

Navigating Conflict and Health in Bawku, Ghana: Implications for Resolution and Management

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ABSTRACT

The main goal of this study was to evaluate how conflicts are resolved and how they affect people's ability to access health care in Bawku, Ghana. Specific objectives were to assess factors that affect the management of the Bawku conflict and to evaluate the consequences of the conflict on health services in the Bawku region. The residents living in different locations of Bawku in the Upper East Region of Ghana comprised the target population, which was 144,189 persons. Forty-five (45) respondents were selected using an expert purposive sample methodology with an explanatory sequential design in a mixed method approach. The study was guided by the Protracted Social Conflict Theory. Basic statistical techniques were used in data analysis. The study used questionnaires and interview guides as its main methods for gathering data during the month of July 2023 in the Bawku region. The findings are presented through tables and charts. According to the findings, the Bawku War made it very difficult for residents to get access to medical facilities and services. The worst effects were seen in terms of casualties, wounds, and disruptions to regular life. In addition, the research identifies the best and most frequently used mechanisms for conflict resolution, which include the employment of the military and law enforcement, traditional councils, and houses of chiefs. Furthermore, the study concluded that the ethnic ties of the Mamprusis and Kusasis to other ethnic groups in these nations could potentially lead to the spread of the Bawku conflict to neighboring countries, particularly Togo and Burkina Faso. The study recommends a decrease in hostilities and, potentially, advocates for the complete cessation of political interference in the conflict resolution process in Bawku, located in the Upper East Region of Ghana.

Keywords: Bawku Conflict, Conflict, Resolution, Health Services, Kusasis-Mamprusis

I. INTRODUCTION

Africa faces multiple conflicts over contestable issues such as land, chieftaincy, and ethnicity, among others. These conflicts have been experienced since the 1960s as prolonged and protracted ethnic-related violent political conflicts, including, in some cases, civil wars in the following countries: Liberia, Sierra Leone, Algeria, Burundi, Chad, Congo-Brazzaville, the Democratic Republic of the Congo (Zaire), Cote d'Ivoire, Eritrea, Ethiopia, and many others (Adonteng, Jibril, & Osei, 2019).

The conflict in Bawku refers to a longstanding ethnic and political conflict that has affected the town of Bawku and its surrounding areas in the Upper East Region of Ghana. Bawku is predominantly inhabited by two main ethnic groups: the Kusasis and the Mamprusis. The conflict between these groups has roots in historical tensions, competition over resources, and political rivalries (Yaro & Longi, 2022; Bukari, 2013; Lund, 2003; Morelli & Rohner, 2015).

The conflict in the Bawku region can be traced back to the early 1990s. However, there had been unpredictable instances of clashes in the region, occurring between Kusasis and the Mamprusis people. The conflict intensified in the 1990s for political reasons, with enmity between Ghana's two main political parties. These were the New Patriotic Party (NPP) and the National Democratic Congress (NDC). The two opposing parties exacerbated



prevailing ethnic tensions, as noted by Mbowura and Longi (2016). The conflict featured violent and deadly clashes involving armed attacks and arson, as well as revenge killings occurring between the two communities (Kusasi and Mamprusi). Vigilante youth groups from both sides have been formed, such as the Kusasi Youth Association (KYA) and the Mamprusi Youth Association (MAYA). The two formations have been engaging in different violent acts (Longi, 2014).

The origins of the conflict in the region are mainly due to a number of reasons. The major causes are land disputes, disagreements over chieftaincy, struggles over political power, increasing poverty gaps, and competition over scarce resources. Similarly, conflicts in the Bawku region have existed as a result of inherent factors, e.g., high poverty levels, youth unemployment, and inadequate access to both education and healthcare (Yaro & Ngmenkpieo, 2020). On their part, Issifu and Bukari (2022) posited that measures to settle the conflict have been continuous over the years. These have encompassed various stakeholders, like community leaders, state officials, and civil society organizations. In order to boost dialogue and reconciliation efforts, mediation and peace-building processes were initiated. These were aimed at restoring peace in the Bawku region. The formation of peace committees, forums involving inter-ethnic communities, and the deployment of armed personnel are some of the other tactics adopted to curtail the conflict (Yaro & Ngmenkpieo, 2020; Issifu & Bukari, 2022). The main goal of the research is to determine how conflicts are resolved and how they affect people's ability to access health care in the traditional area of Bawku.

1.1 Statement of the Problem

The protracted armed conflicts in Bawku, in the Upper East Region of Ghana, prevail among two ethnic groups. This has made health workers run away and refuse postings to Bawku. These have caused the health system in the area to breakdown. Additionally, the neglect of the area has resulted in the diversion of funding for the health sector into conflict resolution and management processes (Longi, 2014).

Despite some progress in reducing the intensity of the conflict, military personnel continue to attempt to maintain peace in Bawku and its immediate environs, despite occasional clashes or violent incidents (Fearon & Laitin, 2011). While the long-standing nature of the conflict and its underlying causes or factors make it a complex challenge to address, sustainable peace requires continued efforts to address root causes, promote inclusive governance and socio-economic development, and foster reconciliation between the two ethnic groups (Issifu & Bukari, 2022). This study sought to establish factors that affect the management of the Bawku conflict and the consequences of the conflict on access to health services in Bawku, Ghana.

1.1 Objectives of the research

The main goal of this study was to evaluate how conflicts are resolved and this affects people's ability to access health care in Bawku, Ghana.

Specific Objectives

- (i) To assess factors that affect the management of the Bawku Conflict
- (ii) To evaluate the consequences of conflict on health services in Bawku region

II. LITERATURE REVIEW

2.1 Theoretical Review

2.1.1 Protracted Social Conflict Theory

The study adopted the Protracted Social Conflict Theory, a framework developed by Edward Azar (1990) to explain the causes and dynamics of deeply entrenched conflicts within societies. This theory delves into the underlying structural and relational factors that sustain such conflicts (Azar, 1990). This concept explores the impacts and consequences of conflicts in relation to healthcare access as well as health service utilization, emphasizing their intractability and persistence.

Likewise, this theory acknowledges the effects of identity in prolonged conflicts. The concept attests that divergent ideals hinged on ethnicity, tribe, religion, linguists, or traditions can form a collective identity viewpoint and accelerate conflict. Identity-connected resentments and notions of injustice can turn and become firmly entrenched, making conflict resolution more difficult. Power imbalances between formations, governments, and marginalized societies are major components of protracted conflicts. When a specific group or segment perceives marginalization, oppression, or exclusion from decision-making processes, All these create a pattern of resentment, opposition, and violence. Mall et al. (1999) noted that protracted conflicts in most cases arise and continue due to deep-rooted



resentments stemming from past historical injustices, favoritism, or unsettled issues. These grievances align, forming a collective memory and directing the narrative and arousal of the warring parties. Coleman (2000) and Azar (1991) suggest that the resolution of prolonged conflicts necessitates addressing the underlying structural factors. Additionally, Namasivayam et al. (2017) noted that it is concerned with changing the relationships between and amongst the opposing parties and, as such, constitutes a fundamental concept in handling complex conflicts. As remarked by Bar-Tal (2000), this model offers beneficial insights into prolonged conflict dynamics, acknowledging that every conflict has its own unique features and contextual elements.

The conflict in Bawku represents a real-world demonstration of a social conflict arising from disputes and disagreements over identity, authority, and power within the region. Although there are efforts by stakeholders to enforce different measures, the consistent pattern of violence and hate in Bawku makes the conflict defy resolution, as indicated by Bukari and Gurroh (2011). According to the authors, this kind of Bawku conflict has a negative effect on all facets of society. Bukari and Gurroh (2011) argue that this influences healthcare utilization as well as the livelihoods of different communities.

2.2 Historical Reflection of Kusasi-Mamprusi in the Bawku Chieftaincy Conflict

In Northern Ghana's Bawku area, conflict involving chieftaincy between Kusasi and Mamprusi ethnic communities is a never-ending historical matter. Plange and Plange (2007) opined that the conflict's origin centers around power competition and superiority in the chieftaincy status between these two ethnic entities. Mbowura and Longi (2016) noted that the origin of the conflict dates back to the pre-colonial period, during which the Kusasi and Mamprusi communities coexisted in the region. Historically, the area was part of the larger Dagbon Kingdom, but with the collapse of Dagbon's centralized authority, smaller chiefdoms emerged, including Bawku (Soeters, 2012). Gasu (2020) asserts that over time, tensions grew between the Kusasi and the Mamprusi groups as they struggled for control over the Bawku chieftaincy. The chieftaincy position held significant economic, social, and political influence, leading to intense rivalries between the two ethnic groups. The conflict heightened during the colonial period, particularly when the British established indirect rule. This entailed embracing and supporting local chiefs as the link between the colonial authority and the local people.

The post-independence era exemplified the continuity of the chieftaincy conflict. The two ethnic communities demanded historical and ancestral chieftaincy rights. It also involved disagreements over succession and legitimacy. In most scenarios, the conflict morphed into violence and clashes between diehard rival chiefs. This led to fatalities, the destruction of property, and the displacement of citizens (Lund, 2003). Recently, the area has undergone measures to resolve the conflict and foster peace. State officials, village leaders, and community stakeholders are participating in various peace programs, dialogues, and mediation processes aimed at promoting peace. Despite these efforts, we have not achieved long-term peace or conflict settlement, and the conflict continues to flare up periodically.

Adonteng-Kissi et al. (2019) emphasized the restoration of peace from 2003 to 2007. However, in the year 2008, another clash took place between the two ethnic groups. The government managed to intervene through curfews and a motorcycle use ban (Adonteng-Kissi et al., 2019). The Kusasi-Mamprusi Bawku conflict over chieftaincy is still complex and entrenched. This is affected by historical, cultural, and political elements. The resolution of conflict necessitates addressing the underlying grievances, promoting dialogue and reconciliation, and exploring strategies to balance the interests of both ethnic groups in a peaceful and inclusive manner (Adonteng-Kissi et al., 2019). The conflict in Bawku has adversely impacted various services, including access to healthcare facilities and services in the region.

2.3 Health Consequences of Conflict

In Bawku, conflicts pitting Kusasi and Mamprusi ethnic communities have led to substantial health repercussions for the affected population. This has contributed to a notable loss of life and has immensely influenced the physical and mental wellness of the people in the region. A major consequence of conflict is widespread fatalities over the years. Direct violence, stemming from clashes between opposing sides, community attacks, and revenge killings, has led to the deaths of both combatants and innocent citizens. Hemat et al. (2017) observed that the violence linked to the conflict has contributed to a considerable amount of physical trauma. Individuals have been subjected to gunshot wounds and machete attacks, among other kinds of violence. As a result, serious injuries, disabilities, and sustained health ramifications are dominant. In most scenarios, displaced citizens undergo pathetic standards of living, insufficient access to healthcare, and exposure to diseases and malnutrition (Hemat et al., 2017; Fouad et al., 2017).

The protracted scope of conflict and vulnerability to violence have accelerated the mental wellness and health of affected citizens and communities. De Jong et al. (2000) observed that citizens, encompassing children, have



undergone depression in addition to post-traumatic stress disorder. The conflict has interrupted the operations of healthcare centers, contributing to constrained medical service accessibility. Hospitals and other health institutions are damaged or become hard to reach, while healthcare employees may fail to offer care due to safety considerations. Inaccessibility to healthcare additionally increases health issues and fosters the danger of preventable ailments (Bou & Carolla, 2023).

According to the 2014 report obtained from Doctors without Borders, the war and associated displacement have magnified the spread of diseases and ailments, mainly because of various factors. This includes overcrowding, inadequate sanitation facilities, and a lack of access to clean water. As a result, it has contributed to the heightened prevalence of non-communicable illnesses, e.g., cholera, malaria, and respiratory ailments, further risking the affected population's health status (Doctors Without Borders, 2014).

2.4 The Bawku Conflict and Maternal Healthcare Utilization

According to Namasivayam et al. (2017), the war in Bawku has left an indelible mark on the adoption of maternal healthcare services in the area. The conflict and war have birthed violence, forced displacement, and healthcare service interruptions. De Jong et al. (2000) highlighted the constraints linked to inadequate access to prenatal care in instances of instability, as demonstrated in the Bawku conflict, located in Ghana's Upper East Region. Those who are displaced or live in conflict-prone areas frequently face obstacles in securing consistent prenatal care. This is mostly due to healthcare institutions being ruined or unobtainable in conflict settings and conflict areas. Additionally, the challenge arises when pregnant women are unable to access anti-natal care at healthcare centers due to the avoidance of violence.

Inaccessibility to prenatal healthcare services has serious health consequences for pregnancies (De Jong et al., 2000). In some contexts, the avoidance of attacks or violence leads to pregnant women giving birth at home instead of at health facilities, resulting in associated maternal health complications and even the risk of maternal death. Other pregnant women turn to the services of traditional birth attendants (Amnesty International, 2016). Another issue is the lack of emergency obstetric care in health facilities due to disruptions caused by fighting or violence. Such situations have the likelihood of increasing maternal and neonatal mortality. The conflicts have a greater impact on pregnant women's mental health, as well as the associated post-traumatic stress disorder and depression. These conditions can reduce the possibility of pregnant women seeking and utilizing maternal healthcare services (WHO, 2016; Amnesty International, 2016).

III. METHODOLOGY

3.1 Study Area

The study covered a range of localities or communities within the Bawku Traditional Area. The residents of Bawku refer to the traditional leader (paramount chief) as Bawkunaba or Zugrana (Lund, 2003). In terms of demographics, the primary groups in this area are the Kusasis and Mamprusis. The majority of the Kusasis follow the Christian faith, while the Mamprusis are primarily Muslims, According to the 2021 Population and Housing Census, the study region's population is 144,189 (Issifu and Bukari, 2022). This study area is famous for its lively commercial activities, with a notable presence of traders and farmers. Bawku shares its borders with Togo and Burkina Faso.

3.2 Research Design

The study employed a mixed-methods approach. Initially, the researcher gathered and analyzed quantitative data, referencing the subsequent development of qualitative tools for cross-validation (Creswell, 2015). The research sought to determine how conflict in Bawku impacts access to health facilities and services, with an emphasis on the currently occurring ethnic conflict.

3.3 Target Population

The target population consisted of residents living in various locations of Bawku in Ghana's Upper East Region. The research concentrated on citizens from the Kusasi and Mamprusi ethnic communities, representing the area's key demographics. In this regard, Bawku's overall population is 144,189, according to figures obtained from the Population and Housing Census of 2021.



3.4 Sampling Procedures

This research adopted both purposive and random sampling techniques. The location of the study, the Bawku Traditional Area, was picked by employing a purposive sampling approach. This geographical area is famed for its historical ethnic conflicts between the Kusasi and Mamprusi ethnic communities. Respondents were then selected randomly from this demographic setting to avoid bias in the sample selection process and ensure unbiased representation.

3.5 Sample Size

The research embraced sample size determination formula to measure the sample size founded on the margin of

3.5.1 Sample size Determination

The study used Yamane formula to determine the sample size with the 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 determination of sample size to avoid bias. Thus:

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

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

The sample size in this regard is approximately 399 and 45 respondents were also selected using purposive sampling techniques for the qualitative data.

3.6 Data Collection Procedures

To respond to the research goals, structured interviews were performed in Bawku region and neighboring areas. Every interview meeting persisted nearly forty minutes. Likewise, researchers perused documents connected to the Bawku ethnic war derived from the department of Public Records and Archives Administration in Tamale. It is worthy to emphasize that all processes adhered to the ethical stipulations outlined for research in Ghana. The suitable institutions supplied research permit, and measures were considered to ascertain respondents' informed permission, discreetness, privacy, and anonymity. Responders willingly engaged in the study, which aided to guarantee the quality and validness of the data.

3.7 Data Analysis

SPSS software Version 26.0 was utilized to determine quantitative data. Similarly, qualitative data was analyzed thematically, encompassing transcription of interviews, code formation, and development of thematic framework.

IV. FINDINGS & DISCUSSIONS

4.1 Response Rate

This section presents the findings and discussions. The respondents who took part in the study were for both quantitative and qualitative data. 399 and 45 respondents were obtained from the Bawku traditional area for quantitative and qualitative information respectively. This was done to draw information concerning the effects of the Bawku Conflict, factors affecting conflict management in Bawku and the conflict resolution mechanisms.

4.1.1 What are the Harmful 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 the Bawku conflict has very detrimental effects on health, not limited to the deaths of people alone. A further 74.5 percent of the respondents indicated that the Bawku conflict has very detrimental effects on health, not just injuries. Furthermore, the study revealed that 59.6 percent of the respondents indicated that the Bawku conflict has very detrimental effects on health, not limited to barriers to accessing healthcare alone in the municipality, as shown in Table 1.





Table 1 Harmful Effects of the Bawku Conflict on Health

STATEMENT	1(%)	2(%)	3(%)	4(%)	5(%)
Death	0.0	4.3	4.3	12.8	78.7
Injuries	0.0	0.0	6.4	19.1	74.5
Disability	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

4.1.2 What are the 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: Somewhat of a 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 2.

Table 2 Factors that Militate Against Management of Bawky Conflict

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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

4.1.3 What are the Conflict Management Mechanisms?

This section presents the results of the conflict management mechanisms adopted to manage the Bawku conflict. The study's findings were measured on a five-point Likert scale. 1: Not used 2: rarely used; 3: occasionally used; 4: moderately used; and 5: very much used. The analysis revealed that 76.6 percent of the respondents indicated that leadership heavily relies on the police and the military to manage the Bawku conflict. The study further revealed that 50.0 percent of the respondents indicated that leadership heavily relies on traditional councils to manage the Bawku conflict. Table 3 shows that 32.6 percent of the respondents indicated that the House of Chiefs plays a significant role in managing the Bawku conflict.

Table 3 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





4.2 Effects of the Bawku Conflict

The study sought to investigate the effects of Bawku conflict on Health. The result is presented in Table 1.

Table 1 Effects of the Bawku Conflict

Effects	Percentage (%)
Death	78.7
Injury	74.5
Disability	42.6
Healthcare risks	55.3
Disruptions	55.3
Lack of central health authority to coordinate health interventions	48.9
Barriers to accessing healthcare	59.6
Obstruction of daily operations	66

Table 1 shows the health effects of the Bawku conflict, expressed as a percentage. Death is the most commonly stated effect, accounting for 78.7% of all replies. 74.5% of respondents reported injuries. Disability is also a serious issue, impacting 42.6% of the population. Other significant implications include healthcare risks and disruptions, which were cited by 55.3% of respondents. 48.9% of respondents highlighted the lack of a central health authority to coordinate actions, while 59.6% reported hurdles to healthcare access. Finally, 66.0% of respondents said that the conflict impeded their regular operations. These findings indicate that the conflict has had a significant impact on various areas of health and healthcare access in the Bawku region.

The interview questions demonstrate the widespread impact of the Bawku conflict. In the interview session, one of the respondents, a nurse, expressed this sentiment:

The fighting has resulted in the displacement of thousands of people who are now living in Camps with limited access to basic services. People living within the conflict zone often lack access to health facilities and medical care due to insecurity in the area. These factors have resulted in a decrease in health services, leading to poorer health outcomes for those affected by the Bawku Conflict.

Furthermore, a female key informant reported:

Yes, the conflict in Bawku hurt the utilization of healthcare services. During the conflict, many healthcare facilities were closed down, and access to this service was limited. As a result, numerous people have been unable to access the healthcare services they need.

Another participant revealed:

Aggression and displacement stemming from the war have interrupted healthcare services access, resulting to a position where availability mostly relies on the environment to which individuals have been coerced to flee. Moreover, the escape of health staff from the conflict-affected zones has deteriorated the already constrained healthcare services access. Likewise, the conflicts and war have resulted to enhanced poverty, additionally worsening the challenges of getting healthcare in the area.

The outcomes align with those of Hemat et al. (2017), who posited that violence linked to the conflict has contributed to a substantial quantity of physical injuries. Individuals have sustained gunshot wounds, machete attacks, and other kinds of violence, leading to serious injuries, disabilities, and adverse health implications. Most of the time, displaced individuals face harsh living conditions, limited access to healthcare, and increased susceptibility to illnesses and malnutrition (Hemat et al., 2017; Fouad et al., 2017). According to Bou & Carolla (2023), the conflict disrupted healthcare centers' operations, resulting in low access to medical services. Outcomes stress the urgent demand for immediate interventions in healthcare to deal with the high death rates, injuries, and disabilities stemming from the conflict in Bawku. Furthermore, structural improvements in healthcare systems and coordination processes are essential for ensuring equal access to healthcare services and dealing with the wider health-related consequences of the conflict.

4.2.1 Factors Affecting Conflict Management in Bawku

The research intended to determine the factors affecting conflict management in Bawku region. The outcomes are depicted below in Table 2.



Table 2

Factors Affecting Conflict Management in Bawku Region

Factors	Percent (%)
Political meddling	85.1
Conflict of interest on the part of leaders	57.4
Leadership Style of leaders	56.5
Inadequate Resources	50
Corruption on the part of leadership	48.9
Foreign Interventions from foreign mediators	17

Table 2 above demonstrates the main elements that foster disagreements in the Bawku region, as perceived by those polled. Political intervention seems to be the most serious issue, with 85.1% of respondents highlighting it as a key obstacle to conflict resolution. This similar perception stresses the negative impacts of political interference on conflict forces. At the same time, conflict of interest in leaders (57.4%) and discontent with leadership styles (56.5%) are significant contributors to the conflict. Inadequate resources (50%) and corrupted leadership (48.9%) promote tensions, outlining governance challenges and resource restrictions as core causes. On the other hand, the lowest percentage value of 17% indicates that interventions by foreigners and external mediators have a relatively reduced impact. These outcomes indicate the intricate correlation of both internal and external forces that affect conflicts in the Bawku region.

The respondents to the interview questions corroborate the findings. In this context, a male key informant provided the following explanation:

> The chief of Bawku has failed to settle the chieftaincy conflict for a number of reasons. To begin with, there exists a long-standing dispute amongst the two main ethnic communities in the region who are the Kusasis and Mumprusis. This conflict is heightened by other elements, e.g. disputes over land, competing interests to power and the evolving system in political landscape. Furthermore, the system of traditional chieftaincy has been overlooked by the Bawku Municipal Assembly. This has made it hard for the chief to perform as a neutral mediator. In the end, there is suspicion and lacks trust between the two warring sides and absence of political goodwill to seek solutions.

Another responder (trader) said:

The conflict is very much complicated and has deep historical roots in the region. There exists a longterm rivalry between the two ethnic formations, which has been bolstered by disputes over land and other related issues. The conflict is further worsened by the interference of local politicians who have taken advantage of the tensions in the area to promote their ambitions.

Another participant, a police officer indicated:

The Bawku chief has not resolved the conflict regarding chieftaincy because of divergent reasons. One, there exists a long-standing dispute between the two key ethnic communities in the area. This dispute is made worse by other variables like disputes over land, competition for power and the shifting political systems of the area. At the same time, the system of traditional chieftaincy has been ignored by Bawku Municipal Assembly presence, making it hard for the chief to stand as a mediator. Lastly, there is no trust between the two formations and a lack of political goodwill to arrive at an agreement.

4.3 Conflict Resolution Mechanisms

Research intended to find out the conflict resolution mechanisms employed to act on conflict in Bawku. Outcomes are illustrated below in Table 3.

Table 3 Conflict Resolution Mechanisms

Management Mechanism	%
Police and Military	76.6
Traditional Council	50.0
Formal Courts	21.7
Commissions of Enquiry	15.2
Houses of Chiefs	32.6



The results presented in Table 3 above suggest that police and military involvement is the most preferred conflict resolution mechanism for managing conflict in Bawku, as indicated by 76.6% of respondents. This hints at a heavy dependence on security forces to preserve peace and order in the area. It was followed closely by the Traditional Council, as illustrated by 50.0% of respondents, depicting the value of traditional leadership models in managing conflicts within the community. On the other hand, the use of formal legal mechanisms, e.g., formal courts alongside commissions of inquiry, is somewhat low, with only 21.7% and 15.2% in that order. This means that informal and traditional techniques for resolving conflicts are preferred over formal legal procedures. The engagement of Houses of Chiefs is also demonstrated, with 32.6% of respondents reacting.

These findings align with those of key informants. In this context, one key informant provided the following response:

> Traditional leaders are employed to mediate disputes e.g. in 2007 crises in Baku, Nanumba paramount chiefs were used. These traditional leaders are regularly viewed as neutral mediators and can arrive at decisions that are acceptable by both parties in disputes. The next mechanism is the adoption of public and other dialogue forums where entire stakeholders come together to debate and come to a conclusion. This enables a safe haven for the parties to relay their grievance and arrive at an agreement.

A responder (Prison Officer) reacted:

Mechanisms for settling conflict in the Bawku region are limited due to the intricate aspect of the conflicts. Reason being is that they have been occurring in the area for decades. Traditional methods of resolving conflicts, e.g. mediation and negotiation, have been insufficient in acting on the deep-rooted grievances, resentments and animosities between rival groups. Inaccessibility to justice, fairness and the skewed influence of powerful players make it hard for effective methods of resolving conflicts to be put in

Study outcomes are in agreement with past research on protracted wars in Africa, specifically regarding the continuing ethnopolitical clashes in the Northern Ghana Bawku region (Lund, 2003). Lund observed that the region's violent aspect originates from the ongoing ethnic tensions. This illustrates the ingrained reasons for violence in Bawku, which remains a considerable threat to peace and stability in the region. On their part, Gasu (2020), Lund (2003), Morelli, and Rohner (2015) acknowledge economic and political interests as key components in the Bawku war. Both structural and relational elements shape these wars, aligning with Azar's theoretical concepts on the transition from global to regional conflicts (Azar, 1990).

The conflict in Bawku presents a significant challenge to Ghanaian authority, resulting in fatalities and significant damage to economic resources, despite the deployment of security troops to maintain peace. The observations of the research outcomes seem to be in agreement with previous studies (Yaro & Ngmenkpieo, 2020; Issifu & Bukari, 2022). In terms of elements that constrain conflict resolution, the research identifies interference from political actors, conflicts of interest among politicians, styles of leadership, and scarce resources as key variables. Research outcomes conform with earlier research by Lund (2003), Adonteng-Kissi et al. (2019), and Gasu (2020). Nevertheless, they contrast with reasons pointed out in other research, such as competition for power and chieftaincy control issues (Plange & Plange, 2007).

This research also argues that the main methods for conflict resolution used to control the protracted conflict in Bawku entail both the police and the military. Traditional councils and various houses of chiefs follow these methods. These methods agree with Issifu and Bukari's (2022) findings and outline the multi-pronged technique required to solve conflicts effectively in the Bawku region.

IV. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

Research outcomes depict the major effect of political involvement, conflicts of interest among political leaders, and scarce resources on the continuing war in Northern Ghana's Bawku region. These variables contribute to the region's volatility and pose a significant threat to peace and security. The key components of the conflict are economic and political interests, outlining the value of extensive measures for settling inherent grievances and encouraging ethnic reconciliation. The research further indicates that the main forms of dispute resolution embraced in Bawku entail both police and military, in addition to traditional councils and several houses of chiefs. These tactics assist in controlling conflicts; hence, they call for improved coordination, cooperation, and collaboration among various stakeholders in order to be effective.



5.2 Recommendations

Adopting measures to address inherent challenges, such as political interference and conflicts of interest, is essential. These dispute resolution mechanisms are both slow and effective. According to study findings, the government should expand the institutional structures for conflict resolution, such as traditional councils and houses of chiefs. These will help to improve their ability to effectively address challenges. Addressing the underlying economic and political issues that trigger violence, such as resource distribution and power distribution, necessitates the implementation of programs that promote dialogue and reconciliation.

REFERENCES

- Adonteng-Kissi, O., Adonteng-Kissi, B., Jibril, M. K., & Osei, S. K. (2019). Communal conflict versus education: Experiences of stakeholders in Ghana's Bawku conflict. International Journal of Educational Development, 65, 68–79. https://doi.org/10.1016/j.ijedudev.2017.08.002
- Amnesty International. (2016). The mental health impact of South Sudan's conflict. Amnesty International, South Sudan.
- Azar, E. E. (1990). The management of protracted social conflict: Theory and cases. Aldershot: Dartmouth.
- Azar, E. E. (1991). The management of protracted social conflict: Theory and cases. Aldershot: Dartmouth.
- Bar-Tal, D. (2000). From intractable conflict through conflict resolution to reconciliation: Psychological analysis. Political Psychology, 21(2), 351-365.
- Bou Sanayeh, E., & El Chamieh, C. (2023). The fragile healthcare system in Lebanon: Sounding the alarm about its possible collapse. Health Economics Review, 13(21), https://doi.org/10.1186/s13561-023-00435-w
- Bukari, K. N., & Gurroh, R. T. (2011). Civil society organizations (CSOs) and peacebuilding in the Bawku Traditional Area: Failure or success? Research on Humanities and Social Sciences, 3(6), 31-41.
- Bukari, N. K. (2013). The peace process in the Bawku conflict in Ghana: Challenges and prospects. Conflict and Communication Online, 12(2), 1-12.
- Coleman, P. T. (2000). Intractable conflicts. In M. Deutch & P. T. Coleman (Eds.), The handbook of conflict resolution: Theory and practice (pp. 428-450). San Francisco: Jossey-Bass.
- Creswell, J. W. (2015). A concise introduction to mixed methods research. Thousand Oaks, CA: Sage.
- De Jong, K., Mulhern, M., Ford, N., Kam, S. van der, & Kleber, R. (2000). The trauma of war in Sierra Leone. The Lancet, 355(45), 2067-2068. https://doi.org/10.1016/S0140-6736(00)02364-3
- Doctors Without Borders. (2014). South Sudan conflict: Violence against healthcare. Medicines Sans Frontiers, South Sudan.
- Fouad, F. M., Sparrow, A., Tarakji, A., Alameddine, M., El-Jardali, F., & Coutts, A. P. et al. (2017). Health workers and the weaponisation of health care in Syria: A preliminary inquiry for The Lancet-American University of Beirut Commission on Syria. The Lancet, 390, 2516-2526.
- Gasu, J. (2020). Identity crisis and inter-ethnic conflicts in northern and upper east regions of Ghana. Ghana Journal of Development Studies, 17(1), 68-91. https://doi.org/10.4314/gjds.v17i1.3
- Hemat, H., Shah, S., Isaakidis, P., et al. (2017). Before the bombing: High burden of traumatic injuries in Kunduz trauma center, Kunduz, Afghanistan. PLOS One, 12, e0165270.
- Issifu, A. K., & Bukari, K. N. (2022). (Re)thinking home-grown peace mechanisms for the resolution of conflicts in Northern Ghana. Conflict, Security & Development, 22(2), 221-242.
- Longi, F. Y. T. (2014). The Kusasi-Mamprusi conflict in Bawku: A legacy of British colonial policy in northern Ghana. Ghana Studies, 17(7), 157-176.
- Lund, C. (2003). Bawku is still volatile: Ethno-political conflicts and state recognition in northern Ghana. Journal of Modern African Studies, 4(14), 578-610.
- Mall, H., Ramsbotham, O., & Woodhouse, T. (1999). Contemporary conflict resolution. Cambridge: Polity.
- Mbowura, C. K., & Longi, F. Y. T. (2016). Colonial conflicts in contemporary northern Ghana: A historical prognosis of the British colonial factor in the Nawuri-Gonga and Mamprusi-Kusasi conflicts. Legon Journal of the Humanities, 27(1), 172-195.
- Morelli, M., & Rohner, D. (2015). Resource concentration and civil wars. *Journal of Development Economics*, 117,
- Namasivayam, A., González, P. A., Delgado, R. C., & Chi, P. C. (2017). The effect of armed conflict on the utilization of maternal health services in Uganda: A population-based study. PLOS Currents: Disasters, 1-12.



- Plange, N.-K., & Plange. (2007). The colonial state in northern Ghana: The political economy of pacification. Review of African Political Economy, 11(31), 29-43. https://doi.org/10.1080/03056248408703598
- Saunders, M. N., & Bezzina, F. (2015). Reflections on conceptions of research methodology among management academics. European Management Journal, 33(5), 297-304. https://doi.org/10.1016/j.emj.2015.06.002
- Soeters, S. R. (2012). Tamale 1907-1957: Between colonial trade and colonial chieftainship. Leiden University.
- Health Organization (WHO). (2016).ALERT: Cholera and conflict South https://reliefweb.int/sites/reliefweb.int/files/resources/south_sudan_donor_alert_july2016.pdf
- Yaro, D. S., & Longi, F. Y. (2022). Developing alternatives: Citizens perspectives on causes and the ramifications of the 2003 conflict in Darfur. International Journal of Conflict Management, *3*(1), https://doi.org/10.47941/ijcm.913
- Yaro, S. D., & Ngmenkpieo, F. (2020). Chieftaincy succession conflicts in the Bunkpurugu traditional area, North East, Ghana. UDS International Journal of Development, 7(1), 285-295. http://www.udsijd.org