed that women are twice as likely as men to suffer from depression and anxiety disorder. And these are closely related to marital status, work and roles in society.

CONCLUSION

There is a significant distress in terms of psychological distress among the exposed population between their places of residence. It is found out that respondents who are residing in the urban setting of Manipur encounter higher psychological distress like sensitivity, depression, inadequacy, tension and anger as compare to the respondents from rural background. From this it can be generalised to an extent that there is an environmental factors which plays a role in the psychological distress of the people. An environment of tension and fear which are surrounding the lives of people living in the urban may have act as a catalyst in psychological health of these people. The capital Imphal of the State of Manipur which is also a major hub for trade and commerce is one of the most densely populated regions in the State. So, the main target of the violence act happens in this region, from pity crime to extortion and civilian attack. These are the central nerve of the whole state and an attack on this region creates a big impact on the whole system of the state. The experience of violence incidence in the state has cause serious health problems to the people. Further, the need for immediate government health policy intervention aftermath of violence in the state need be recommended for identifying the problems rather than working on treating the emerging health problems.

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