Conflict Relations and Community Participation in Health

Issa Sombié

Institut des Sciences des Sociétés/CNRST, Ouagadougou, Burkina Faso
Email: sombiss@gmail.com

Abstract

The aim of this article is to analyse the types of conflict that exist in the villages and how they influence participation relationship. The study took place in the Fada and Léo health districts. The Fada N'Gourma health district is located in the Est health region. The Fada N'Gourma health district is located in the Eastern region and covers the entire N'Gourma province. Two categories of people were included in the study. These were the members Health committees of the localities forming the framework of the study. Three board members were selected: the president, the general secretary and the treasurer. In addition to Health Committees' members, heads of households were also included in the study. The conflicts identified during the study have been grouped into three main categories: conflicts between villages, political conflicts, conflicts in health committees. These conflicts have caused a crisis of legitimacy of traditional power, weak functioning of health committees, difficulties in collaboration between villages and between populations. These conflict relationships negatively influence collaborative relationships which slow down the dynamics of community participation in health in the study area.

1. Introduction

With a view to improving the performance of the health system, Burkina Faso has opted to involve communities in the management of health services. To this end, a community organization known as the "Health Committee" has been set up, made up mainly of elected community members and health workers. The role of this body is to organize and mobilize communities to get involved in ac-

tivities to ensure the smooth running of the health center (George et al., 2015; Goodman et al., 2011; Molyneux et al., 2012). Communities are expected to take part in meetings, contribute through financial contributions, and physically take part in work (making bricks, cleaning the health center and many other types of activity). The villages in which participatory activities are promoted have experienced conflicts of varying natures (Bobbio & Melé, 2015; Seguin, 2015), which are not without effect on interpersonal relations, on relations between the populations and the members of the management committee (Boulle, 2013; Kesale et al., 2021). The aim of this article is to analyze the types of conflict that exist in the villages and how they influence participation relationship.

Many approaches in the social sciences emphasize the totality of society (totality refers to an approach to thinking that locates phenomena in wider social structural and historical context) and its political unity, embodied by the state. They emphasize the communal nature of society, the social bond and the integration of its members. Society is thus seen as a harmonious whole, where all individuals agree to live in total respect of the rules, and where all goes well without disturbance of any kind (Coser, 1998; Kolb & Putnam, 1992). These approaches minimize or ignore conflict, the antagonistic relationship between members of society. In their most extreme and ideological variants, these approaches go so far as to reduce social life to the question for "harmony", as can be seen in certain texts of contemporary Chinese sociology inspired by Confucianism (Wieviorka, 2013). The group's efforts are directed towards maintaining the status quo in which life finds its perfect equilibrium. As the functionalists emphasize, society is a balanced whole in which each institution must play its part to the full. Any malfunctioning puts society at risk of disorder (Bossong, 1996; Deutsch, 1994). This view sees conflict as a source of anomie, disorder and social disorganization. In this sense, Parsons and many other sociologists see conflict as a negative element, a pathology. Talcott Parsons came to see conflict as having mainly disruptive, dissociative and dysfunctional consequences. Parsons sees conflict above all as a "disease". It should be noted that Emile Durkheim was more sensitive to the disturbing dimensions of conflict, than to its capacity to contribute to progress or social integration (Marks, 1974).

There are also approaches that place conflict at the heart of the analysis of social life. Indeed, they point out that conflict is an integral part of everyday life and cannot be analyzed solely in its negative dimension (Bercovitch, 1984; Kriesberg, 1982). Beyond the fact that it generates competition and often violence, it also has positive aspects. Conflict is studied as "a positive element, a factor of progress and dynamism, at least a normal form of social life, a type of interaction ensuring change, or even the functioning of society" (Kolb & Putnam, 1992; Perez & Mugny, 1993; Simmel et al., 1995).

Like many concepts in the research field, participation as a research object is subject to multiple definitions, and it is not easy to find an unanimously accepted definition (Head, 2007; Kahssay & Oakley, 1999; O'Rourke et al., 2003). (Oakley, 1989) defined participation as follows: "a general definition of public

participation with which few would argue is the practice of involving members of the public in the agenda-setting, decision-making, and policy-formulating activities of organizations/institutions responsible for policy development". For (Zakus & Lysack, 1998), participation is: "taking part in the process of formulation, passage, and implementation action by citizens which is aimed at influencing decisions which are, in most cases, ultimately taken by public representatives and officials". (O'Rourke et al., 2003) note: "involvement may be considered as a local attempt to include organized groups of service users in the planning, and occasionally the management, of such services". For (Contandriou-poulos, 2009) "participation encompasses all possible ways in which public can influence a decision consultation usually describes a situation in which the public can voices its opinion without any direct possibility of decision in the end".

The link between conflict and participation in this article is simply analytical, and aims to understand how populations can mobilize in a context of interpersonal, group, family and other interest group differences. Indeed, the participation in question here calls for collective mobilization and collaboration between the various players (individuals, villages, associations) with a view to improving the performance of the health centers. Participation is not seen as a solution for avoiding, channelling, eradicating or calming conflicts, as some authors believe. It is seen as a social practice that takes place in a given context and is not immune to its influence. The analytical perspective adopted is to show how conflicts can influence the dynamics of community participation in health in a given area. It should be remembered that the villages in which community participation in health is promoted are not consensual; they are driven by divergences and disagreements that are not without consequence for participation relationships.

2. Methodology

2.1. Study Setting

The study took place in the Fada and Léo health districts. The Fada N'Gourma health district is located in the Est health region. The Fada N'Gourma health district is located in the Eastern region and covers the entire Gourma province. With a surface area of 11,200 km^2, it is one of the largest districts in the country. The district's population was estimated at 367,056 in 2012 (updated 2006 census data). The district's population is characterized by a high crude birth rate (54.4%) linked to a high total fertility rate (225.6%), which contributes to a relatively high growth rate (3.36%). General mortality (11.8%), infant mortality (91.8%) and child mortality (142.6%) remain high in the district. Life expectancy is also low, at 56.5 years. The indigenous population is mainly Gourmantché (68%), with a number of ethnic groups including Mossi (15%), Peulh (14%), Haoussa and Djerma. The Léo health district covers an area of 7186.20 km^2, which is the area of the Sissili province, of which Léo is the capital. The district's population was estimated at 248,526 in 2012, according to DGISS data. The

crude birth rate is estimated at 46 per thousand, compared with 46 per thousand nationally; the general mortality rate is 11 per thousand, compared with 15.2 per thousand nationally; infant mortality is still high, at 103 per thousand, and life expectancy at birth is 56 years. The population is predominantly rural (85.57%). Women account for 53.93% of the population, and the 0 - 14 age group represents 46.79%. Agriculture and livestock farming account for 90% of economic activity.

2.2. Study Population and Sample

Two categories of people were included in the study. These were the members Health committees of the localities forming the framework of the study. Three board members were selected: the president, the general secretary and the treasurer. These are the three most influential members, and the ones who participate most in the various meetings. Our preparatory discussions with the heads of the health districts revealed that these members are generally the most involved in the running of the Health committees, and therefore possess enough relevant information to enable us to understand the dynamics of collaboration between the Health committees and local populations. A total of 9 Health committees' members were interviewed. Their ages ranged from 57 to 32. They were all married, some monogamous and some polygamous. The average number of children per person is 4. Of the 9, only 3 have a primary school education, and 4 have taken part in literacy courses in Mooré and Bissa. They have all served more than one term. While 6 are in their first term, the other 3 are in their second. Of the 9, 2 are women, all of them treasurers. In addition to Health committees' members, heads of households were also included in the study. In each of the study localities, 20 heads of household were selected from the village where the health center is located. In all, 60 heads of household took part in the study. For their selection, with the help of the delegate, we divided the village into 4 zones and used a step of 10 to identify the concession. In yards where there were several heads of household, the oldest among those present was selected. This criterion was used to respect the right of eldership, which is very much in force in the study area. Again, with the assistance of some community leaders, 5 female heads of household were identified in each locality and included in the study. In all, 60 heads of household were interviewed, 45 of them men and 15 women. The average age of the men was 29. Fewer than half had any formal education. They are all married and have several children. The average number of children is 7. They are all farmers and work in secondary occupations such as mechanics, commerce, handicrafts, and many other odd jobs that enable them to earn money. As for the women, their ages range from 41 to 22. None of them has attended modern school. They are all housewives and petty traders.

2.3. Data Collection, Processing and Analysis

Data were collected through individual interviews. Interviews with Health com-

mittees members focused on the functioning of the Health Committees, the types of conflict that influence participation, the causes of conflict and the ways in which it manifests itself, the actors involved and their roles, and the effects of conflict on community participation. Discussions with heads of households focused on the following points: sources of conflict, actors and their roles, types of conflict influencing participation behaviour, effects of conflict on participation.

All interviews were recorded on digital tapes using dictaphones and telephones. At the end of collection, all tapes were retrieved by the principal researcher and saved on a computer and server. All tapes were coded to ensure anonymity, thus respecting ethical rules of confidentiality. Care was also taken to erase all recordings on the devices used by the two assistants. All tapes were then transcribed and entered into Word files. It should be noted that some interviews were conducted in the local language and transcribed into French. All files were imported into the NVIVO qualitative data processing and analysis software. It should be noted that, when saving the files, codes were used instead of the names of the interviewees. This precaution was taken to comply with the ethical rules governing qualitative research. An encoding guide was drawn up and used to code all the transcribed speeches. The content analysis method was used. The first stage of the analysis involved grouping the parts of the interviews according to codes. The second stage was devoted to the search for elements of meaning. To support and substantiate the analysis, verbatims were extracted and used in parts of the report. To respect confidentiality rules, codes are used instead of the names and functions of the interviewees. This ensures that the real identity of the authors of the speeches used in the text is not revealed. This ensures strict compliance with ethical research standards.

3. Result

3.1. Types of Conflict and Forms of Protest

The conflicts identified during the study have been grouped into five main categories, and are presented below.

3.1.1. Conflicts between Villages

The conflicts identified between the villages concern land management and the installation of education infrastructures.

Around ten conflicts between villages over land management have been recorded. The disputes concern disagreements over the boundaries of cultivation fields and the exact location of certain lands (Bagayoko & Koné, 2017). In the village of Cellou, for example, the dispute arose from the occupation of a plot of land by an inhabitant of the village of Kalou to set up a farm. The inhabitants of the neighboring village felt that the construction of the farm had crossed the boundary to occupy part of their land. After several meetings, the two villages were unable to reach an agreement. The conflict erupted when the inhabitants of Cellou village organized themselves to go and destroy the part of the farm's fencing wall that they felt had encroached on the boundaries of their village.

A resident explains:

"As part of the farm was built on our land, it had to be destroyed, and that's what we did, and the inhabitants of the other village refused to accept. That's what led to the clashes, with people injured on both sides. The forces of law intervened and the administration forbade any intervention on the disputed area". (Participant 2)

The inhabitants of Kallou believe that the fact that Cellou's people came to attack the farm on their land is a form of declaration of war, and this is what justifies the clashes. A resident declares:

"On that day, it must be said that it was God who saved us. There was a risk of death. When people from our village heard that young people from the other village had come to break down part of the wall of the farm under construction, they moved to the site with the intention of forcing them out. And in the space of a few minutes, the inhabitants of the two villages clashed violently. Injuries occurred on both sides. It must be said that the rapid intervention of the police prevented any loss of life". (Participant 4)

The location of health facilities is also a source of conflict between villages. Indeed, several villages in the study area have experienced difficulties in working together due to the construction of schools, health centers and water installations. The results of the study indicate that the villages of Salo and Ouéga in the western part of the study area have long been at odds over the construction of a school. A member of the management committee provides more details.

"It should be noted that the two villages had no school. The children had to walk about ten kilometers to get to school. To remedy this situation, the government decided to build a school between the two villages to facilitate access for the children. The education authorities held several meetings with the traditional leaders of the two villages to identify a site for the school. All the village leaders agreed to the site and to the start of construction. Two weeks later, the inhabitants of the village of Salo intervened to stop the work on the grounds that the chosen site was actually outside the boundaries of their village. Instead of the school being located between the villages, they felt that it was being built on the land of the village of Ouéga, which happened to be the sole beneficiary. It was this act that sparked off the conflict between the two villages, which have ceased all collaboration. The people of Ouéga have been banned from attending the weekly market in Salo" (Member of Health committee of Salo village).

The inhabitants of Salo village justify their action by the fact that the site that had been unanimously approved was abandoned when work began, in favor of another site chosen by a Salo village national who was in charge of education in the province at the time. A local resident provides further details.

"The conflict arose because the site chosen by the two villages was changed

by the person in charge of education. The inhabitants of Salo village felt betrayed and believe that this is a way for the provincial education officer from Salo village to set up the school in his village. This explains the violence of all kinds that has brought the work to a standstill for two years now" (Participant 11)

Many conflicts exist in the study area, where the protagonists are the villages as a whole. The causes defended concern the general interests of the population. Conflicts always leave after-effects that could have negative consequences on collaboration and partnership initiatives between villages in the area. Divisions, resentments, mistrust and feelings of revenge are all factors that could have negative effects on the behavior of the inhabitants of villages in conflict. The promotion of community participation requires collaboration between the villages that make up the health area.

3.1.2. Political Conflicts

Political conflicts refer to disputes between members of the populations of the villages in the study area over access to positions of power. These are competitions for the positions of traditional chiefs and local representatives of the main political parties. The survey results show that conflictual situations exist in several villages in the study area. Two cases are presented below.

The first is the village of Sougou. In fact, this locality is experiencing a conflict situation characterized by periods of calm and moments of high tension. On several occasions, the conflicting parties have clashed with sticks, axes, clubs and even firearms. As one interviewee said:

"In truth, nothing is going well here anymore. The village is divided and the situation could degenerate at any moment. It's not easy, but we have to live with it" (Participant 3)

Another family head concluded:

"I don't think it's possible to find a peaceful solution in this village in the near future". Relations between the inhabitants suffer from this situation of "latent war" (expression used by a nurse).

Regarding the origins of the conflict, versions differ according to the actors interviewed and involved in the dispute. One interviewee gives his version:

"The chieftaincy conflict in our village began after the death of a former chief. In such a situation, someone has to succeed him, and that's where things got complicated. Initially, there was only one candidate, but a few weeks later a second candidate declared himself. The two candidates are in fact brothers with the same father but different mothers. They are all retired from the armed forces, one a gendarme and the other a soldier. Of the two candidates, the gendarme is the one most loved by the villagers. In fact, he's a man who's easy to get on with and gets along with everyone. While he was on duty, whenever there was an event in the village, he was always present.

He's also always available to help others. Whereas the other is the complete opposite. Many people in the village even say they don't know him. We rarely saw him here in the village, and I think he started coming when he wanted to be chief. When it came to choosing the chief, the one people didn't like was chosen instead of the other. As soon as the news got out, a large part of the village travelled to Tenkodogo to protest in front of the royal court. I think the Tigré naaba (the king of Tenkodogo at the time) refused to receive them. On the spot, this section of the population decided that they didn't recognize themselves in the designated chief and that their chief would be the loser. The people carried him back to the village and a party was organized for the occasion. Only a small part of the population addressed the designated chief in Tenkodogo. From that moment on, the village was divided and each camp obeyed its own chief. This situation has lasted, I think, for more than 5 years and no solution has been found. The problem has even spread beyond our village, as some chiefs in smaller villages have also decided not to pledge allegiance to the chief appointed by the king, but rather to the one chosen by the population" (Participant 5)

Another participant gives his version of the origin of the chieftaincy conflict in the village of Sougou:

"The division the village is going through is linked to the problem of appointing a chief. The king of Tenkodogo appointed a chief for the village, as he usually does, and some people challenged his decision by choosing a chief themselves. I think this is the first time this has happened here. How can the college of notables choose a chief and individuals refuse to accept this choice? I don't understand it. There are a lot of things that those who challenge the designated chief put forward to explain their behavior. But what's certain is that these are not the real reasons; I think there must be something else. In all cases of leadership appointments, there are always winners and losers. That's the way it's always been. To come back to your question, it's because of the appointment of the chief that the village was divided. The conflict between the two camps arose from this situation" (Participant 12).

The people involved in the study were unanimous in recognizing that the chieftaincy conflict between the inhabitants of the village of Sougou had its origins in the designation of a successor to their deceased chief. Indeed, the notables gathered around the king chose a successor who, for various reasons, a large part of the population did not wish to see accede to this function. Not only did he not have enough connections in the village, he was also considered inaccessible and unwilling to get involved in solving the inhabitants' problems. His appointment divided the villagers, who are now divided between two chiefs, with all the tensions that implies.

The second conflict, linked to political competition, took place in the village of Kassou and pitted the militants of two political parties against each other. In-

deed, after the victory of one political party in the last local elections, the other camp did not appreciate it and contested the results, arguing that there had been rigging and massive fraud. In addition to lodging an appeal with the electoral commission, the losers launched a series of protests in the form of marches, destruction of public and private property and physical assaults. Activists of the winning party also organized themselves to counter the violence. As a result, the clashes escalated, causing a great deal of material damage and injuries. Since the advent of this situation, militants from both political parties have grown suspicious of each other, avoiding any collaboration. A local participant in the study gives his version of the origins of this conflict:

> "The person who lost the post of councillor is the nephew of the village chief. After the results were announced, his supporters declared that if it wasn't him, no one else could hold that position in the village. People close to the chief organized the population to protest and get the authorities to cancel the election results. When they couldn't, they started attacking others, and that's what led to the clashes. It was a very difficult situation. There was a lot of damage. Fortunately, there were no fatalities" (Participant 8).

The establishment of political parties since the advent of democracy has not been without consequences for collaborative relationships and cohesion as a whole. Competition for political posts (councillor, mayor, deputy) provokes conflicts that often take on major proportions. It's a fact of life in the villages of Burkina Faso.

3.1.3. Conflicts in Health Committees

Health committees are community structures set up at each health center and made up of representatives of the population and health workers. Members are appointed through elections. The role of the committee is to organize the population to facilitate their participation in health actions. It plays an important role in the government's community participation strategy. In many villages in the study area, this entity is affected by crises:

In the village of Saloucou, for example, the health committee was unable to function due to a crisis. A member of the health committee explains:

> "It's been a few months since some of the members of the office stopped taking part in activities. Out of the seven members of the office, only two of us run the Health Committees. It all started with a problem between the president and an auditor. It was during a meeting that the auditor and other members complained that the Health Committees president was doing everything without informing them, and that if there were activities that should enable Health Committees members to have money, they were leaving them out. He gave the example of polio vaccination campaigns and certain meetings held in Tenkodogo. He and others felt that the president wanted to push them aside. There were discussions and both sides got angry. From that day on, relations between the president and certain members of the

board were no longer good. The nurse called at least two meetings to try and resolve the problem, but I don't think it worked, because the others say that as long as the president remains, they won't take part in any more activities. The chairman is not happy about the fact that they accuse him of embezzling Health Committees' money. It seems that Health Committees members who are no longer taking part in activities are telling the village that the chairman and the nurse are embezzling CSPS money for their own benefit. It's a complicated situation we're experiencing in the office. I wanted to resign to avoid the two camps accusing me of helping one or the other. Knowing this village well, I think that the conflict within the Health committees must have another explanation. Those who are in conflict with the president are in an opposition party and the president is from the CDP. During the last municipal elections, things were hot in the village. Each party wanted to beat the other and, in the end, each party won one of the two village councillors. I think the real reason for the conflict is that the others think the president is using his position on the Health Committees to mobilize people. I remember that during the campaign, at a meeting held at the market square, the others told the people to be careful not to elect people who are used to embezzling their agent. People understood that this was the President's camp. We must also recognize that the president is not too correct either. He was the president of a group several years ago, but people say that it was he and one of the chief's brothers who brought down the group by diverting fertilizer and equipment to sell and build their house. So, it's this whole past that makes people have little confidence in him. But when elections are held to renew the board, those who complain don't take part, so it's clear that things can't change. These days, the Health Committees board is divided and it's difficult to work. That's why people aren't interested in what we do" (Participant 13)

The excerpt shows that the health committee office is in crisis due to accusations made against the chairman by other members, and that this situation has led to a division within the committee. A health services manager in the study area pointed out that the majority of health committees are facing crises that are affecting their performance. He states:

"To tell the truth, the zone's health committees are not working well. For several months now, it has been difficult to hold the monthly meetings with all members, as provided for in the structure's bylaws and internal regulations. The other members you have already met must have explained the situation to you. Some of the members accuse the Chairman of keeping them out of management and of embezzling money. I tried to bring the two parties together to better understand the situation so that together we could find a solution, but it didn't work. I was surprised that the president was accused of embezzlement, because he can't disburse money without the treasurer and myself knowing about it. I signed the cheque. I think there

must be another problem not directly linked to the management of the Health committees. What's known to everyone in the village is that the parties in conflict are politically opposed, so perhaps it's only there that we need to look for the sources of the differences within the Health Committees. In short, we need to find a solution quickly to enable the Health Committees to function properly. We've noticed that others are spreading false information that discourages people from taking part in CSPS activities. For example, there are villages or neighborhoods where it has become more complicated to organize health promotion activities because of low mobilization" (Participant 20)

3.2. The Influence of Conflict on Community Participation

3.2.1. The Legitimacy of Traditional Power Is Challenged

Referring to the chieftaincy conflict that has been raging in his village for some years, this participant in the study talks in this extract about the repercussions of this situation:

"In this village, we lived together without any problems, which enabled us to do many things for the benefit of the village. Whether it was the school or the health center, we all worked together here to achieve everything. At the time, we didn't talk about ethnicity; being Mossi, Bissa or Yana wasn't important. It was above all a person's behavior that made people trust him or her. When it came to choosing someone for a position, it was the individual's behavior that counted most. But since the village has two chiefs, everything has become complicated. We can no longer do anything good with everyone" (Participant 11).

Conflicts over chieftaincy have contributed to the weakening of this institution, which plays a decisive role in social organization and mobilization. The organizing and mobilizing power of traditional chieftaincy is generally based on the legitimacy it enjoys among local populations. For people to be willing to respond to various calls and solicitations, they need to recognize themselves in the institution, and above all, the institution needs to maintain its reputation. A prominent villager testified:

"If people used to respect the chieftaincy, it's because the people designated as chiefs were for the most part quite decent. But nowadays, there are people who don't behave properly, who are appointed as chiefs. It's normal in these cases that nothing works, because the people don't trust the chief and so they don't respect him. That's what we're experiencing in this village. Neither of the two chiefs can mobilize the whole village. So everything is done by halves" (Participant 9).

The conflicts that erupted following the disputed appointment of the chiefs have a very negative impact on the chiefs' legitimacy. The relationships of trust that structured exchanges between chiefs and local populations have been un-

dermined by the conflicts. The lack of recognition of the power of chiefs appointed by part of the population of their village poses a real problem for their legitimacy. What's power worth if you can't exercise it to the full? This is the challenge facing many village chiefs. Under these conditions, how can the institution of chieftaincy play its role in mobilizing the population, using its influence to encourage people to take part in health actions such as attending meetings, taking part in health promotion campaigns, and contributing financially to efforts to support the health center? The chiefdom, which was one of the pillars of the local mobilization system, enjoys little audience among the population. This situation makes it difficult to involve the entire population in collective efforts. Indeed, those who do not recognize the designated chief, are not prepared to obey him, follow his recommendations or respond to his requests. The chiefdom's resources of influence are strengthened by the legitimacy conferred on it by the people. The power relations between the chiefdom and the population do not function as expected, attenuating its influence. This, of course, affects the level of participation in the villages.

3.2.2. Weak Functioning of Health Committees

The system designed by the health authorities to facilitate people's participation in village health activities must be supported by the health committee. However, the health committees set up in the various villages are finding it difficult to function properly. In fact, not all members take part in board meetings. In some cases, no more than two of the expected nine members attend meetings. This makes it difficult to hold meetings. What's more, the low mobilization of board members is blocking the implementation of activities as indicated in the initial planning. This situation explains why a large number of health committees go a year without being able to carry out an activity. In addition, the divergent views of members on the management of financial resources do not create a serene climate for the mobilization of financial contributions from the population. The health committees in the study area are not functioning well. A member of a health committee explains:

> "For several years, health committees have been in crisis. They can't function as planned. For example, we haven't had a meeting in over a year. It's only the treasurer and the chairman who work with the nurse, and the other board members no longer take part in the meetings. Some people think that the president's behavior is not good: he makes decisions without informing them. Others feel that the health committee brings them nothing, so they prefer to concentrate on their economic activities" (Participant 14).

The weak functioning of health committees has a negative impact on participation in two ways. Firstly, difficulties in organizing activities mean that people do not have the opportunity to participate. Activities where people are expected to get involved are rarely held, if ever. Health committees fail to create opportunities that encourage the expression of participatory behaviours. Secondly, the

inability of the health committees to fully assume their roles, coupled with quarrels between board members, has contributed to a weakening of trust relationships in the villages. Indeed, health committees are increasingly perceived as unimportant structures, and their members as incapable or corrupt. The bonds of trust between the health committees and the local population, which should have facilitated their mobilization and participation in health activities, have faded over the years. A health worker gives his opinion:

> "Under current conditions, it's impossible for community participation to work as expected. The health committees are going through crises and are unable to function properly. In some villages, many people are unaware of their existence. General assemblies to renew" (Participant 12)

3.2.3. Distrust and Crisis of Confidence among the Population

The incessant, recurrent and often volatile crises within the health committees have gone beyond the framework of this structure to become entrenched in interpersonal or even family relations. In the villages of Koka, the conflict between the chairman and the treasurer of the health committee took a new turn when the chairman's younger brother attacked the treasurer in a village recreation area. The treasurer's brothers physically attacked the little brother in question. The conflict between two board members of the health committee turned into a conflict between families. A similar situation arose in the village of Salotenga. It transpired that the chairman of the health committee and the treasurer had a very strained relationship at one point. At a meeting, the chairman accused the treasurer of using the health committee's money for her own purposes, without reimbursing her. He therefore considered this to be an embezzlement. Informed and shocked by this statement, the treasurer's husband, accompanied by his brothers, went to the president's home to demand an explanation. Since then, members of the two families have avoided any collaboration. One head of household said:

> "We have to admit that the health committees have created a lot of problems between people. Very often, the crises they go through extend to their families and loved ones. When a member of one family has problems with a member of another family, there's a great risk that other members of both families will get involved in the dispute. People are quick to defend their loved ones, even if they're at fault. In many villages, because of internal crises on health committees, families and other members of the population find it difficult to work together" (Participant 16)

A health worker with several years' experience in monitoring and supporting health committees echoed this view:

> "We have difficulties in practically every health district with the health committees. Not only do they not function well, they also create problems between populations and families. Because of the crisis in the health com-

mittes, it's difficult to get certain families to work together. This also explains why people are less and less interested in the health committees. These structures are no longer able to mobilize people, who no longer identify with them" (Participant 6).

The crises within the health committees and their consequences on interpersonal relations have ultimately led to mistrust among the population. The previous experiences of families and individuals in similar crises in the past influence their decisions to collaborate. From the information gathered, it appears that in some villages there are families or individuals whom others distrust greatly because of their previous behaviours. Some former members of health committees are among them. Community organizations of all kinds, which should play an important role in implementing the community participation strategy in the villages, are generally experiencing difficulties in their functioning (Saegert & Winkel, 2004; Wandersman, 1981; Wandersman & Florin, 2000). Numerous contextual factors (corruption, lack of skills, rivalries, intervention by politicians, ethnic and religious differences, competition, poverty, etc.) tend to have a negative influence on community organizations. The expectations formulated for these structures are difficult to realize. They even become risks for stability, social cohesion, trust and mobilization for collective action (Christens & Speer, 2011; Perkins et al., 1996).

3.2.4. Difficult Collaboration between Villages

As part of the community's participation in the activities, villages have been organized around the health centers. A health center's zone of action covers a group of villages in a given geographical area. It is these villages that must organize themselves to implement health activities. Health committee members are selected from these villages. However, for reasons of conflict, relations between several villages are not at their best. Many villages in the same geographical area are experiencing collaboration difficulties. A participant in the study explains:

"If our health committee isn't working well, it's mainly due to conflicts between the villages of Basko and Satba. There are a lot of differences between these villages. First of all, there's the problem of managing the classified forest, and then there's the choice of site for building the health center. The people of Satba feel that the province's health authorities give more advantages to the neighboring village of Basko. These rivalries make collaboration difficult. When the members of the health committee were up for re-election, the village of Satba refused to send a representative. The people of this village do not participate in activities organized by the committee. The same applies to the parents' association. It's a difficult situation" (Participant 3)

In the southern part of the study area, a similar situation prevails between the

villages of Patenga and Dimstenga. For several years now, the people of Dimstenga have refused to cooperate with their neighbor Patenga. They do not participate in the activities of the health committee and many other activities that require collaboration between the villages. It seems that a conflict arose between the two villages when the health center was set up in the area. Both villages were candidates to host the health centre. In the end, the authorities chose the village of Patenga as the site for the health centre. Other villages such as Tengabila, Bousma and Yorgo joined Dimstenga in protest. In the wake of this episode, collaboration difficulties became even more acute. All these villages have very difficult working relationships with Patenga. In addition to not being represented on the health committee, part of their population prefers to seek treatment in health centers other than Patenga. One participant commented:

> "We have to admit that the Patenga health committee has never functioned since the opening of the health centre. Several meetings have been organized to set up the office, but it hasn't worked. People from other villages didn't take part in these meetings. One of the conditions for setting up the health committee is that all villages must have a representative. The difficulties of collaboration do not facilitate compliance with this provision. As a result, the health committee is not operational and therefore no activity has yet been organized" (Participant 18)

Relations of conflict between villages in the study area prevent the development of good collaborative relationships. However, to be effective, community participation must involve the populations of all villages in the implementation of activities. The performance of health centers on participation is very low. Community participation should provide significant support in terms of financial resources and various support. We see that collaboration between villages is not effective because of past and present conflicts.

4. Conclusion

This study showed that there are different types of conflicts in the villages of the study area. Disputes pit populations against each other over several issues ranging from land management to competition for positions of power. These conflicts have negatively influenced collaborative relationships between populations. This situation does not allow the development of the strategy of community participation. Reports of conflict have created distrust between populations, which is not favorable to the implementation of group actions. Participation requires mobilization of populations, frank collaboration. We note that conflict relationships do not allow populations to develop good participation relationships. Based on the results of this study, we suggest that when developing strategies to promote participation, conflicts should be taken into account as an important factor that can influence this dynamic. Strategies must be developed to mitigate their effects.

Acknowledgements

Data Availability

The article contains all of the data necessary to support the results. Thus, no additional data sources are required.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

Bagayoko, N., & Koné, F. R. (2017). *Les mécanismes traditionnels de gestion des conflits en Afrique subsaharienne*. Rapport de recherché No. 2. https://dandurand.uqam.ca/wp-content/uploads/2017/06/Rapport_Recherche_2_FrancoPaix.pdf

Bercovitch, J. (1984). *Social Conflicts and Third Parties: Strategies of Conflict Resolution*. Westview Press.

Bobbio, L., & Melé, P. (2015). Introduction. Les relations paradoxales entre conflit et participation. *Participations, 3,* 7-33. https://doi.org/10.3917/parti.013.0007

Bossong, G. (1996). Normes et conflits normatifs. In H. Goebl, P. H. Nelde, Z. Starý, & W. Wölck (Eds.), *Halbband: Ein internationales Handbuch zeitgenössischer Forschung* (pp. 609-624). De Gruyter Mouton. https://doi.org/10.1515/9783110132649.1.6.609

Boulle, T. (2013). A Review of the Functioning of Health Committees in Nelson Mandela Bay Health District—With Particular Emphasis on Identifying Key Challenges. Health Care Users' Experience as a Focus for Unlocking Opportunities for Quality Health Care.

Christens, B. D., & Speer, P. W. (2011). Contextual Influences on Participation in Community Organizing: A Multilevel Longitudinal Study. *American Journal of Community Psychology, 47,* 253-263. https://doi.org/10.1007/s10464-010-9393-y

Contandrioupoulos, D. (2009). La participation publique: Définitions, défis et usages. *Santé, Société et Solidarité, 2,* 27-32. http://www.persee.fr https://doi.org/10.3406/oss.2009.1350

Coser, L. A. (1998). *The Functions of Social Conflict* (Vol. 9). Routledge.

Deutsch, M. (1994). Constructive Conflict Resolution: Principles, Training, and Research. *Journal of Social Issues, 50,* 13-32. https://doi.org/10.1111/j.1540-4560.1994.tb02395.x

George, A., Scott, K., Garimella, S., Mondal, S., Ved, R., & Sheikh, K. (2015). Anchoring Contextual Analysis in Health Policy and Systems Research: A Narrative Review of Contextual Factors Influencing Health Committees in Low- and Middle-Income Countries. *Social Science & Medicine, 133,* 159-167. https://doi.org/10.1016/j.socscimed.2015.03.049

Goodman, C., Opwora, A., Kabare, M., & Molyneux, S. (2011). Health Facility Committees and facility Management—Exploring the Nature and Depth of Their Roles in

Coast Province, Kenya. *BMC Health Services Research, 11,* Article No. 229. https://doi.org/10.1186/1472-6963-11-229

Head, B. W. (2007). Community Engagement: Participation on Whose Terms? *Australian Journal of Political Science, 42,* 441-454. https://doi.org/10.1080/10361140701513570

Kahssay, H., & Oakley, P. (1999). *Community Involvement in Health Development: A Review of the Concept and Practice.* World Health Organization.

Kesale, A., Mahonge, C., & Mikidadi, M. (2021). The Determinants of the Performance of Health Facility Governing Committees (HFGC) in Selected Primary Health Facilities in Tanzania. *Tanzania Journal of Community Development, 1,* 53-66.

Kolb, D. M., & Putnam, L. L. (1992). The Multiple Faces of Conflict in Organizations. *Journal of Organizational Behavior, 13,* 311-324. https://doi.org/10.1002/job.4030130313

Kriesberg, L. (1982). Social Conflict Theories and Conflict Resolution. *Peace & Change, 8,* 3-17. https://doi.org/10.1111/j.1468-0130.1982.tb00644.x

Marks, S. R. (1974). Durkheim's Theory of Anomie. *American Journal of Sociology, 80,* 329-363. https://doi.org/10.1086/225803

Molyneux, S., Atela, M., Angwenyi, V., & Goodman, C. (2012). Community Accountability at Peripheral Health Facilities: A Review of the Empirical Literature and Development of a Conceptual Framework. *Health Policy and Planning, 27,* 541-554. https://doi.org/10.1093/heapol/czr083

O'Rourke, M., Hindle, D., Dungu, Y., Batsuury, R., Sonin, S., Jeugmans, J., & Yasukawa, T. (2003). Community Involvement in Health in Mongolia: Hospital Boards and Other Participatory Structures. *Australian Health Review, 26,* 124-129. https://doi.org/10.1071/AH030124

Oakley, P. (1989). *Community Involvement in Health Development.* WHO.

Perez, J. A., & Mugny, G. (1993). *Influences sociales: La théorie de l'élaboration du conflit.* Delachaux et Niestlé Neuchâtel.

Perkins, D. D., Brown, B. B., & Taylor, R. B. (1996). The Ecology of Empowerment: Predicting Participation in Community Organizations. *Journal of Social Issues, 52,* 85-110. https://doi.org/10.1111/j.1540-4560.1996.tb01363.x

Saegert, S., & Winkel, G. (2004). Crime, Social Capital, and Community Participation. *American Journal of Community Psychology, 34,* 219-233. https://doi.org/10.1007/s10464-004-7416-2

Seguin, L. (2015). Entre conflit et participation: Double apprentissage dans un mini-public et un mouvement de contestation. *Participations, 3,* 63-88. https://doi.org/10.3917/parti.013.0063

Simmel, G., Muller, S., & Freund, J. (1995). *Le conflit.* Circé Paris. https://www.millenaire3.com/content/download/1266/fichier_associe/fiche_lecture_CF_conflit_Simmel__4-9-12_02.pdf

Wandersman, A. (1981). A Framework of Participation in Community Organizations. *The Journal of Applied Behavioral Science, 17,* 27-58. https://doi.org/10.1177/002188638101700103

Wandersman, A., & Florin, P. (2000). Citizen Participation and Community Organizations. In J. Rappaport, & E. Seidman (Éds.), *Handbook of Community Psychology* (pp. 247-272). Springer US. https://doi.org/10.1007/978-1-4615-4193-6_11

Wieviorka, M. (2013). Social Conflict. *Current Sociology, 61,* 696-713. https://doi.org/10.1177/0011392113499487

Zakus, J. D. L., & Lysack, C. L. (1998). Revisiting Community Participation. *Health Policy and Planning, 13,* 1-12. https://doi.org/10.1093/heapol/13.1.1