



A KAP STUDY ON PARAMEDICS INSECURITY - QILLA ABDULLAH BALUCHISTAN

Ayaz Ahmed Khan

Department of International Relations

University of Karachi

[*myworldayaz@gmail.com*](mailto:myworldayaz@gmail.com)

Abstract

Objective: *To determine cognitive impact of insecurity on first line paramedics in Chaman, Qilla Abdullah Baluchistan health care facilities.*

Methods: *This is a KAP study conducted among public and private sector first line paramedics, senior security officers, medical consultants and employees of law enforcement agencies. Cognitive impact of insecurity was calculated with the help of Questionnaire consists of 10 statements with a Cronbach Alpha reliability. Basic data was gathered on 5 point Likert scale however, for final assessment, options of 'Strongly Agree and Agree' were merged together while options of 'Disagree and Strongly Disagree' were merged for a clear picture of the opinion of the respondents.*

Results: *In this study 56 personnel participated, out of which 48 (85.7%) were males. Physical and human insecurity were classified as major types of insecurity (76.2%). Major sources identified were cross border terrorist/militant attacks, violent extremism incidents, sub-standard medical facilities/infrastructure, degraded socio-economic facilities and lack of awareness. Severe psychological and behavioural disorders was observed at various stages and groups both in Public and private sectors first line paramedics.*

Conclusion: *Pakistan is facing diverse security challenges. It has impacted all the segments of our society. First line paramedics are*



considered as essential services and actively involved in supporting war-wounded/terrorism hit patients at western borders. Due to poor security conditions and lack of facilities these medical operators are facing various security issues affecting their psychological behavior.

Keywords: Paramedics insecurity, Security in Baluchistan, Cognitive Impact, Health Care facilities, Security Challenges.

Introduction

Killa Abdullah is a north western district of Balochistan in Pakistan and has population of 757,578 according to 2017 national census (Details annexed in Table 1). (Mughal, 2019). It shares borders with Afghanistan and being a frontier has a stained history of security indicators. (Spooner, 1988). Especially in last two decades due afghan war security of this region remained volatile. Repeated terrorist incidents have adversely affected the morale of health care workers in this district.

<u>DISTRICT / TEHSIL</u>			<u>NO of households</u>
	<u>REGION</u>	<u>POPULATION</u>	
KILLA ABDULLAH DISTRICT		757,578	97,210
	RURAL	608,236	77,919
	URBAN	149,342	19,291
CHAMAN TEHSIL		433,768	49,927
	RURAL	310,577	34,454
	URBAN	123,191	15,473
DOBANDI SUB-TEHSIL		61,723	8,128



	RURAL	61,723	8,128
GULISTAN TEHSIL		115,172	16,345
	RURAL	115,172	16,345
KILLA ABDULLAH TEHSIL		146,915	22,810
	RURAL	120,764	18,992
	URBAN	26,151	3,818

Table 1 Results of 6th Population & Housing Census-2017 Killa Abdullahⁱ

It is a fact that this segment of medical professionals is providing extra-ordinary services all across the country. (Pakistan Bureau of Statistics, 2018, January 03). The recent wave of terrorism and extremism has increased their volume of work significantly. The field of first line paramedics is very demanding and stressful. (Khan, 2011). Gradually a paramedic's job has become more stressful with the increase of violence index. (Hussain, Rashidian, Hafeez, & Mirzaee, 2019). Being a remote area of Pakistan, paramedics are already facing acute shortage of manpower. This shortage has more adverse effects at terrorism hit and security vulnerable places. A survey and questionnaire-based analysis has been carried out in this article in which vulnerability and relationship of first line paramedics at places where violent extremism is significant has been ascertained.

METHODS

In this KAP study a questionnaire-based survey is conducted among first line paramedics posted in different government, private and military hospitals and trauma care facilities in Chaman, Qilla Abdullah, Baluchistan Pakistan during January 2019 to February 2019. Survey was



focused about the existing health care facilities available, frequency of violent incidents, travelling involve due to shifting of patients from far distances, availability of required degree of protection/security and the impact of insecurity on first line paramedics in Chaman, Qilla Abdullah district. Employed first line paramedics, trainees, medical officers (MO) and security officials including LEVIS, FC, Police and regular Army personnel within Baluchistan were interviewed in detail to ascertain the root cause of the security and its impact on population especially the health care workers who are providing a critical support to residents of this district.

Questionnaire

Ten specific open-ended questions were asked from the respondents. Answers to these questions were collected from 22 health care facilities (District headquarter hospital (DHQ), Rural health center (RHC), Basic health unit (BHU), Civil dispensary (CD), Maternal child health (MCH), TB Clinic) at Chaman, Qilla Abdullah. HODs Surgical and emergency wards working at CMH Baluchistan were also contacted for their valuable input about the subject. NGO services operating ambulances on Quetta-Chamman route were also interviewed. Print and electronic media was also consulted latest updates on the issue.

Q-1: Do you think that standard trauma care facilities are available at Chaman, Qilla Abdullah?

Q-2 Do you agree that Trauma care load exponentially multiplied due to violent incidents at district?

Q-3: Do you think that adequate security is provided during casualty evacuation and transportation?

Q-4: Do you agree that irregular security threats are making first line paramedics job difficult?



Q-5: Providing security is states responsibility- Are you contented with government efforts in this regard?

Q-6: Any suggestions you want to make to improve the situation at your district?

Q-7: can social media be used to aware the people and play its role positively?

Q-8: Do you think psychological and behavioral stress level increases while working in violent extremism environment?

Q-9: Any other health issues you face due to peculiar security environment?

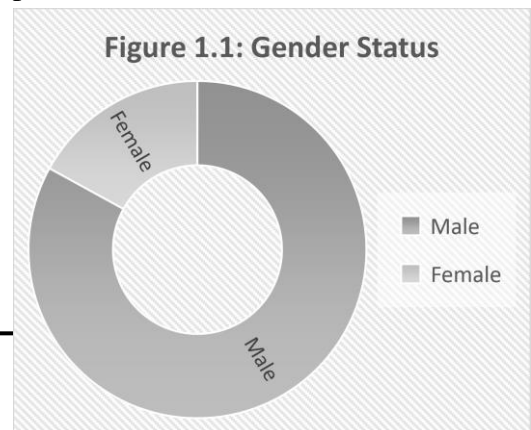
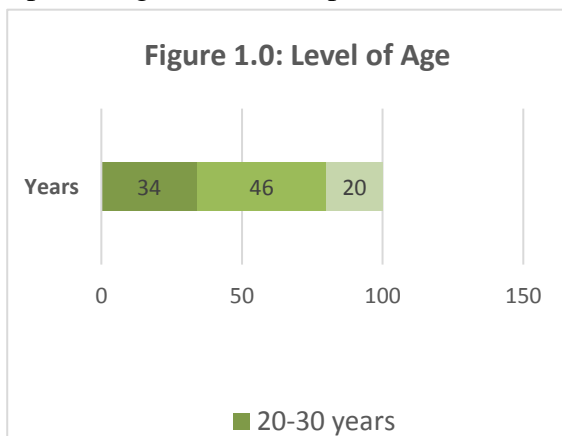
Q-10: In your opinion what are the root causes of insecurity?

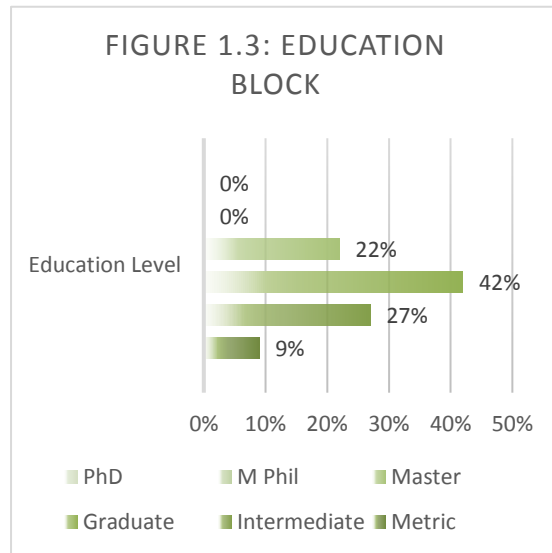
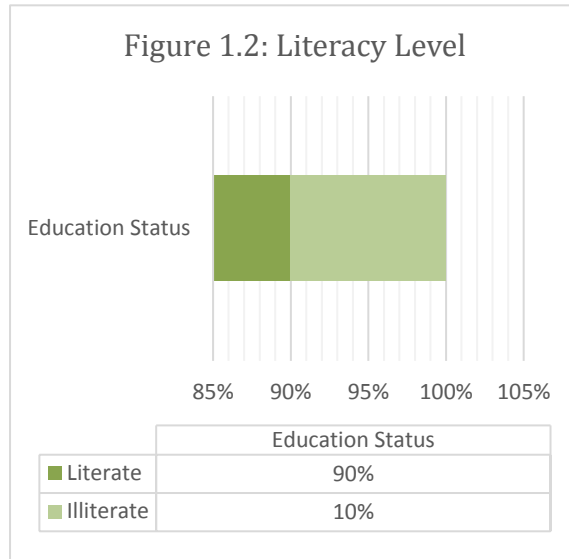
SURVEY, TABULATION AND DATA ANALYSIS

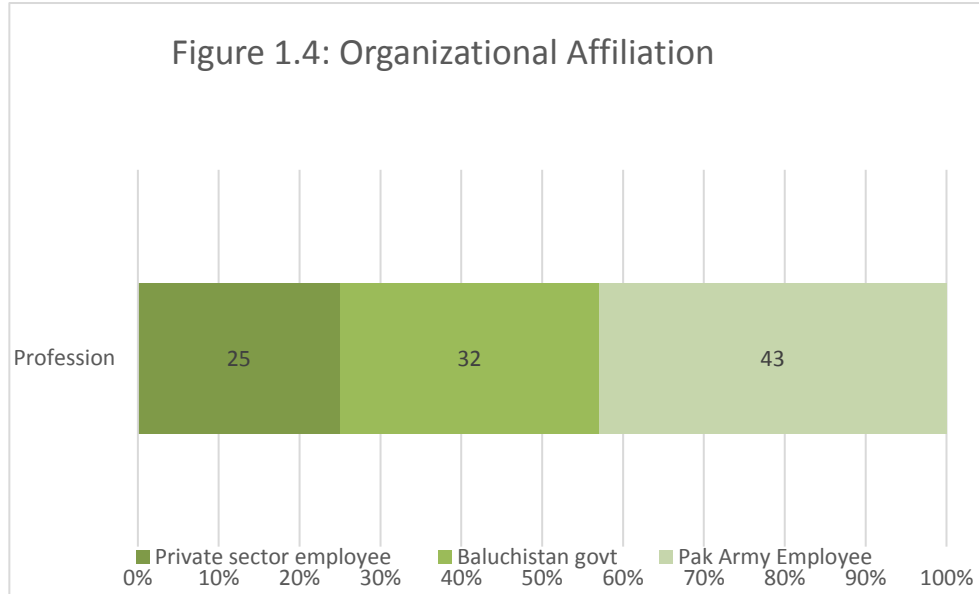
Survey

A KAP study survey was carried out to have first-hand information about the insecurities of first line paramedics at Chaman, Qilla Abdullah Pakistan. Majority of the respondents were the employee of public sector however endeavor was made to cover the private sector employee also who are actively involved in trauma care units at Chaman, Qilla Abdullah.

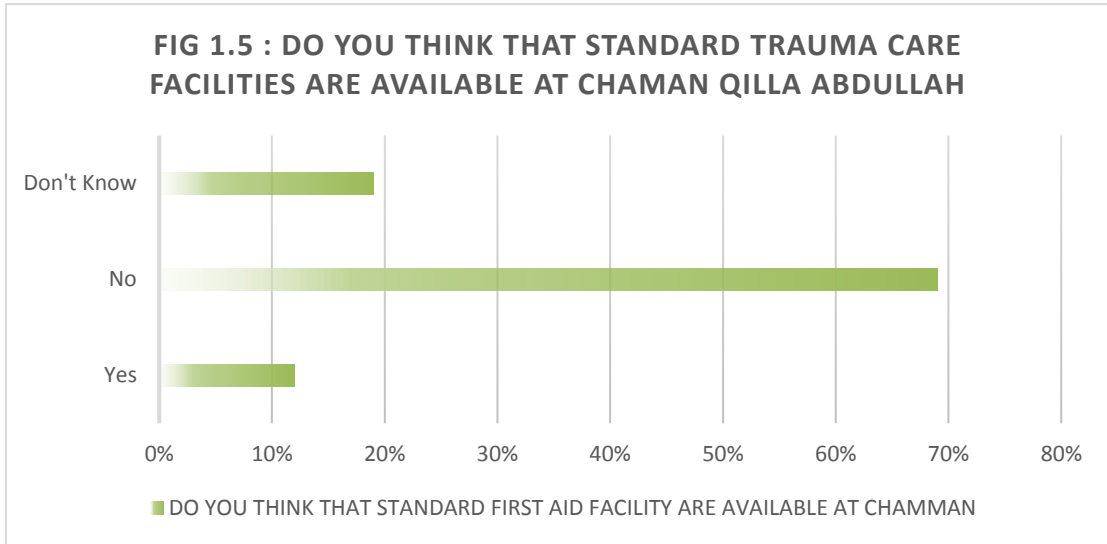
Respondents' description Appended below are the tables and figures providing a clear description about the survey respondents:





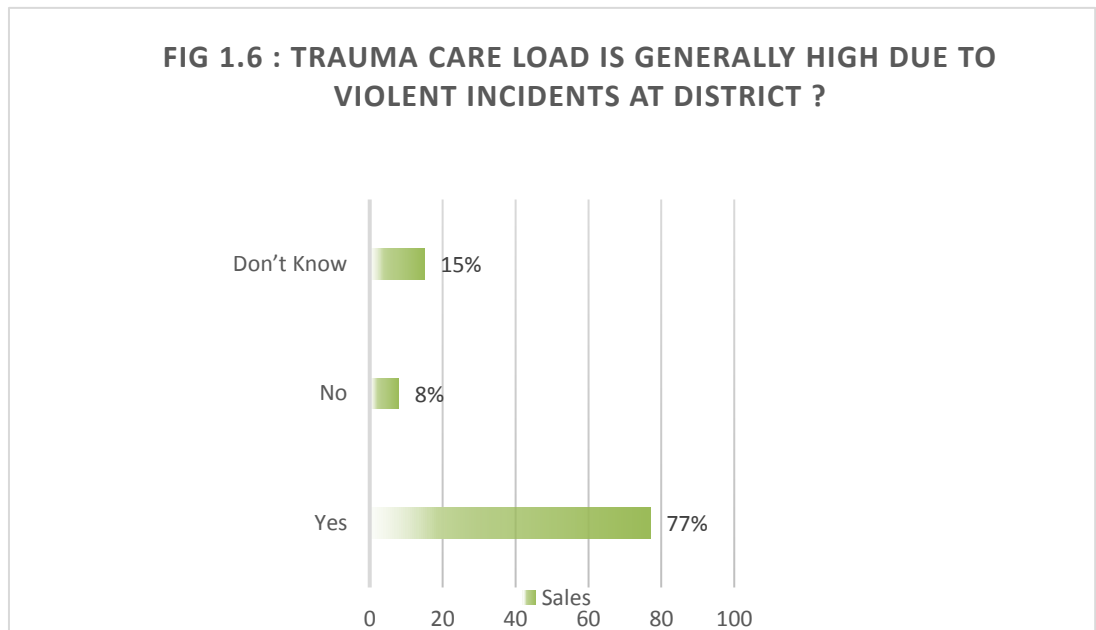


included 20 %. Majority of the respondents i.e. 46% were in the age group of 30-40 years. Mostly the respondents were male i.e., 83 %. As per the cultural and religious values of this region women generally not allowed to talk to non-family members. Keeping in view the limitation of culture and religion majority of the respondents were males. The respondents' literacy level was such that 90 % respondents were literate and 10 % were illiterate. Majority of the respondent's i.e.90% were literate. The overall literacy rate of killa Abdullah is around 27 percent however majority of respondents selected for this study are graduates. This is for the reason that most of field work for this study is carried out in hospitals and security stations. Majority of the respondents in this survey are selected from public health sector. Around 32 percent are Baluchistan government employee while 43 percent were selected from military and para military employees associated with health care facilities.



Finding

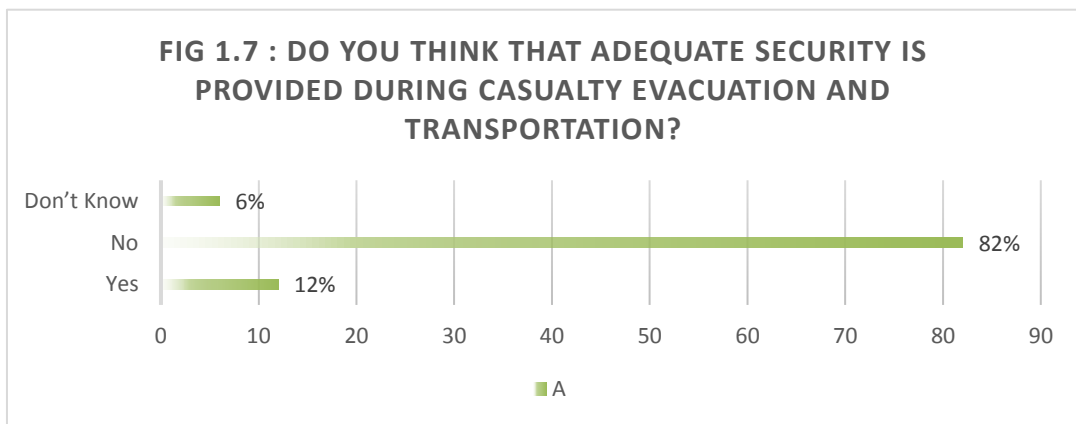
Majority of the respondents responded with “No”, i.e., 69%.





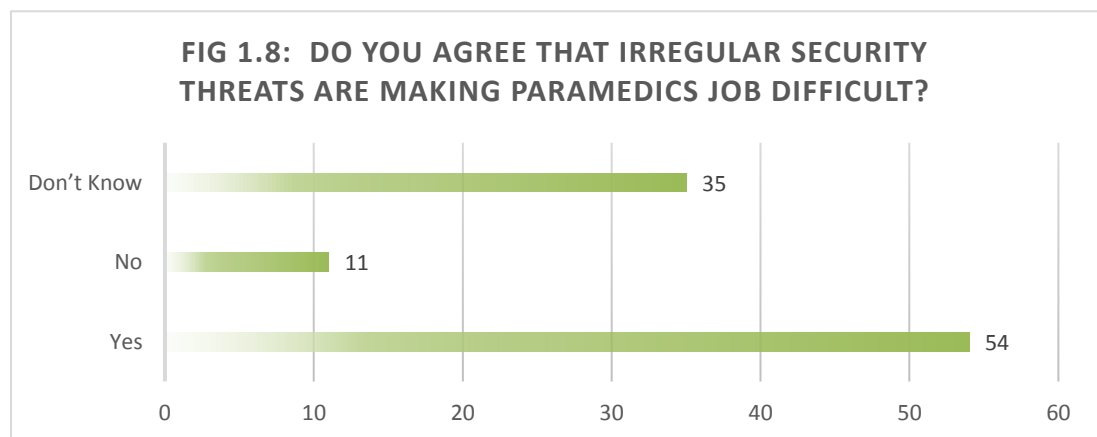
Finding

Majority of the respondents responded with “Yes”, i.e., 77%.



Finding

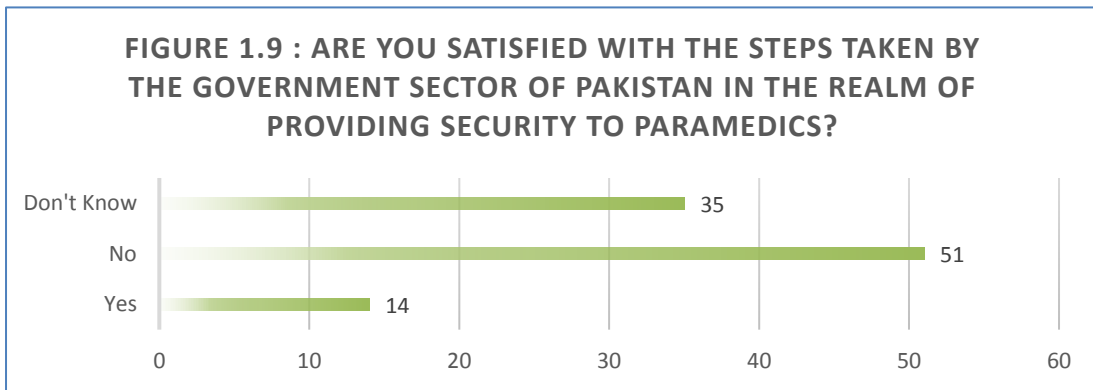
Majority of the respondents responded with “No”, i.e., 82%.





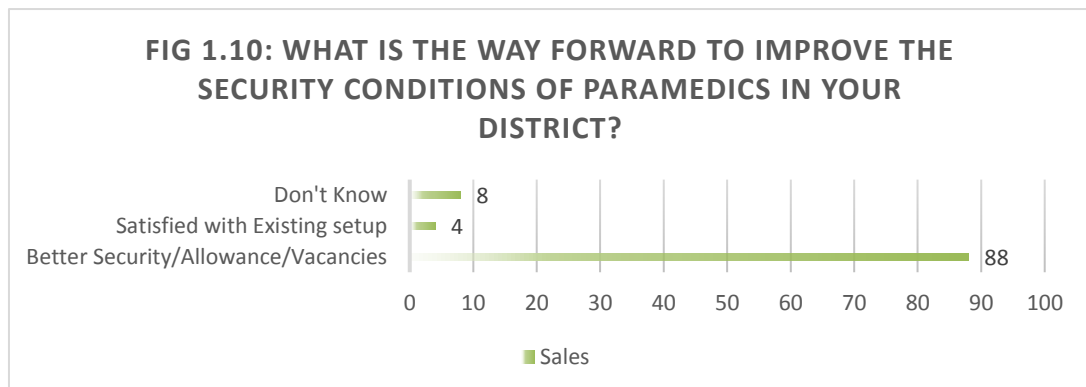
Finding

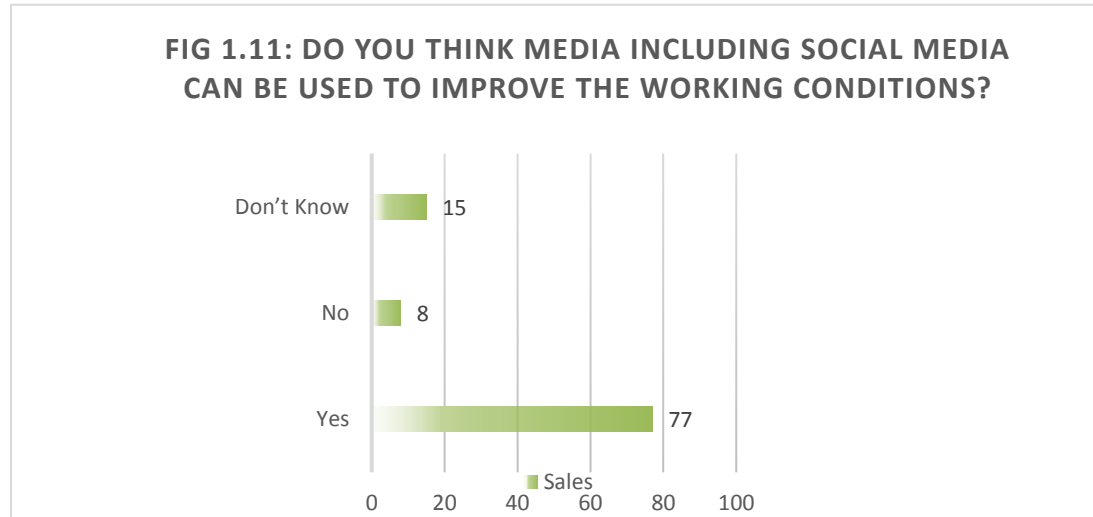
Majority of the respondents responded with “Yes”, i.e., 54%.



Finding

Majority of the respondents responded with “No”, i.e., 51%.



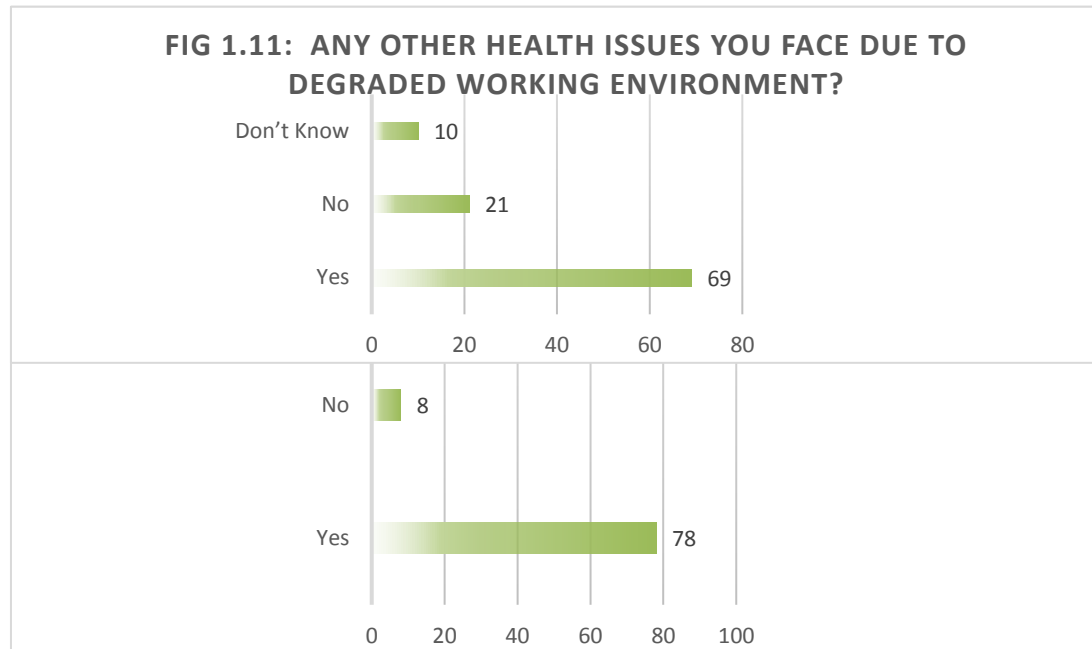


Finding

Majority of the respondents responded to improve first line paramedics security and pay scales with special emphasis on infrastructure development.

Finding

Majority of the respondents responded with “Yes”, i.e, 79%.



Finding

Majority of the respondents responded with “Yes”, i.e, 78%.

Finding

Majority of the respondents responded with “Yes”, i.e, 69%.

Root Causes of Insecurity

Q10: Last question was asked about the root causes of insecurity. The following factors of insecurity were identified by the respondents: -

Most of the respondents have the view point that non-implementation of government polices at Baluchistan is the



foremost reason of insecurity. Generally this province carries a sense of injustice from as compare to other provinces. NFC AWARD and other distribution of resources are not according to the need of area. Secondly corrupt political system never resorted a foolproof socio-economic development and health care is similarly ignored. Non availability of civic facilities coupled with poverty and unemployment are the biggest contributors of insecurity. (Bergen-Cico, Kilaru, Rizzo, & Buore, 2020). Area people enjoys a very distinct culture and heritage but constant and decades long victimization has created a sense of polarization especially in youth.

Discussion

Total number of hospitals at Chaman are twenty two. (Hassan, Siddiqui, & Friedman, 2019). One Frontier constabulary hospital, one DHQ hospital, and 20 private hospitals of primary care level. Total number of ambulances available at the Chaman tehsil is 24(20 with private sector 01 with FC hospital and 01 with DHQ hospital and 01 Edhi ambulance service). Low occupancy rate i.e., 77%, was noted for first line paramedics as only 59 out of the sanctioned 76 positions were filled.¹ Ambulances are the first tier in primary health care system at the area. keeping in view the degraded security environment it is mandatory that they be equipped with specialized staff and facilities in order to provide complete medical care to the area inhabitants. Condition of ambulances were also feeble and some of them are even not road worthy. Infrastructure and general facilities in hospitals are satisfactory. All the monitored hospitals had boundary walls around them however dedicated security including walk-through gates, metal detector, sentry posts bomb detector and police reaction force are not provided except the FC hospital. Electricity back up is not provided for security purposes. Wards including emergency wards for inpatients, X-Ray rooms and laboratory for medical



tests are available at the district. However critically injured patients are shifted to Quetta, blood bank is available but not functional. Medicines are available in the in-house pharmacy. (Shah, & Yakub, 2017).

Majority of the respondents believed basic security is not provided to first line paramedics because the health care framework of the district having so many issues in terms of capacity. Pay and allowances of the health care workers are not increased as compare to other provinces. (Zaidi, et al. 2019). Even doctors made numerous strike for their rights but a substantial health care package is still a dream.

Violence and Extremism is targeting all the segments of the district but the first responders against it are prime victims also and this also creation psychological stress on these workers due to poor facilities. (Izadirad, & Zareban, 2015). Majority of the respondents were of the view that steps taken by the government in this domain of security were very less and magnitude of the threat may it be extremism or violence or cross border terrorism is quite large. A massive majority i.e., 78 percent of the respondents think that social media now-a-days is big source of information and can be used to resolve their problems. During the conduct of these survey new elected government of Baluchistan has taken has announced few policy directives in this regard but its implementation and results are still awaited.

“Extremism and countering extremism are better understand under the umbrella of psychological warfare. It has direct bearing on the cognitive domain of the society. First line paramedics being the first responders of any incidents have more prone to insecurities in general. Over a period of the magnitude of these



terrorist activities are increasing and having a direct impact on the cognitive behavior of medical workers working in the field. In the earlier studies it has been established that basic premise of all terrorist and extremist activities is to generate fear among masses. The planning process of extremist attempts and its countermeasures are governed by the socio-psychological principles.”
(Lt Col. Dr Irfan Khatak, Classified Medical Specialist CMH Quetta)

Majority of the respondents agreed that hybrid warfare techniques used by anti- Pakistan elements and hostile countries in Pakistani neighborhood are a serious reason of poor security conditions in Baluchistan. (Bachmann, 2012). Number of people talked about Indian spy Kulbhushan Yadav and criticized India for sponsoring terrorism in this region. (Khan, 2019).

Generally people involved in extremist activities have poor educational background. (Iqbal, 2017, September, 24) Sometimes these are misguided also by rouge elements. They also reported the poor medical facilities at the tehsil level, less salaries, possibly (because of government lack of proper budget allocation to health care system) are creating lack of motivation also. Huge trade takes place from Chaman but the health facilities provided to this important tehsil are feeble. Upgradation of existing medical infrastructure can resolve the agony of many injured and other general patients.

Limitations of the study: It is a KAP study design focusing on measuring and exploring knowledge, attitude and practices of Chaman community. Questionnaire-based survey is used with mix methods to analyses quantitative and qualitative information. Due to remote area and



peculiar cultural and religious beliefs females' participation was very less in the survey. Secondly at places language remained a barrier to obtain the exact information from the respondents. Pashto is the most used language (almost more than 95% of the population. However most of the security officials were proficient in Urdu and English. Being the issues related to transport and security areas close to Afghan border are excluded from the survey.

Conclusion

All around the globe ambulances and first line medical workers are given exemption from conventional restrictions because the victim of terrorism and violence can be anybody and the first priority is to save a human life. As compare to the settle parts of the country the security conditions along the western border is volatile due to coalition forces operation since decades. Providing a primary health care facility with meager resources in hostile environment is very taxing for first line paramedics. Over a period of time these insecurities are affecting the psychological health of these people also. It requires better working environment and governmental patronage so that the last line of defence against any violence can be provided some immunity. Infra-structure development and monetary benefits are the need of the time to help this community to cope up their psychological traumas and uplift their services.

Islam teaches peace and harmony. It never advocates intolerance and extremism. Acts of terrorism and human killings are biggest sins in Islam. To overcome the menace of intolerance public –private partnership is required to develop synergetic effects. The gains made through ideological security must be utilized to challenge the ideological underpinnings of the violent narratives that create a mindset vulnerable to taking up arms against the state.



Conflict of Interest: None.

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