



Protracted Conflicts in Africa: Evidence of the Ramifications of Bawku Conflict in Ghana on Access to Health Facilities and Health Service Utilisation

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ABSTRACT

The study mainly analyzes some protracted conflicts in Africa, particularly in Northern Ghana in Bawku in the Upper East Region of Ghana. The theoretical perspective was on protracted social conflict theory with insights from Edward Azar and its implications or ramifications on the internal and external relations of countries. The method used was largely a descriptive survey design, with the main instrument of data collection being a questionnaire, which was administered in the Bawku area in June 2023. A simple random sampling technique was used to select the respondents. The sample size was 399, and the data was analyzed with basic statistics and presented in tables and charts. The study found that the Bawku conflict significantly affected or impacted both the people's access to healthcare facilities (56.3%) and their access to healthcare service utilization (51.2%). Also, the study found that the most detrimental effects of the conflict were in terms of death (78.7%), injuries (74.5%), and obstructions to people's daily activities or operations (66%). In terms of the most effective or most common conflict resolution mechanisms that have been used in the conflict, they include the use of police and the military, followed by traditional councils and houses of chiefs. The study recommends that there must be concerted efforts by the central government and all stakeholders to address the conflict and find a long-lasting solution to the ethnic conflicts that have engulfed the Bawku traditional area. Also, political parties should limit their interference (meddling or snooping) and allow the traditional leaders in the Upper East Region, together with the National House of Chiefs' free hand, to mediate and resolve the protracted Bawku conflict in Ghana.

Keywords: Access to health facilities, Bawku Conflict, Healthcare Service Utilization, Kusasis-Mamprusis, Protracted Conflicts in Africa

I. INTRODUCTION

Conflicts abound in every society, and some societies experience more conflicts than others. The causes of conflicts are context-specific and multifaceted, varying from the developed world context to the context of developing countries. In Africa, some countries experienced more internal conflicts. Some internal conflicts degenerate into national or civil wars with local, national, and international ramifications. Protracted conflicts are those that persist for a reasonably long period of time (Kulang & Ogbonna, 2018). Africa's newest state is South Sudan, which gained independence in 2011. But there was a leadership conflict between President Salva Kiir and Riek Machar, the Vice President, (Yaro & Longi, 2022). This leadership conflict has affected the country economically, politically, socially, and culturally in terms of ethnic division among the population, largely between the Nuer (Machar side) and the Dinka ethnic group (Kiir side) (Kulang & Ogbonna, 2018). Other factors that contributed to protracted conflicts in South Sudan are the struggle for natural resources and endemic corruption (politicians and state officials). Thus, the elites struggle to control the oil revenue against promoting the welfare of the South Sudanese (Ramsbotham, 2005; Lunn, 2016; Kulang & Ogbonna, 2018; Yaro & Longi, 2022).

Thus, the relevance of the theory to communal, tribal, and/or chieftaincy conflicts, specifically the Bawku conflict in Ghana, This theory identifies five key elements that contribute to protracted conflicts. These factors include when groups within a society have incompatible interests and goals, which may be political, economic, social, or



resource competition, or identity or self-determination, among other vested interests, motivations, or goals. Also, when there is competition for power, natural resources, which are often limited in supply, such as water and land, among others, are distributed unequally. Also, deliberate efforts by one group to sideline and deprive another group of certain rights and opportunities. These grievances grow and exacerbate into full-blown conflicts and are some of the factors that contribute to the protracted conflict of Bawku in Northern Ghana (Coleman, 2000; Bukari, 2013).

Moreover, protracted social conflict theory recognizes the role of injustice in conflict, and where drastic measures are not taken to deal with such injustice, they make conflicts persist, as do identity-related grievances that are entrenched, and these developments make conflict resolution more challenging. Other closely related issues that make conflicts protracted include power imbalances between two groups or among groups in a social area or community. This is where one group is dominant, leaving the other group(s) marginalized, oppressed, suppressed, or excluded from the power or decision-making processes of society. These situations create a cycle of resistance, resentment, and, in some cases, conflicts or violence. This is what Miall et al. (1999) termed protracted conflicts due to deep-rooted grievances of the past (historical injustices, issues of discrimination, as well as resolved issues). Thus, the most common way of dealing with protracted conflicts in societies, communities, or countries requires the need to deal with the root causes of the conflict, that is, the underlying structural causes, and make peace and reconciliation between or among the feuding parties or conflicting parties (Coleman, 2000; Azar, 1991). This can involve efforts to promote inclusive governance, equitable resource distribution, intergroup dialogue, and the recognition of diverse identities and rights (Miall et al., 1999). As noted by Bar-Tal (2000), the theory provides a useful framework for understanding the dynamics of protracted conflicts; each conflict has its own unique characteristics and context. Therefore, applying the theory requires careful analysis and adaptation to specific cases.

The Bawku conflict is a practical example of social conflict because its sources involve claims to the identity and power of the Bawku Area. The cycle of resentment over the violence in Bawku makes the conflict resist any measure, despite all the measures kept in place by the stakeholders (Bukari & Guuroh, 2013). The nature of the Bawku conflict hurts all aspects of society, especially health service utilization and livelihood in the various communities (Bukari & Guuroh, 2013). The central objective of the study is to determine the ramifications of the protracted Bawku conflict on access to health facilities and health service utilization.

II. LITERATURE REVIEW

2.1 Theoretical Framework

The article is guided by the Protracted Social Conflict (PSC) theory, which was developed by Edward Azar (1990). The theory explains the causes and dynamics of long-lasting, intractable conflicts within societies. It focuses on the underlying structural and relational factors that contribute to the persistence of such conflicts (Azar, 1990). This theory has been in the circles of conflict studies since the early 1970s but gained prominence in the 1990s as the theory was applied to internal conflicts of states or countries, civil conflicts, tribal conflicts, and small wars, among others (Azar & Moon, 1986; Ramsbotham, 2005). PSC theory has since been applied in several conflict situations in both developed and developing countries. Several studies in Africa's PSC theory include Nigeria, Rwanda, Botswana, South Sudan, and Ghana. Other forms of conflict in other countries include land, chieftaincy, communal, and civil (Utterwulghe, 1999; Maundeni, 2011; Kulang & Ogbonna, 2018; Bakare, 2021; Marfo, Musah, & Mohammed, 2022; Odey & Ugar, 2023). Thus, the relevance of the theory to communal, tribal, and/or chieftaincy conflicts, specifically the Bawku conflict in Ghana, This theory identifies five key elements that contribute to protracted conflicts. These factors include when groups within a society have incompatible interests and goals, which may be political, economic, social, or resource competition, or identity or self-determination, among other vested interests, motivations, or goals. Also, when there is competition for power, natural resources, which are often limited in supply, such as water and land, among others, are distributed unequally. Also, there are deliberate efforts by one group to sideline and deprive another group of certain rights and opportunities. These grievances grow and exacerbate into full-blown conflicts and are some of the factors that contribute to the protracted conflict of Bawku in Northern Ghana (Coleman, 2000; Bukari, 2013).

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2.2 The Health Consequences of Conflict

Protracted conflict also contributes to issues of mental health for community members. Studies show that conflicts caused by violence hurt people, including children who suffer from depression, trauma, post-traumatic stress disorder, anxiety, and other stress-related health conditions. Conflicts hurt healthcare facilities like hospitals, clinics, and diagnostic centers, among others, as in some cases these facilities are attacked or people are prevented from accessing healthcare services due to road blockages, increasing fighting in and around health facilities, among others. Such situations denied people physical access to healthcare facilities and services (De Jong et al., 2000; Bou & Carolla, 2023).

Doctors Without Borders (2014) stated that the conflict and its associated displacement have contributed to the spread of diseases due to overcrowding, inadequate sanitation facilities, and limited access to clean water. Communicable diseases such as cholera, malaria, and respiratory infections may become more prevalent, posing additional health risks to the affected population.

The Bawku conflict between the Kusasi and Mamprusi ethnic groups has had severe health consequences for the affected population, both physically and mentally, in the Bawku area. These are some of the health consequences of the protracted conflict in Bawku, in the Upper East Region of Ghana: One consequence of conflict is the loss of human lives in the area because of sporadic gun violence, shootings, attacks on communities, houses, and farmlands, as well as reprisal attacks. These acts have led to the deaths of tens and hundreds of people, both the combatants and the innocent civilians' natives and non-natives of the Kusasis and the Mamprusis (Yahaya & Tinab, 2015). Violence because of protracted conflict has led to the loss of lives and injuries to people due to gun machete attacks, as well as the internal displacement of people from their homes to other places for safety and, in some cases, movement outside the country as refugees to escape violence or war. Such displaced persons or refugees are faced with limited access to healthcare facilities and healthcare services in their new locations. Even those who stay back in the affected area are faced with the same healthcare service utilization as several healthcare workers who migrate from the conflict area to other places. Besides limited access to healthcare services, the same affected people are faced with malnutrition and increased vulnerability to diseases (Hemat et al., 2017; Fouad et al., 2017).

Addressing the health consequences of the Bawku conflict requires not only immediate medical interventions but also long-term efforts to rebuild healthcare infrastructure, provide psychosocial support, and ensure access to essential healthcare services. Sustainable peace and reconciliation efforts are crucial to establishing a stable environment that can promote the well-being and health of the affected communities (Doctors Without Borders 2014; WHO 2016).

2.3 Maternal Healthcare Utilization of Bawku Conflict

The Bawku conflict has had a significant impact on maternal healthcare utilization in the region (Namasivayam et al. 2017). The violence, displacement, and disruption of healthcare services associated with the conflict have hindered pregnant women's access to essential maternal healthcare services. Some of the specific consequences include: De Jong et al. (2000) found that with limited access to prenatal care, displaced populations and those living in conflict-affected areas often face challenges in accessing regular prenatal care. Healthcare facilities may be damaged or inaccessible, and the fear of violence may prevent pregnant women from seeking necessary antenatal check-ups and screenings. This lack of prenatal care can lead to increased risks during pregnancy and



childbirth (De Jong et al., 2000). The conflict has deterred women from giving birth in healthcare facilities due to safety concerns or the unavailability of functional facilities. Instead, women may resort to home births or seek assistance from traditional birth attendants, which can increase the risk of complications and maternal mortality (Amnesty International 2016).

Inadequate emergency obstetric care and conflict-related disruptions in healthcare services can limit access to emergency obstetric care, which is crucial for managing complications during childbirth. This can increase the risk of maternal and neonatal mortality in cases where urgent medical interventions are required (Amnesty International, 2016). According to WHO 2016, the impact on maternal mental health is: The stressful and traumatic experiences associated with conflict can adversely affect the mental health of pregnant women. Post-traumatic stress disorder (PTSD), anxiety, and depression can further hinder their ability to seek and utilize maternal healthcare services (Ganle et al., 2015; WHO, 2016; Amnesty International, 2016).

Disruptions of supply chains and conflict-related disruptions can also impact the availability of essential medical supplies and medications necessary for maternal healthcare. This can further undermine the quality and accessibility of maternal healthcare services. Efforts to mitigate the impact of the conflict on maternal healthcare utilization involve addressing the underlying causes of the conflict, restoring and strengthening healthcare infrastructure, ensuring the safety of healthcare facilities and personnel, and implementing strategies to promote trust and engagement with the affected communities. These efforts should also include targeted interventions to address the mental health needs of pregnant women and improve access to quality prenatal care, safe delivery services, and emergency obstetric care (Amnesty International, 2016).

III. METHODOLOGY

3.1 Research Design

The study used the descriptive survey design, in which quantitative data was collected through the use of quantitative instruments (Creswell, 2016). The study targeted the inhabitants of Bawku and its surrounding communities in the study area. This was because they were practically familiar with the conflict and therefore provided first-hand information on the ramifications of the Bawku conflict in Ghana on access to health facilities and health service utilisation. Simple random sampling techniques were used to recruit participants. The Yamane formula was used to determine a sample size of 399 out of a population of 144189 respondents.

3.2 Study area

The study was conducted in the following communities: Natinga South. Bawku central, Daduri, Natinga, Yirongo, Bawku central, Kpalugu, Kpalwega, Binduri, Gingade, Nyorigu, Wiidi, Tinsungu, and Jimonde are in the Bawku Traditional Area. The head of the traditional area is Bawku-Naba, who is traditionally called Zugrana by his people (Lund, 2003). The two main ethnic groups in the area are Kusasis and Mamprusis. The majority of the Kusasis practice Christianity; the Mamprusis are largely Muslims. The 2021 Population and Housing Census shows that the study area has a population of 144189 (Ghana Statistical Service, 2021). The study area is known to be a strong commercial area that is dominated by farmers and traders. Bawku shares a border with Togo and Burkina Faso.

3.3 Population and Sample Size

The study used the Yamane formula to determine the sample size with a population of 144189 (Ghana Statistical Service, 2021). A sample size of 399 was used for the study through the adoption of the Yamane (1967) formula for the determination of sample size to avoid bias. Thus:

$$n = \frac{N}{1+N(\alpha)^2}$$

Where n = required sample size, 1 = constant, N = population, and α = level of significance or margin of error. To have a fairly representative sample size, the sample size is determined at a 95% confidence level (at a 0.05 significance level).

3.4 Data Collection

To gather evidence on the determinants of the ramifications of the Bawku conflict in Ghana on access to health facilities and health service utilization, critical literature on conflict processes was reviewed. Data on the ramifications of the Bawku conflict in Ghana on access to health facilities and health service utilization were collected using questionnaires. Questionnaires gathered data on the experiences of respondents on the household



level concerning the experiences of the respondents about the ramifications of the Bawku conflict in Ghana on access to health facilities and health service utilization conflict at the community level. All the processes were undertaken with the acceptable ethics of conducting research in Ghana, as research approval was sought from relevant institutions and issues of respondents' consent, confidentiality, and anonymity were well considered.

3.5 Data Analysis

With the help of the Statistical Package for Social Science Services (SPSS) version 26.0, basic quantitative tools such as means, standard deviation, percentages, frequencies, and mean item scores (MIS) were used to analyze the quantitative data that were collected from the field. The quantitative data was validated before the final interpretation and discussion of the results.

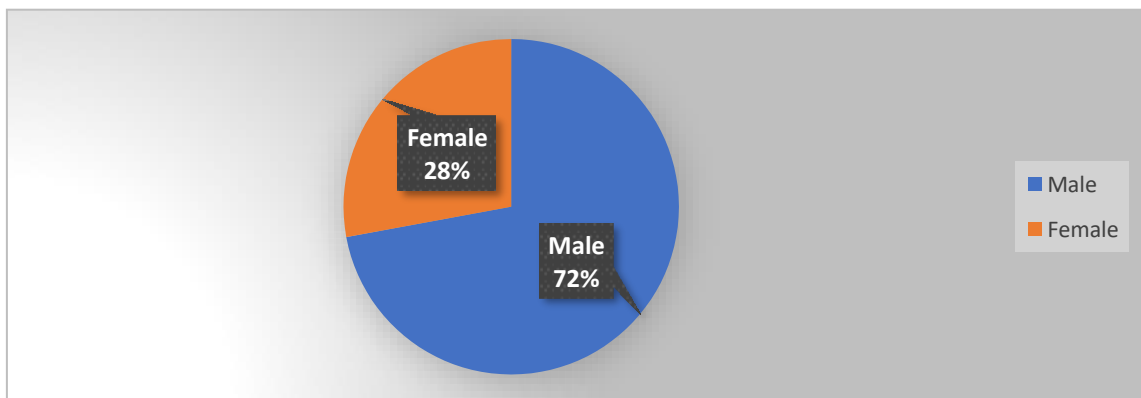
IV. FINDINGS & DISCUSSIONS

4.1 Demographic Characteristics of the Respondents

On the gender of the respondents, the study revealed that the majority (72%) of the respondents were males, while 28 percent of the respondents were females. This shows that the women were not ready to divulge information regarding the conflict, as shown in Figure 1 below.

Figure 1

Sex of Participants



The study further looked at the educational level of respondents, and as high as 76.7 per cent of the respondents attained tertiary education while 23.3 per cent of the respondents had secondary education as in Figure 2 below.

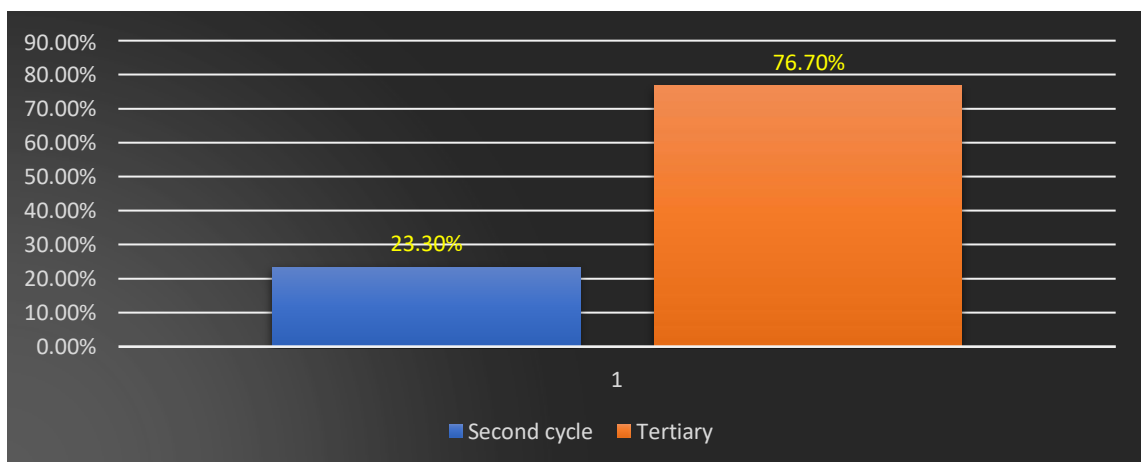


Figure 2

Respondents' Level of Education



4.2 Ramifications of Bawku conflict on healthcare Access and Utilisation

The table below shows some ramifications of the Bawku conflict on healthcare access and utilization in Ghana as identified in the existing literature. With the scale of a five-point Likert scale (1 = not an impact to 5 = very significant impact), The study revealed that 56.3% of the respondents indicated that the Bawku conflict has a very significant impact on health facilities. Again, more than half (51.2%) of the respondents indicated that the Bawku conflict has a very significant impact on access to healthcare services (utilisation) in Bawku and the environs. Further analysis shows that 29.3 percent of the respondents indicated that the Bawku conflict has a significant impact on access to rural health facilities around Bawku. Also, 52.6% of the respondents indicated that the Bawku conflict has a very significant impact on access to urban health facilities in Bawku.

Additionally, on access to emergency services (referrals, ambulances), among others, 56.1 percent of the respondents indicated that there is a very significant ramification. As high as 58.7 percent indicated that the Bawku conflict significantly impacts health workers operating in the municipality, as shown in Table 1.

Table 1

Ramifications of Bawku Conflict on Healthcare Access and Utilisation

STATEMENT	1(%)	2(%)	3(%)	4(%)	5(%)
Facilities	4.2	6.3	8.3	25	56.3
Access to healthcare services (utilisation) in Bawku and the environs	7.3	12.2	9.8	19.5	51.2
Access to rural health facilities around Bawku	14.6	14.6	19.5	29.3	22
Access to urban health facilities in Bawku	7.9	5.3	10.5	23.7	52.6
Access to drugs and medicines (pharmacies, drug stores)	11.9	4.8	16.7	31	35.7
Access to out-patient caretaking of vitals, and consultations among others	9.5	9.5	21.4	26.2	33.3
Access to in-patient healthcare services like admissions among others	0.0	17.5	12.5	25	45
Access to diagnostic services like laboratory, ultra-scan among others	14.6	12.2	19.5	22	31.7
Access to emergency services(referrals, ambulance) among others	7.3	7.3	12.2	17.1	56.1
Access maternal healthcare services and post-natal care	9.8	14.6	17.1	36.6	22
Access to alternative healthcare (herbal, traditional birth attendance)	17.5	17.5	15	25	25
Health workers	6.5	4.3	10.9	19.6	58.7
Strange disease	27.7	23.4	21.3	14.9	12.8
Child mortality	10.9	21.7	15.2	32.6	19.6
Bribery and corruption in the health sector	12.8	12.8	19.1	23.4	31.9
Traumatic experience	6.7	6.7	22.2	22.2	42.2
Break down health information	4.3	10.9	8.7	39.1	37
Malnutrition	6.5	8.7	23.9	26.1	34.8
Outbreaks like cholera/diarrhoea among others	22.7	22.7	18.2	25	11.4
Lack of good drinking water, food and sanitation	10.6	12.8	25.5	27.7	23.4

1 = No Ramifications, 2 = Minor Ramifications, 3 = Somewhat of Ramifications, 4 = Moderate Ramifications, 5 = Very Significant Ramifications

4.3 Detrimental effects of the Bawku conflict on health

This section analyzes the detrimental effects of the Bawku conflict on health. The study measures the findings based on a five-point Likert scale of 1 (not done), 2 (mildly done), 3 (somehow done), 4 (moderately done), and 5 (very much done). Analysis of the data revealed that as many as 78.7 percent of the respondents indicated that there are very detrimental effects of the Bawku conflict on health, not limited to the deaths of the people alone. A further 74.5 percent of the respondents indicated that there are very detrimental effects of the Bawku conflict on health, not limited to injuries alone. Also, the study revealed that 59.6 percent of the respondents indicated that there are very detrimental effects of the Bawku conflict on health, not limited to barriers to accessing healthcare alone in the municipality, as shown in Table 2.

**Table 2***Detrimental effects of the Bawku Conflict on Health*

STATEMENT	1(%)	2(%)	3(%)	4(%)	5(%)
	0.0	4.3	4.3	12.8	78.7
	0.0	0.0	6.4	19.1	74.5
	4.3	6.4	17	29.8	42.6
Healthcare risks	0.0	0	12.8	31.9	55.3
Disruptions	2.1	8.5	12.8	21.3	55.3
Lack of central health authority to coordinate health interventions	2.1	4.3	14.9	29.8	48.9
Barriers to accessing healthcare.	0.0	6.4	6.4	27.7	59.6
Obstruction of daily operations	6.4	4.3	6.4	17	66

1 – Not done, 2 – mildly done, 3 – Somehow done, 4 – Moderately done, 5– very much done

4.4 Factors that Militate Against the Management of the Bawku Conflict

This section presents the results of the factors that militate against the management of the Bawku conflict. The study measures the findings based on a five-point Likert scale. 1: Not a factor, 2: minor factor; 3: – sort of factor 4: moderate factor; 5: very important factor The study revealed that as many as 85.1% of the respondents indicated that political meddling is a very important factor that militates against the management of the Bawku conflict. Also, 57.4 percent of the respondents indicated that conflict of interest on the part of leaders is a very important factor that militates against the management of the Bawku conflict. The study shows that 56.5% of the respondents indicated that the leadership style adopted by leaders is a very important factor that militates against the management of the Bawku conflict. Inadequate resources are a very important factor that militates against the management of the Bawku conflict, representing 50.0 percent of the respondents' views, as shown in Table 3.

Table 3*Factors that Militate Against Management of Bawku Conflict*

STATEMENT	1(%)	2(%)	3(%)	4(%)	5(%)
Foreign Interventions from foreign mediators	36.2	23.4	4.3	19.1	17
Corruption on the part of leadership	0	4.3	25.5	21.3	48.9
Conflict of interest on the part of leaders	4.3	2.1	6.4	29.8	57.4
Inadequate Resources	8.7	6.5	15.2	19.6	50.0
Leadership Style of leaders	4.3	8.7	17.4	13	56.5
Political meddling	2.1	0	6.4	6.4	85.1

1 – Not a factor, 2 – Minor factor, 3 – Somewhat of a factor 4 – Moderate factor, 5– very important factor

4.5 Conflict Management Mechanisms

This section presents the results of conflict management mechanisms adopted to manage the Bawku conflict. The study measure for the findings was based on a five-point Likert scale. 1: Not used 2: rarely used; 3: occasionally used; 4: – Moderately used; and 5: very much used. Findings from the analysis revealed that 76.6 percent of the respondents indicated that police and the military are very much used by leadership as a means of managing the Bawku conflict. The study further revealed that 50.0 percent of the respondents indicated traditional councils are very much used by leadership as a means of managing the Bawku conflict. Also, 32.6 percent of the respondents indicated that the House of Chiefs is very much used by leadership as a means of managing the Bawku conflict, as shown in Table 4.

**Table 4***Conflict Management Mechanisms*

STATEMENT	1(%)	2(%)	3(%)	4(%)	5(%)
Police and Military	6.4	4.3	4.3	8.5	76.6
Traditional Council	6.5	8.7	13	21.7	50.0
Formal Courts	15.2	28.3	13	21.7	21.7
Commissions of Enquiry	32.6	26.1	10.9	15.2	15.2
Houses of Chiefs	10.9	21.7	15.2	19.6	32.6

1 – Not used 2 – rarely used, 3 – occasionally used, 4 – Moderately used, 5 – Very much used

Source: Field Survey, 2023

4.6 Discussion

The Bawku conflict in Ghana, which this paper focuses on as a case, reveals that the conflict is interconnected between politics and ethnicity (tribalism), and it is fought between two parties or feuding factions, namely the Kusasis and the Mamprusis. The evidence gathered from the Bawku conflict also reveals that the politicians in the area take advantage of the conflict to promote their political agenda, hence the protracted nature of the conflict. These empirical observations on the Bawku conflict are consistent with other studies on some protracted conflicts in Africa. This is in line with Yaro and Longi, 2022; Lunn, 2016; Kulang and Ogbonna, 2018; and Nyadera, 2018, who explained that the actors that contributed to protracted conflicts in South Sudan are based on the struggle for political power, natural resources, and endemic corruption (politicians and state officials).

Also, the Bawku conflict is found to be embedded with chieftaincy-related issues, where one group sees their chief as legitimate while the other group thinks otherwise. Such grievances persisted for a long time, particularly during the colonial era of indirect rule where some chiefs from one ethnic group were used and the colonial structures favored one group against the other, as in the cases of the Mamprusis against the Kusasis. This evidence is based on the influence and policies of the British, under which the Mamprusis Kingdom was in a more privileged position of influence than the Kusasi tribe or ethnic group in Bawka and its environs. This concurs with the work of Ramsbotham (2005). The study found that the Bawku conflict is largely motivated by economic and political interests (Conteh-Morgan, 1993; Levitt, 1998; Kingma, 2014; Pechenkina & Thomas, 2022). Theoretically, the Bawku conflict is driven by other structural issues as well as relational factors, as these contributed largely to the persistence of the chieftaincy and tribal/ethnic conflict in Bawku and its environment. This is consistent with the theoretical arguments of Azar and colleagues on the switch of states' attention from international conflicts to internal conflicts (small conflicts within states or countries) (Azar & Moon, 1986; Azar, 1990). The Bawku conflict has become an albatross for the government of Ghana where many lives are lost and a drain on Ghana's economy as tens and hundreds of security officials are deployed there to manage or keep the peace in Bawku.

On the ramifications of the protracted Bawku conflict, the study found the Bawku conflict has a very significant impact on both access to healthcare facilities (56.3%) and healthcare service utilization (51.2%), as shown in Table 1. This is an indication that over half of the respondents share such views. On the negative effects or impact of the Bawku conflict, the study respondents stated that the conflict has the following negative impacts in terms of deaths (78.7%), followed by injuries (74.5%) and several obstructions on people's daily activities or operations (66%), as shown in Table 2. The study findings seem to agree with other findings that violent conflict affects people's access to healthcare facilities and physically prevents or blocks people from accessing healthcare services (De Jong et al., 2000; Bou & Carolla, 2023). I partially disagree with other studies, which put the effects of conflict more on malnutrition and increased vulnerability of people in conflict situations to diseases than lack of access to healthcare facilities and healthcare service utilization (Hemat et al., 2017; Fouad et al., 2017).

On the factors that work against ending the Bawku conflict, the study found three main factors, namely political interferences or political meddling in the conflict (85.7%), followed by the conflict of interest of the leaders working against resolving the conflict (57.4%), and the leadership style as a key factor that is working against resolving the conflict (56.5%), and inadequate resources for those working towards the resolution or management of the conflict (50%) (see Table 3). The factors identified in this study concur with the factors found in other studies (Lund, 2003; Adonteng-Kissi et al., 2019; Gasu, 2020). However, these factors are inconsistent with the factors identified as the main causes of the Bawku conflict by other scholarly works and studies, which see the conflict as largely caused or influenced by competition for power and control over chieftaincy matters in the Bawku area between the two feuding factors—Mamprusis and Kusasis (Plange & Plange, 2007; Naseemullah & Staniland, 2016).



In terms of the conflict resolution mechanisms that are used mostly in managing the protracted Bawku conflict, the results of the study suggest that the most common means is the use of the police and the military (76.6%), then 50% of the respondents mentioned the use of traditional councils as means of managing the conflict, while 32.6% of the respondents indicated the use of the various Houses of Chiefs (the National House of Chiefs and the Regional Houses of Chief in Ghana). These conflict resolution mechanisms found in this study on the protracted Bawku conflict are in line with those found by Issifu and Bukari (2022). The key actors who have mediated or played key roles in the attempt to resolve the protracted chieftaincy conflict in Bawku include traditional leaders from both tribes, governments from both parties, and civil society groups, including the regional and national Peace Council (Yaro & Ngmenkpiao, 2020; Issifu & Bukari, 2022).

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

The study concludes that though the government of Ghana, the various Houses of Chiefs, the Peace Council, and the civil society groups (CSOs) have all played various roles in ending the conflict, it appears the Bawku conflict is not going to end anytime soon due to the multi-actors varied and vested interests in the conflict.

The study also concludes that though the Bawku conflict is an internal or intra-state conflict, it is not well managed and could have a spill-over effect on two of Ghana's neighboring countries, Togo and Burkina, due to some ethnic connections between two tribes or ethnic groups (Mamprusis and Kusais) and connections with other tribes or ethnic groups in the neighboring countries.

This study has made a great contribution to intra-state conflict, the dynamics of internal conflict, and the internationalization of the Bawku conflict. Also, it adds to the field of conflict and conflict resolution mechanisms. Above all, it brings on a new dimension of the ramifications of conflicts on healthcare facilities and healthcare service utilization, which have received less attention.

5.2 Recommendations

The study recommends that there must be concerted efforts by the central government and all stakeholders to address the conflict and find a long-lasting solution to the ethnic conflicts that have engulfed the Bawku traditional area. Also, political parties should limit their interference (meddling or snooping) and allow the traditional leaders in the Upper East Region, together with the National House of Chiefs' free hand, to mediate and resolve the protracted Bawku conflict in Ghana.

Conflict of Interest

The authors declare no conflict of interest.

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