

LINKAGE BETWEEN GLOBALIZATION, ETHNIC CONFLICT AND PUBLIC HEALTH IN BODOLAND TERRITORIAL AREA DISTRICT (BTAD) OF ASSAM

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DOI No. – 08.2020-25662434

Abstract

Globalization is an international process of interaction among the people of different regions of the world. In today's world globalization has its impact in every aspect of human life. Assam one of the eight states of Northeast India is a culturally diverse region of our country. It is home to different tribal as well as non-tribal people. Globalization has made a significant impact on the life and culture of the people of Assam. To promote globalization, Indian government has maintained good trade relationship with neighbouring countries like Bhutan and Bangladesh through different corridors in Assam. Since Bodoland Territorial Region (BTR), in Assam has international borders, there has been exchange of commodities and migration between these regions. However, from past few decades, there has been increase in large number of illegal migration to Bodoland from Bangladesh. In fear of losing their ancestral land to migrated people, Bodo's which are indigenous tribe in Bodoland have started conflicts with these migrated communities. Conflict have led to immense loose of economic resources and have devastating impacts on the affected population. In this paper an attempt has been made to study the linkage between globalization and Ethnic Conflict and also study the affect of Ethnic Conflict on the public health in Bodoland.

Keywords: Linkage, Globalization, Ethnic Conflict, Public Health, Affect, Bodoland Territorial Region

INTRODUCTION

Globalization is a contemporary worldwide phenomenon, influencing almost all the countries in the world. It has opened the door of many new opportunities as well as formidable challenges. All spheres of life–social, political, cultural and economic–have been subjected to both the positive and negative elements of globalization. With all its promises on the overall qualitative improvement of life and social harmony, some see it as the savior of universal peace and prosperity. On the other hand, rising mercury of its negative elements some condemn it as a new kind of chaos. While everyone welcomes the new opportunities that has emerged one cannot simply leave those negative elements unattended. On one hand, it acknowledges the positive sides of India's integration to global economy and on the other hand it has increased the number of inequality, poverty and social conflicts and has also created threat to local and regional identity especially in tribal areas.

India in the process of Globalization, have maintained open borders with neighbouring countries through different trading corridors in Assam. There has been legal migration of people, as well as exchange of commodities, goods and services with open border countries like Nepal and Bhutan and neighbouring countries especially with Bangladesh and Myanmar. Many people have migrated to India from neighbouring countries and some of them have even permanently settled down in India specially Assam for its rich natural resources. In search of better employment and livelihood activities, there has also been a large inflow of illegal

migration to Bodoland from neighbouring countries like Bangladesh and Nepal. From past few decades, there has been rapid increase in population of other communities specially the Bengali Muslims in Bodoland. According to 2011 Census Report of Kokrajhar, Bodo's constitute only 51% of the total population in BTAD. Bodo's due to the fear of becoming a minority in their own land have started ethnic cleansing of the other communities from their land through Ethnic Conflicts since 1993. Conflict has been reoccurring in Bodoland from time to time. Conflicts have hampered the entire population of the region. It has affected people socially, economically, mentally and physically. In this paper, an attempt is made to study the impact of conflict on the public health in Bodoland.

OBJECTIVES

1. Study the linkage between globalization and Ethnic Conflict in Bodoland
2. Study the impact of Ethnic Conflict on Public Health in Bodoland

PROFILE OF THE STUDY AREA

Bodoland Territorial Region (BTR) is located in the extreme west of state of Assam on the northern bank of Brahmaputra River. The region is located in the foothills of Bhutan and Arunachal Pradesh. Bodoland Territorial Area Districts (BTAD) was created in 2003 under the Bodoland Territorial Council Accord by curving out some area of eight districts within the state of Assam. It is an autonomous administrative unit constituted under the Sixth Schedule of the Constitution of India covering an area of 8795 Sq. km with a total population of 3,151,047 persons (2011 Census Report). In 2020, BTAD was renamed as Bodoland Territorial Region (BTR). Bodoland Territorial Region (BTR) is administered by Bodoland Territorial Council (BTC). BTAD consist of four districts namely Kokrajhar, Udalguri, Chirang and Baksha. At present, Kokrajhar serves as the capital of Bodoland Territorial Area Districts (BTAD).

BTR is inhabited by Bodo community and other indigenous communities of Assam. The highest concentration of Bodo's is in Kokrajhar and Udalguri districts. Amongst the Tribal population, Bodos and less number of Rabhas and Garos inhabit in the region out which Bodos are highest in population in BTR. The other communities like Rajbanshis, Adivasis, Bengali Muslims, Nepali and few numbers of Hindi speaking people are also found in BTR.

METHODOLOGY

The present study is based on both primary data and secondary data. Secondary data is used to study the Concepts of Globalization, Ethnicity and Ethnic Conflict and it is also used to figure out the linkage between Globalization and Ethnic Conflict. Secondary data is collected from research articles, books, newspapers. Primary information is used to study the impact of Ethnic conflict on Public Health in Bodoland. Primary information is collected from four villages of two Revenue Circles i.e Gossaigaon Revenue Circle and Bhowraguri Revenue Circle in Kokrajhar district. Two conflict affected village from each Revenue Circle are chosen for collecting primary data through field survey. From Gossaigaon Revenue Circle, survey is done in two villages namely Bhowraguri village and Boro Binyakhata village and from Bhowraguri Revenue Circle survey is done in two villages namely Tulsibil village and Aminkata village. Information's are collected through direct interview method with the help of a questionnaire from 200 households. The questionnaire used in the survey is a mixture of both open ended and close ended questions relating to 2012 Ethnic conflict in Kokrajhar. The head of the each household is chosen as the respondent of questionnaire for this survey. Information is collected regarding the

impact of Ethnic conflict on health condition of the household.

CONCEPT OF GLOBALIZATION, ETHNICITY AND ETHNIC CONFLICT

Globalization hovers over vast fields yet remains an elusive subject because it is not unidirectional or monolithic in effect across fields. Giddens (1990) defines globalization as “The intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa”. Held et. al (1999) qualifies this ‘intensification’ through more tangible dimensions such as extensity, intensity, velocity and impact. Steger (2009) widens the scope yet further by encompassing vast fields affected by globalization such as economic, political, cultural, ecological, and ideological. The challenge in the study of globalization, however, is posed by the fact that globalization is not necessarily unidirectional or monolithic in effect across these dimensions and fields. Kaldor (2001) rightly points out that “The term globalization conceals a complex process which actually involves globalization and localization, integration and fragmentation, homogenization and differentiation”.

Ethnicity is generally understood as an objective and subjective expression of ethnic identity. Scholars have proposed a bewildering variety of approaches to ethnicity, all of which are currently in use. According to Green (2004) ethnicity referred to the idea of a tribe in the nineteenth century. Later, Allen and Eade (1999) have expanded the meaning of ethnicity to capture identity groups formerly seen as separate entities. Connor (1994) cites examples, where ethnic groups are taken to be synonymous with minorities and even all identity groups which are mobilized for political ends. However, Fearon and Laitin (2000) have criticized Connor and eventually come up with a definition of ethnic groups as groups larger than a family for which membership is reckoned primarily by descent, is conceptually autonomous and has a conventionally recognized natural history as a group.

Ethnic conflicts can be defined as conflicts between ethnic groups within a multi-ethnic state, which have been going on for some time, which may appear to be unsolvable to the parties caught up in them (Ismaylov, 2008). According to (Brown, 1993), an ethnic conflict is a dispute about important political, economic, cultural, or territorial issues between two or more ethnic communities. Many ethnic conflicts result in a significant loss of life, a serious denial of basic human rights and considerable material destruction, some escalating into interethnic or internal war. Ethnic conflicts within a state belong to identity conflicts that are a type of internal conflicts. Besides identity conflicts there are other types of internal conflicts such as ideological conflicts, governance conflicts, racial conflicts and environmental conflicts. Sometimes the term “ethnic conflict” is used to describe a wide range of internal conflicts. An armed conflict is a contested incompatibility which concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths (Sambanis ,2004).When state or government ignore the legitimate political, social, and economic grievances of disadvantaged ethnic often involve a mixture of identity and the search for security where the prime contention groups, it contribute to ethnic conflict (Wolf, 2006).The dominant aspect of identity conflicts is ethnic, religious, tribal or linguistic differences. These conflicts concerns the devolution of power (Ismayelov,2008).

DISCUSSION AND RESULTS

LINKAGE BETWEEN GLOBALIZATION AND ETHNIC CONFLICT IN BODOLAND

In the process of Globalization, India has always tried to develop good relationship with its bordering countries. Since North-East India, shares international boundary with different South-East Asian countries, government have always tried to develop friendly relationship with these countries through trade and commerce and inter-migration for employment in India. Bodoland in Assam shares international boundaries with Bangladesh and Bhutan. India has been maintaining open border with its neighboring countries like Nepal and Bhutan for exchange of goods and cultural assimilation. Through open borders, Indian Government has always tried to maintain Border Trade relationship with the neighboring countries. There has been a tremendous exchange of goods, commodities and population between India and these bordering countries. India has been benefited from the border trade with these countries. India in an attempt of Globalization, has been trying to develop and expand better trade relationship with its neighboring South Asian countries by introducing trade policies like “The Look East Policy”. Globalization has led to immigration and emigration between India and the South Asian countries from employment and commerce. Many South Asian countries have opened companies in India and have started hiring Indian professionals in their companies. India is also importing and exporting various goods from and to these countries. People from the other countries also come to India in for job opportunities and commerce. However, along with the legal migration, India is facing the problem of large influx of illegal migrants to India, especially from Bangladesh. Since North-Eastern Region of India share a long international border with Bangladesh, people from Bangladesh are illegally migrating to Assam, particularly to lower Assam. People from Bangladesh, generally migrate to India in search of employment opportunities. The migrated people from Bangladesh referred to as the Bangladeshi Muslims or minorities have settled down in a large number in Bodoland. They are generally wage laborers in households or agricultural fields, or rickshaw pullers or small vendors. Many minorities have bought lands from the Bodo’s and have settled down in Bodoland and have adopted agriculture as a means of livelihood. Large influx of people from other communities has created tension among the indigenous Bodo’s. Due to the fear of becoming minority in their own land and fear of losing their ancestral lands to migrated population, Bodo’s have started the process of ethnic cleansing through violent Ethnic Conflict against the other communities who stays in Bodoland.

Along with the Bodo’s, Bodoland is also home to various other ethnic groups, each with their own claims of being “indigenous” to the area. In addition to such groups, there are also others like Santhals, Bhils, Munda (Adivasis) who trace their place of origin to central India; the Gangetic plains and from neighboring countries like Bangladesh (Barbora, 2005). Bodos view the Bengali Muslim peasants and the Adivasis, as encroachers of their ancestral land and other resources (Srikanth, 2015). Physical majority of the non Bodos, especially the Bengali Muslims were perceived as having another kind of power, an opportunity to invoke some brands of majoritarian political autonomy that could weaken Bodo politic. Thus, ethnic cleansing mainly targeted the Bengali Muslims. Their first violent assault in 1993-94 was directed against the Bengali Muslims. Later in 1996 and then in 1998 they targeted the Adivasis – the descendants of tribals from east-central India brought to work in the tea estates during the 19th century – killing hundreds of people and displacing over two lakh Adivasis from their villages. However, Bengali Muslim peasants continued to be their prime targets. During the last two decades, Assam has witnessed several ethnic conflict; between the Bodos and the Santhals in 1996, 1998,

2014; between Bodos and Bengali Muslims in 1993, 2008, 2012. The Santhals and other non-Bodo communities have also begun to arm themselves and fought back. This has, in turn, resulted in significant displacement of the Bodo population from areas where they are a minority (Sahni, 2001). Continuous and unabated ethnic conflicts have significantly devastated life and property of the victims, causing large displacement of population from conflict hit areas and creating obstacles in growth and development of the region.

IMPACT OF ETHNIC CONFLICT ON PUBLIC HEALTH IN BODOLAND

In the conflict affected region of Bodoland, people suffered from various kinds of health issues. Harmful effect of conflicts on healthy living conditions combined with lower government expenditures on health during conflicts has dire consequences for individuals. Conflict affected people were hampered both directly and indirectly in a myriad of ways. People not only suffered from physical health issues but they also suffered from mental and psychological health issues. Among the conflict affected population, women and children's were the worst sufferers. The destruction of clinics, the reduction of health personnel, and the difficulties of maintaining the cold chain to preserve the potency of vaccines tends to reduced immunization coverage and increased the incidence of communicable diseases. Among the different conflicts which took place in Kokrajhar. This study focuses on studying the effect of 2012 Conflict. 2012 conflict is chosen as it affected a very large population and about 4, 00,000 people were displaced by this conflict. 2012 Conflict took place between the Bengali Muslims and Bodo's. From this study, it was found that, among the two ethnic conflicts involved in the conflict, Bengali Muslims or Minorities were mostly affected by the conflict. The Minority villages were attacked and burned and the Minorities had to fled from their villages. The different affects are explained below in details.

Individual's physical health was immensely affected due to reoccurring conflicts and low government expenditure on health during conflict situation. Most of the respondents who were attacked in the conflict and were forced to flee from their village and take shelter in relief camps were affected by diseases like acute respiratory infections, diarrheal diseases, maternal and neonatal morbidity, tuberculosis, and vector-borne diseases such as malaria. From primary survey, it was found that, disease risk increased by several conditions common in complex emergencies, including overcrowding and inadequate shelter; malnutrition; insufficient vaccination; poor water and sanitation conditions; exposure to "new" diseases, for which affected populations have not developed immunity; and lack of, or delay in, treatment. In many situations in relief camps, drugs to treat diseases, including Non-communicable diseases such as diabetes or asthma, were unavailable with consequent negative impacts on community health. Among the displaced population, crude mortality rates during the first days of displacement have been reported to be higher. Communicable-preventable diseases such as upper respiratory infections, diarrheal diseases, malaria, and measles have been identified as the main causes of mortality among displaced populations.

Conflicts have led to the destruction of agricultural systems causing food shortages. Food shortage leads to rising food prices, which in crucial cases may cause famines. In addition to damage to agriculture and systems of food distribution, armed conflict has damaged the basic infra- structure such that access to electricity, safe water, and sanitation is impeded. The warring parties actively and explicitly had targeted the infrastructure, with the consequence

that drinking water, sewage and sanitation facilities, power plants, communication lines, and the basic health infrastructure were severely damaged and cease to function reliably. This strategy has led to chaos and social disorder, destabilizing the affected population. There were also instances of burning houses, burning crops, destroying trees, stealing cattle's and vehicles, stealing valuable possessions of house. Particularly problematic to the affected population was damage to the medical and health care infrastructure. Economic collapse and a short- age of public funds lead to severe underfunding and under provision of both private and public health services. Even emergency medical problems fail to be attended to on time. After the conflict, when the displaced population returned back to their native villages, the sick patients could not afford treatment for their diseases due to the shutdown of the Government Health Centres providing free treatment. Those people were no longer able to afford medication with Private clinics due to destruction of their economic recourses and lack of employment and were doomed to die even from diseases. Participants in the survey have strongly perceived that the armed conflict had a major negative effect on the health system in general, mainly through limited access to and poor quality of Health Services. The participants also highlighted the ways through which the conflict led to limited access to and poor quality of Health Services of government. In all the studied villages, the destruction of health facilities coupled with the looting of medical supplies and equipment, targeted killing and abduction of health providers, and eventual migration of health providers were well acknowledged channels through which the conflict lead to limited access to and poor quality of Health Services. With the health infrastructure and personnel under attack, access to the services they provided was not only disrupted or terminated, but the quality was also compromised when later it was restarted after the conflict. The health providers that were left in the few health facilities which were operational during the conflict tended to provide poor services. In addition, with medical supplies regularly looted at health facilities, the cost associated with seeking health services surged.

Again, with agricultural systems as well as infrastructure damaged, it is no wonder that armed conflicts have a significant effect on average income levels and the economic growth in Bodoland. In addition to loss in average incomes of the affected population, Conflict influenced the absolute and relative price levels. The majority of the population who were affected belonged to Below Poverty Line families. After the Conflict there were increase in the price of food and non-food grains and there were difficulties of these poor affected families in meeting their basic needs. Due to the scarcity of food people suffered from various diseases related to malnourishment. New born babies, children and women were worst affected. Pregnant women due to the lack of vitamins and proteins faced health complications during child birth. The babies born were underweight and suffered from malnourishment. The reduction of food availability is frequently accompanied by large protein, calorie, and micronutrient deficiencies, and these deficiencies can produce severe malnutrition. In the presence of disease, nutritional intake is lowered and malnutrition diminishes the body's ability to fight infection. The symbiotic interaction between disease and malnutrition often lead to high levels of mortality, especially in the early phases of complex emergencies.

From the survey it has been found that mental illnesses increase in emergency settings, and that multiple human rights violations may have cumulative and negative mental health impact. Mental trauma, particularly for children has been experienced in conflict affected areas of

Bodoland. Exposure to conflict has produced health distress in the short-term and longer-term psychopathology in children and adolescents. From the survey it was found that, the people belonging to families whose family members are either killed or attacked the rates of anxiety; aggression, phobias, and enuresis have been found to be more.

CONCLUSION

Globalization has become the most potent force emerged in recent time. It virtually affects every walk of life-positive or negative. Unlike other regions of the Indian, North East India is more likely to swamp by its negative effects. The region is at the throes of discernible crisis. There has been increase in inequality and unemployment, decline in the quality of the governance, rise in smuggling, trafficking, illegal immigration, corruption, squandering of public funds, escalation in insurgency related activities, etc. These have led to underdevelopment and erosion of the capacity of the individual and quality of life. A sense of deprivation has developed particularly among the educated tribal youths of the region. Due to illegal migration, and the increase in the number of people from the migrated communities, the indigenous communities fear a loss of their identity and culture and to prevent this, tribal youths have joined insurgent groups and have been involved in ethnic cleansing of the migrated population from their native lands. These have led to frequent occurring of Ethnic Conflicts in Bodoland. If proper actions are not taken by Government to solve this issue, there is probability of other violent Ethnic conflict in the region of Bodoland.

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