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 find 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 pathophysiologic response to an adverse adolescent environment are not well-known. In their survey paper of childhood human capital development. Several studies reviewed suggested
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

1. Complex political emergencies
   - Occur within and across state boundaries,
   - Have political antecedents typically relating to
     competition for power and resources,
   - Are protracted in duration,
   - Express existing social, political, economic, and
     cultural structures and cleavages, and
   - 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. (1) Promoting needs-based assistance free of
discrimination,
2. (2) Civilian-military distinction in humanitarian action,
3. (3) Independence of humanitarian organisations from
   political pressures and interference, and
4. (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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