

A Longitudinal Psycho-social Assessment among Verified Minors and Late Recruits during the Reintegration Process

**Assessment carried out by the
Transcultural Psychosocial Organization (TPO) Nepal**

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The assessment team

ABBREVIATIONS

CAFAAG: Network of children associated with armed forces and armed groups in Nepal
CDR: Center Development Region
EDR: Eastern Development Region
FWDR: Far Western Development Region
HSCL: Hopkins Symptom Check List
INGOs: International Non-governmental Organizations
ME: Micro Enterprises
MWDR: Mid Western Development Region
NGO: Non-governmental Organizations
PLA: People's Liberation Army
PTSD: Post Traumatic Stress Disorder
PTSD: Post-traumatic Stress Disorder
SPSS: Statistical Package for Social Science
UN: United Nation
UNDP: United Nations Development Program
UNICEF: United Nations Children's Organization
UNIRP: United Nations Inter-agency Rehabilitation Program
UNMIN: United Nations Mission in Nepal
VMLR: Verified Minor / Late Recruit
VST: Vocational Skill based Training
WDR: Western Development Region

EXECUTIVE SUMMARY

Verified Minors and Late Recruits (VMLRs) have been considered a vulnerable group susceptible to psychosocial and mental health problems. Therefore, VMLRs have been targeted for reintegration programs to help them readjust to community living. This longitudinal assessment examined the psychosocial well being of the VMLR using qualitative and quantitative methods over one-year period from 2011 to 2012. Approximately 10 % (N=400) of the total VMLRs (4008) were interviewed in the baseline assessment and 310 of them were interviewed in the follow up assessment. Thirty two percent of the respondents who had not participated in the package in 2011 were enrolled in the package in 2012. By follow up assessment, about 72% had completed the package. Of those respondents, 32% were enrolled in income generating activities such as business and services. Major reasons for not being involved in income generating activities were: waiting for results, family problem and inadequate skills. One third of the respondents faced problems in their community while 20% of the respondent's communities were unaware about their disqualification. Almost half (49%) of the respondents who have not enrolled in the package are currently not doing anything.

This study found that the level of anxiety (34% in 2011 vs. 26% in 2012), depression (35% in 2011 vs. 29% in 2012) and PTSD (13% in 2011 vs. 7% in 2012) decreased among the participants over time. These levels were within the range of the general population in Nepal: anxiety (23-48%), depression (28-41%), and PTSD (10-14%). Still 34% of the VMLRs showed at least one mental health disorder. Higher level of mental health problems were observed among male VMLRs than female, Brahmin/Chhetri than Dalit, residents of Far Western Development Region than the residents of Eastern Development Region. VMLRs who did not participate in the package compared with those who participated in the package and those who participated in the vocational training compared with other package were more vulnerable to psychosocial problems in both assessment.

Lack of family and community support, inter-caste marriage and unemployment even after completing the package were the strongest predictors of poor psychosocial wellbeing. Loss of appetite, lack of interest in work, sleeplessness and laziness were the major impacts of psychosocial distress in the VMLRs daily activities. Primary coping strategies used by the respondents to alleviate psychosocial distress were: by interacting with their friends, family and relatives, engaging in leisure activities, self-coping and isolation. Around 44% of the respondents received psychosocial support such as: helpful suggestions/advice, shared their problems and talked about matter related to heart. Major expectations of the VMLRs were collective cash support to start up business and cover the process for foreign employment, organization link for employment and education support up to bachelor level.

Key recommendations for this study are that more focus should be put on developing immediate linkages with employment opportunities, increase social cohesive program, enhance community based psychosocial worker's skills, extend education package up to bachelor level and provide refresher training for those who completed Vocational Skill training and micro enterprise training.

1. INTRODUCTION

1.1 Context

The United Nations Mission in Nepal and the United Nations Country Team conducted a verification exercise for Maoist combatants in 2007; by the end of the process, 4008 People's Liberation Army (PLA) members had been verified as minors or late recruits and were subsequently discharged. Of this group, 2973 were under the age of 18 at the time of verification. Under the Comprehensive Peace Accord of 2006, both the government of Nepal and the Communist Party of Nepal (Maoist) committed to rehabilitate those who had been displaced by the conflict or were verified minors. The formal process of releasing minors from cantonments eventually began in January 2010 and was completed in February 2010. In the intervening four years, the majority of the verified minors turned 18, while others left the cantonments. At the beginning of the formal discharge process in 2010, there were 3,000 verified minors and late recruits (VMLRs) in the cantonments. The discharge process began in January 2010 with the release of 372 soldiers from cantonment number 2 in Dudhali, Sindhuli district. Of these, 367 were verified minors. In February 2010, the discharge process was completed after 237 verified minors and 31 late recruits were released from the Rolpa cantonment.

After VMLRS had been discharged from the cantonments, the Government of Nepal in collaboration with UN agencies provided rehabilitation packages for the VMLRs to support their transition to civilian life. The rehabilitation packages consisted of the following four training/education options:

1. Support for formal education (school/college)
2. Vocational skills training
3. Micro-enterprise training/support
4. Health sector training

The education package offered education for 4 years or up to intermediate level in the government schools along with admission/annual fees, uniform, stationery, monthly stipends and gender specific support. Vocational skills training in the beginning provided literacy and numerical training to help them participate more efficiently in vocational courses. This was followed by practical training to help them develop skills required in their new work place. Micro-enterprise training/support provided 11 day introductory business course in addition to training course on enterprise type of their choice to help set up their business. Once their business plan was approved, Rs 30,000-40,000 was also provided as a start up support. Health sector training provided 15-18 month course which included institutional and practical training.

The VMLRs had an option to choose any one of the packages. In addition to these packages, psychosocial support program was offered in each career centers through regional psychosocial counselors (UNDP, 2011) and also via range of district/village based organizations, the CAAFAG network, and the families of ex-combatants.

By the end of September 2011, 2684 VMLRs (67% of the 4008) had contacted the UNIRP toll free number to learn about the rehabilitation package. Around 52 percent of the total VMLRs (2079) had started or completed one of the packages. Of them, 433 were pursuing education, 67 in health training, 436 in vocational skill training (of them 371 had completed) and 1142 in

micro-enterprise (of them 519 had graduated). Additional support such as childcare and nutritional support were provided to women participants with young children and those suffering from physical and psychosocial problem. In order to facilitate socio-economic reintegration of the VMLRs in their community, UNICEF Nepal has implemented different community based peace building activities in 52 districts of Nepal in collaboration with different NGO/INGOs (SCGN, 2011). Three percent of the participants dropped out without completing package (UNDP, 2011). Around half of the VMLRs (1929) did not participate in any package because of dissatisfaction with the content of the package. Influence of their own party, high expectation of VMLRs and stigma associated with the label 'disqualified' were other reasons for not participating in the package (TPO and UNICEF, 2011). In such situation, this study aimed to identify the reintegration problems of the VMLRs based on community acceptance, participation and support.

According to UNIRP, more than 1200 VMLRs underwent psychosocial assessment during the period of January – March 2011 and around 30% of the cases required intensive, long-term support. 26 of the most severe cases were immediately referred to long-term clinical assistance programs. In order to ensure that follow-up counseling and specialized psychiatric care was available, UNIRP created a regional referral mechanism and a community outreach program in partnership with a network of district based psychosocial counselors associated with the 2008 study *Children Associated with Armed Forces and Armed Groups in Nepal*.

Another element of this support program was a longitudinal psychosocial assessment to monitor the psychosocial well-being of VMLRs over time. The assessment also explored the protective and risk factors and identified the predictor related to psychosocial well-being of the VMLRs over time. The results of this assessment will be used to further strengthen the range and nature of psychosocial support available.

1.2 Assessment Objectives

The overall objective of the assessment is to obtain views on the protective and risk factors associated with psychosocial well-being and to monitor psychosocial well being of VMLRs over time.

The assessment posed the following questions:

- Is there a change in psychosocial and mental health status over time and as a result of the reintegration package?
- What are the psychosocial/mental health problems experienced by VMLRs?
- What are protective (available resources and coping mechanisms) and risk factors influencing psychosocial and mental well-being? (Including strengths and gaps in the existing support)
- What would help to improve the psychosocial well-being of VMLRs?

2. METHODS

A cross-sectional longitudinal method was used to identify the changes in psychosocial well-being of the Verified Minors and Late Recruits (VMLRs) Maoist combatants over time. This involved both observation of the whole VMLR population at specific points in time, and the repeated observation of specific groups within that population over a time. A baseline assessment was conducted during April and May 2011 and a follow-up assessment was conducted during January to March 2012. The assessment used both qualitative and quantitative methods. Key informant interviews were conducted with key community leaders including staff from support organizations, training institutions and teachers to explore contributing factors of VMLR's psychosocial wellbeing. The follow-up survey questionnaire focused more on the challenges they faced, support they received, and their impact on psychosocial well-being over time. For the latter, the research team used a range of standardized structured questionnaires to monitor the current levels of mental health problem.

2.1 Sampling and sample size

Since there were no up-to-date contact details available for VMLRs who had been discharged from cantonments, the baseline assessment used a non-probability sampling method. The baseline assessment covered the 10% (400) of the 4008 VMLRs; of these 36 percent were female. 27.5 percent were those who had not been in contact with UNIRP and 72.5 percent were those who had completed or were undergoing rehabilitation package. Of those currently taking part in a rehabilitation scheme, 82 were enrolled in full or part time education, 37 in health training programs, 59 in vocational training and 112 in micro-enterprise training.

In the longitudinal assessment, the same respondents who had participated in the baseline were followed-up in the second assessment. However, 90 respondents from the baseline assessment did not participate in the follow-up assessment (9 refused to participate, 10 out of country, 30 living in remote areas/district, 39 out of contact and 2 in prisons). The baseline assessment was carried out in 24 districts across the five-development regions of Nepal. The follow-up assessment was carried out in 33 districts across these five development regions.

Table1: Sample size in baseline and follow up assessment by regions

Regions	Baseline assessment (April-May 2011)	Follow-up assessment (January-March 2012)
Eastern Development Region	94	76
Central Development Region	116	85
Western Development Region	27	22
Mid-western Development Region	61	50
Far-western Development Region	102	77
Total	400	310

2.2 Instruments used for data collection

The team used both structured and open-ended questionnaires for individual VMLR interviews. Major themes for the open-ended questionnaires were selected from the study *Children Associated with Armed Forces and Armed Groups in Nepal* (Kohrt et al, 2008) and studies conducted with Colombian (Anaya 2007) and Liberian (Hill et al, 2008) and Burundian/Congolese (Jordans et al, in press) ex-combatants. In addition to collecting socio-demographic and family information, the open-ended questionnaire focused on the following:

- relationships with friends and family members
- supportive and risk factors for psychosocial wellbeing
- current levels of psychosocial distress and
- available resources and coping mechanism for psychosocial distress

Psychosocial and mental health problems (if any) were assessed using standardized structured questionnaires. Depression and anxiety were assessed using the 25-item Hopkins Symptoms Checklist, while Post Traumatic Stress Disorder (PTSD) symptoms were assessed using the PTSD Checklist (civilian version). The instruments have been validated in Nepal (Thapa, 2005).

The Hopkins Symptom Checklist-25 (HSCL-25)

The HSCL-25 is a symptom inventory that measures symptoms of anxiety and depression. It consists of 25 items with 10 relating to anxiety and 15 relating to depression. There are four response choices for each item: Not at all = 1 / A little = 2 / Quite a bit = 3 / Extremely = 4.

PTSD—civilian version (PCL-C)

Post-Traumatic Stress Disorder is an anxiety disorder that can develop after exposure to traumatic life events or suffering which causes grave physical or psycho-social harm. VMLRs were assessed using a standardized structured questionnaire containing 17 items. It features a 5-point rating scale where 1 is 'never' and 5 is 'always'. The higher the score on the PTSD scale, the more PTSD symptoms an individual has.

2.3 Data collection process

Three teams each consisting of one male and one female research assistant collected data during January and March 2012. The research assistants received two weeks training on both qualitative and quantitative assessment, assessment objectives, sampling and sample size and ethical issues. They also received detailed information about VMLRs, the reintegration process and the existing psychosocial support program. Discussion and role-play exercises were included in the training package.

The research assistants met with UNIRP and UNICEF field officers stationed at regional centers before commencing the fieldwork. With the support of regional psychosocial counselors and representatives of partner organizations, the team visited a range of training centers and educational institutions as well as the rural areas in which VMLRs were living. The teams also visited VMLRs who had not been in contact with UNIRP and those who had already completed their training. Prior to the interview, each participant were asked to consent being included in the assessment.

2.4 Data analysis

Qualitative data obtained from Key Informant Interviews were translated into English by professional translators and crosschecked with the original by the assessment supervisor. The data were analyzed manually following pre-determined themes. The information collected through open-ended questionnaires was entered into the Statistical Package for Social Science (SPSS) after editing and coding. Responses were then grouped under pre-determined categories by the research team. All data were crosschecked by the assessment supervisor and inconsistencies and missing variables were eliminated by follow-up visits to the same respondents. After compilation, the baseline and follow-up data sets were presented using mean, standard deviation, frequency and cross tabulation methods.

2.5 Limitations of the assessment

There were several limitations in the assessment. Firstly, the non-probability sampling method used in the assessment means that it may not be possible to generalize findings to all VMLRs. Secondly, there may have been an over-representation of respondents from particular geographical areas, particular rehabilitation schemes and of minors.

3. ASSESSMENT FINDINGS

3.1 Socio demographic characteristics

The caste of the respondents was categorized under three broad headings: Brahmin/Chhetri, Janajati and Dalit. The proportion of married respondents increased by approximately 10 percent in the follow up assessment compared with baseline. Around 63 percent of the respondents were married; of them 20 percent (12% male and 29% female) have had inter-caste marriage. The proportion of the respondents currently enrolled in school was higher in follow up assessment (40%) compared to baseline (32%). Among the respondents who had not participated in the package in the baseline assessment, 25 percent were unavailable to contact for follow up assessment, 32 percent were enrolled in the package and 43 percent of them still had not participated in the package during the follow up assessment. Of those respondents that were enrolled in the packages in baseline assessment, 72 percent had completed the packages.

Table 2: Distribution of respondents by age, caste, marital status, religion, education and rehabilitation support

Background characteristics	Baseline assessment (April-May 2011)		Follow up assessment (January-March 2012)	
	N	%	N	%
Sex				
Male	255	63.8	188	60.6
Female	145	36.3	122	39.4
Age				
Up to 18	22	5.5	4	1.3
19-24	354	88.5	271	87.5
25-40	57	6.0	35	11.3
Mean (Standard Deviation)		21.5 (2.9)		22.3 (2.8)
Caste/ Ethnicity				
<i>Brahmin/Chhetri</i>	166	41.5	138	44.5
<i>Janajati</i>	177	44.3	126	40.6
<i>Dalit</i>	57	14.3	46	14.8
Marital Status				
Unmarried	190	47.5	115	37.1
Married	210	52.5	195	62.9
Religion				
Hindu	358	89.5	271	87.4
Other	42	10.5		12.6
Level of Education				
Illiterate	13	3.3	5	1.6
Literate with informal education	7	1.8	9	2.9
Primary	64	16.0	51	16.5
Lower secondary	96	24.0	76	24.5
Secondary	108	27.0	64	20.6
School Leaving Certificate (SLC)	62	15.5	74	23.9
Further and higher education	50	12.5	31	10.0

<i>School enrollment</i>				
Yes	137	31.8	119	40.2
No	263	68.3	177	59.8
<i>Rehabilitation support</i>				
None	110	27.5	47	15.2
Education	82	20.5	75	24.2
Health	37	9.5	35	11.3
Vocational training	59	14.8	54	17.4
Micro Enterprises	112	28.0	99	31.9
<i>Package status</i>				
Completed	57	19.7	189	71.9
On-going	233	80.3	70	26.6
Drop out	-	-	4	1.5

Although, 52.6 percent respondents were living in a rented accommodation, the proportion of the respondents living in their own house increased in the follow up assessment. The respondents reported that receiving package, business, employment, political affiliation, personal and family problem were primary reasons for living in a rented accommodation. The proportion of the respondents living with their spouse and parents were higher in the follow-up assessment compared to baseline.

The ratio of the respondents engaged in economic activities was higher in the follow up assessment. It was found that 34 percent of the respondents were involved in income generating activities and their major activities were agriculture, job/service, business and wage labors. It was also observed that 60% of the respondents who wer involved in agriculture sector in the baseline assessment transferred to business and job services in the follow up assessment.

Table 3: Distribution of respondents by work status and living arrangement

Background characteristics	Baseline assessment		Follow up assessment	
	N	%	N	%
<i>Living status</i>				
Own house	113	28.3	139	44.8
Rented house	275	68.6	163	52.6
Other	12	3.1	8	2.6
<i>Currently living with</i>				
Spouse	58	14.5	83	26.8
Parent	124	31.0	134	43.2
Friends	153	38.3	77	24.8
Alone	36	9.0		
Other (brother/sister and other relatives)	29	7.2	16	5.2
<i>Engage in economic activities</i>				
Yes	108	27.0	111	35.8
No	292	73.0	199	64.2
Total	400	100.0	310	100.0

<i>Types of activities</i>				
Agriculture (Including pasupaln)	46	42.6	14	12.6
Job/service	11	10.2	17	15.3
Business	35	32.4	66	59.5
Labour (Daily basis	15	13.9	14	12.6
Others	1	0.9	-	-
Total	108	100.0	111	100.0

3.2 Reintegration Process in the community

During the assessment, respondents were asked whether they had ever visited their home after being discharged from the cantonments. It was found that most of the respondents (98%) had visited their home. However, 2 percent of the respondents had never been to their home after being discharged because of family and community problems. Around 20 percent of the respondents reported that their community was unaware about their disqualification. One-third (33.2%) of the respondents had faced problem in their community because of stigma associated with being disqualified, blame/accusation in their character and issues adjusting to their family/community.

“The villagers scoff at me. They say I joined the Maoist with higher hopes instead got kicked out by being disqualified. I feel bad and hurt when I hear these words and feel like crying.” 20 Year Dalit respondent receiving health package

Table 4: Distribution of respondents by reintegration process and the problem in community

Ever return home	N	%
Yes	303	97.7
No	7	2.3
<i>Community knows about disqualification</i>		
Yes	247	79.7
No	63	20.3
<i>Problem in community</i>		
Yes	103	33.2
No	207	66.8
Total	310	100.0
<i>Major problems</i>		
Stigma associated with disqualification	67	65.0
Adjustment Problem (family/community)	39	37.9
Blame/accusation	19	18.4
Other (Accusation in their character, Political affiliation, caste discrimination)	15	14.6
Total	103	100.0

3.3 Perceived changes in life style/standard of living

The respondents were asked if they noticed changes in their life style/ standard of living compared to conflict period. The result of the assessment indicates that in comparison to the baseline assessment (43%), more respondents (52%) perceived that their standard of living improved in the time interval. The following reasons were stated for perceiving better life: free from party order, feel secure and free, capacity build up, staying with family and involved in income generating activities.

“During conflict, our lives were in constant fear. We could not walk openly back then. I often dreamt of being shot down and could not sleep at all. However, I can walk freely and at least have a sound sleep at night these days. I also got different opportunities to learn new things.” **23 year-male participated in health package**

Around one fifth (24.2%) of the respondents in the follow up assessment reported no changes in their life style or standard of living since the conflict period while roughly 23 percent stated that their lives had become worse. Weak economic status/unemployment, uncertainty about their future, being disqualified, lack of appropriate support from family and community were the main reasons cited for the lack of improvement in their life style/standard of living.

“Earlier our lives were abided by the party's principle. We felt proud to work for our party but now both the party and the country have betrayed us. The government has ridiculed our identity. We do not have any source of employment to earn our living. At this age where we were supposed to do something, we are obliged to stroll here and there without purpose because of which I feel that my future is ruined.”-**25 year-male completed micro enterprises**

Table 5: Perceived changes in life style/standard of living

Overall changes after conflict	Baseline assessment		Follow up assessment	
	N	%	N	%
Better	172	43.0	162	52.3
Same	135	33.8	75	24.2
Worse	93	23.3	73	23.5
Total	400	100.0	310	100.0

3.4 Involvement in income generating activities after completing package

Of the total respondents, 189 had completed their training at the time of follow up assessment. 37 percent of those who completed their training were involved in income generating activities. The activities they were involved in were: starting their own business (82.9%) and employment (17.1%). Waiting for result, family problem, lack of adequate skill and lack of seed money to start the business were the explanations provided for not being involved in the income generating activities.

Table 6: Involvement of respondents in income generating activities after completing package

Involve in economic activities	N	%
Yes	70	37.0
No	119	63.0
Total	189	100.0
<i>Major activities</i>		
Own business	58	82.9
Employment	12	17.1
Total	70	100.0
<i>Reasons for not involving in income generating activities</i>		
Waiting for result	33	27.7
Family problem	24	20.2
Inadequate skill	23	19.3
Lack of seed money	18	15.1
Weak economic status	7	5.9
Lack of employment opportunity	7	5.9
Business not run smoothly	5	4.2
Other	2	1.7
Total	119	100.0

3.5 Problem during training period

Of the 70 respondents who are currently enrolled in the package (follow up assessment), around one third (34.3%) reported problems or challenges. Among the respondents who had problem with the education package, 42 percent reported that they did not receive allowance on time, 29% had accommodation problem, 21% burden of household's responsibility and 12% logistic problem.

Table 7: Problem faced during the training period

Problem during training period	N	%
Yes	24	34.3
No	46	65.7
Total	70	100.0
<i>If yes, types of problem</i>		
Allowance not received on time	10	41.7
Accommodation problem	7	29.2
Households responsibility	5	20.8
Logistic problem	3	12.5
Other (humiliation and reintegration problem with friends)	2	8.4
Total	24	100.0

3.6 Status of VMLRs who have not enrolled in package

Of the total respondents who were not enrolled in any package (N=47), 49 percent reported that they were doing nothing and wasting their time by gambling with friends and roaming around different places. Around 15 percent reported that they were involved in political protest/strike against their party and demanding the government to fulfill their agenda. Some were involved in other activities such as: education (15%), household works (11%), participating in social activities (4 %) and agriculture (4%). Around 75 percent of the respondents who were not enrolled in the packages reported that they were willing to participate in the rehabilitation package provided by UNIRP in the future.

Table 8 : status of the respondents who have not enrolled in package

Daily activities	N	%
Doing nothing	23	48.9
Political protest/Strike	7	14.9
Enrolled in education	7	14.9
Households work	5	10.6
Participation in social activities	2	4.3
Doing agriculture	2	4.3
Other	3	6.9
<i>Interest in participating package</i>		
Yes	35	74.5
No	12	25.5
Total	47	100.0

3.7 Community and family support

Several VMLRs reported that they received a great deal of support from their communities and family members when they returned home after being discharged from the cantonments. Most of the participants reported that their families and communities were willing to forget about the past and motivated them to do something positive with their lives. Compared to the baseline assessment (55%), increased percentage of the respondents (63%) reported that they were fully accepted back into their communities in the follow up assessment. VMLRs who had participated in the rehabilitation package expressed more community support than those who had not participated in the package. Participants of education and health package received more community support compared with the participants of micro enterprises and vocational training. Similarly, female compared with male and married compared with unmarried found more community support.

VMLRs also reported that they were able to get more involved in community activities (such as: religious ceremony, festivals, community meeting) as the community member felt that they could make constructive contribution. The proportion of the respondents who participated in social activities improved in the follow-up assessment (47%) compared with the base line (44%). Those who participated in rehabilitation package compared with non-participants and those enrolled in health packages compared with other packages were more involved in social activities. More male than female and unmarried than married respondents participated in social activities.

The community's trust towards the respondents had increased during the interval of the two assessments. Higher proportion of the respondents who participated in the rehabilitation package compared to those who did not participate in any package and participants who were enrolled in education package compared to other package reported "always trust" by the community.

"After I completed my CMA course and came back to village, the villagers have become quite close to me. If someone falls sick, they come to me and ask which medicine to use. They also come to my home for chitchat. The villagers help me in my daily work and during festivals in the village. They seek my advice before admitting their children to health course. They ask me about the scope, total cost of the course. They tell me not to go the cities rather encourage me to stay in the village." **20 years male completed health package**

The majority of the respondents stated that their parents were happy that they had returned home and supported them in every possible way. Around 89 percent of the respondents, in the follow-up assessment, reported that they had received care and support from their family after they had returned home. Those who had participated in either one of the rehabilitation packages received higher level of support than those who did not. It was also observed that those who participated in health training package received the most support from their family. Female than male and unmarried than married respondents received more support from their family member.

Table 9: Community and family support of the respondents

Community acceptance	Baseline assessment		Follow up assessment	
	N	%	N	%
Fully accepted	222	55.5	196	63.3
Rarely accepted	149	37.3	97	31.2
Can't say	29	7.2	17	5.5
<i>Participation in social activities</i>				
Always participate	176	44.0	146	47.1
Rarely participate	110	55.0	162	52.3
Can't say	4	1.0	2	0.6
<i>Community trust</i>				
Always trust	203	50.7	190	61.3
Rarely trust	173	43.3	93	30.0
Can't say	24	6.0	27	8.7
<i>Family support and care</i>				
Always support and care	350	87.5	277	89.4
Rarely support and care	45	11.2	33	10.6
Can't say	5	1.3	-	-
Total	400	100.0	310	100.0

3.8 Prevalence of psychosocial problems over time

The prevalence of anxiety, depression and PTSD among the respondents had declined between two periods. It was observed that the prevalence of anxiety declined by 25 percent whereas the prevalence of depression and PTSD declined by 17 percent and 45 percent respectively in the

same period. All of these differences between baseline and follow-up were statistically significant when controlling for other factors (see Tables below).

Table 10: prevalence of psychosocial problems over time by gender, age, caste/ethnicity, marital status and level of education

Background characteristics	Anxiety		Depression		PTSD		Number	
	2011	2012	2011	2012	2011	2012	2011	2012
Gender								
Male	34.1	26.1	38.4	30.9	15.7	7.4	255	188
Female	33.8	24.6	29.7	27.0	8.3	6.6	145	122
Age								
18 years and below	54.5	75.0	54.5	50.0	9.1	25.0	22	4
19-24 years	32.8	24.4	35.0	29.2	13.6	6.6	354	271
25-35 years	33.3	28.6	20.8	28.6	8.3	8.6	24	35
Caste/Ethnicity								
<i>Brahmin/Chhetri</i>	41.0	31.9	44.0	34.1	18.1	8.0	166	138
<i>Janajati</i>	24.3	19.0	24.9	24.6	7.3	5.6	177	126
<i>Dalit</i>	43.9	23.9	42.1	28.3	15.8	8.7	57	46
Marital status								
Unmarried	27.9	20.0	33.7	27.8	12.6	6.1	190	115
Married	39.5	28.7	36.7	30.3	13.3	7.7	210	195
Level of Education								
Illiterate	30.8	20.0	7.7	40.0		20.0	13	5
Literate with informal education	57.1	44.4	57.1	33.3	14.3	22.2	7	9
Primary	37.5	33.3	39.1	39.2	14.1	9.8	64	51
Lower secondary	31.3	25.0	28.1	27.6	9.4	5.3	96	76
Secondary	37.0	18.8	40.7	29.7	13.9	4.7	108	64
School leaving certificate	37.1	23.0	40.3	25.7	19.4	6.8	62	74
Further and higher education	22.0	29.0	30.0	22.6	12.0	6.5	50	31
Region								
EDR	26.6	10.5	26.6	7.9	4.3	2.6	94	76
CDR	25.6	21.2	27.6	25.9	7.8	9.4	116	85
WDR	22.2	27.3	33.3	45.5	7.4	4.5	27	22
MWDR	36.1	32.0	39.3	32.0	16.4	8.0	61	50
FWDR	52.2	40.3	50.0	48.1	26.5	9.1	102	77
Total	34.0	25.5	35.3	29.4	13.0	7.1	400	310

Prevalence of mental health problem by gender: More male than female respondents had mental health problems between the two periods. The prevalence of depression and PTSD significantly declined among male respondents in comparison to female in this period. In contrast, in terms of anxiety, the data shows that the females had greater improvement than males leading to less anxiety prevalence in females. However, when controlling for other factors, there was no significant difference between the gender (see Tables below). Therefore, psychosocial outcomes did not differ by gender.

Prevalence of mental health problem by age: Children under 18 years of age were more vulnerable to mental health problems than the other age groups. Between two survey periods, the prevalence of anxiety and PTSD increased among the children under age 18 years. Although the prevalence of depression reduced among other age groups, it significantly increased (37.5%) among the respondents aged 25 and above.

Prevalence of mental health problem by caste/ethnicity: The follow up assessment showed that the prevalence of anxiety and depression was higher among Dalit compared to Brahman/Chhetri and Janajati. Janajati had the lowest burden for anxiety and depression. For PTSD there were no differences by caste/ethnicity.

Prevalence of mental health problem by marital status: Married respondents experienced more mental health problems than unmarried ones. It was found that the prevalence of PTSD declined by 52 percent among the unmarried respondents compared with married (42%). The greatest burden of psychosocial problems was among those in Inter-Caste marriages.

Prevalence of mental health problem by education: There was inverse relationship between level of education and mental health problems. Although the depression and PTSD reduced exceedingly with increasing level of education, the anxiety level increased by 32 percent among those pursuing higher level of education

Prevalence of mental health problem by region: There was significant variation in the prevalence of mental health problem among the regions. The prevalence of psychosocial problem was lower among the respondents from Eastern development region whereas the prevalence was higher among the respondents from Far Western Development Region in both assessments.

Prevalence of mental health problem by rehabilitation support: There was no difference in the prevalence of mental health problems between those who did and did not participate in a reintegration package. However, those who participated in vocational training had greater mental health problems compared to those who received no package or any other package.

Prevalence of mental health problem by community and family support: There was inverse relationship between community and family support and the prevalence of mental health problems. The prevalence of anxiety, depression and PTSD was better among the respondents who reported that they were fully accepted back into their community and those who had received more care and support from their family in both assessments.

Table 11: prevalence of psychosocial problems over time by rehabilitation support, types of package, package status and family and community support

Background characteristics	Anxiety		Depression		PTSD		Number	
	2011	2012	2011	2012	2011	2012	2011	2012
Rehabilitation support								
Not participating in rehabilitation program	42.7	36.2	40.9	42.6	21.8	8.5	110	47
Participating in rehabilitation program	30.7	23.6	33.1	27.0	9.7	6.8	290	263
Type of package								
Education	25.6	17.3	31.7	20.0	6.1	5.3	82	75
Health training	29.7	22.9	35.1	25.7	21.6	5.7	37	35
Vocational training	33.9	33.3	40.7	37.0	13.6	9.3	59	54
Micro-enterprise	33.0	23.2	29.5	27.3	6.3	7.1	112	99
Package status								
Training completed	38.6	25.9	38.6	29.6	8.8	7.4	57	189
Training on-going	28.8	18.6	31.8	21.4	9.9	5.7	233	70
Drop out		-		-		-		4
Community acceptance								
Fully accepted	20.7	16.8	20.7	17.3	3.2	3.6	222	196
Rarely accepted	55.0	42.3	56.4	52.6	28.9	14.4	149	97
Can't say	27.6	29.4	37.9	35.3	6.9	5.9	29	17
Family care and support								
Fully accepted	31.7	22.0	32.6	25.4	10.9	5.4	350	277
Rarely accepted	53.3	54.5	60.0	69.7	28.9	21.2	45	33
Can't say	20.0	-	35.2		20.0	-	5	-
Total	34.0	25.5	35.3	29.4	13.0	7.1	400	310

3.9 Supportive and risk factors of psychosocial well-being of the VMLRs

This section describes the supportive and risk factors related to the psychosocial wellbeing of the VMLRs. The qualitative assessment found that the major factors influencing the psychosocial wellbeing of the VMLRs were family and community support, reintegration package, economic opportunities, personal behavior and political problems. The positive factors contributed to the positive impacts on the psychosocial wellbeing of the VMLRs, while the negative factors contributed to the negative impacts.

Reintegration Support:

Most of the VMLRs reported that they participated in the reintegration package hoping it would help them generate their own income, give continuity to their education, sustain their living and receive financial support in the process. Through these assessments, it was observed that some of the VMLRs were involved in income generating activities after receiving the package. They

reported that it contributed to their positive thinking and they felt that they will be able to do something in their future, which led to their psychosocial wellbeing.

"Before we did not have money but these days, I am earning money from my shop and the profit I gain is enough to feed my children and pay the house rent. Before, when I had free time and had no work to do, nonsense and unwanted thoughts used to come to my mind. However, after I opened this shop, I am much occupied. Unwanted thoughts have automatically reduced. My friends also come to my shop to chat. Before I used to ask home for money but now, it is just the opposite, instead I send money at home". – 23 year-old male completed micro enterprises
"I have opened a hair parlor called "Handsome Parlor". My parlor is running smoothly. Starting from the children to elderly, everyone appreciates my work. I think that I have better future and better life ahead if I continue this work further." -26 year-male completed micro enterprises

The VMLRs, who participated in the education package, were able to continue their studies. They too expressed happiness as they were able to let go of their past and build their future. They stated that even though the package supported their education for limited period and level only, they were confident that they could do something in the future.

"During our visits, they (VMLRs) expressed that they are happy to be enrolled in the educational package, as they are able to give continuity to their education. Their confidence has been built up after being enrolled in the educational support program. They shared that if they could get similar type of support until they complete their bachelors' level then, they would be able to stand on their own feet." – a staff member from supportive organization

Few of the VMLRs did not participate in the packages as they thought the package was for short duration, ineffective, and did not guarantee jobs. A member of supportive organization reported that these VMLRs showed more psychosocial problems because of their lack of involvement in income generating activities and being unproductive. He further added that, due to this, it was seen that they had low level of self-confidence, was worried and uncertain about their future and had negative thoughts related to their life.

"I did not enroll in the package thinking that it would not help me by any means in the future. Now I wonder what my future would be like and this thought bothers me a lot. I have already reached an age to marry but do not have any job. My other friends, whom I thought weak, were qualified and received some amount during discharge process while I am left empty handed. I feel sad and heavy due to these things". - 22 year- male not participated in package

On the other hand, some VMLRs enrolled in the package were not yet involved in any income generating activities. These VMLRs reported that the package content was insufficient and the start up amount provided was inadequate. Other organization staffs mentioned that these VMLRs had not enrolled in income generating activities because of their attitude and unwillingness to work for low-pay jobs. They further added that due to these reasons, the VMLRs had faced myriad psychosocial problems. It was also noted that the VMLRs had fear of forgetting things learned from the training due to lack of employment opportunity.

"Some are not involved in economic activities because of insufficient start up amount, poor economic condition. Training seems insufficient while some are habituated staying unemployed. VST participants are not getting opportunity due to inadequate training skill. As a result, they are neglected by their family and community. They have worries about their future, livelihood. Some are taking medicine due to severe psychosocial problems."- **a counselor of supportive organization**

Along with the packages, the VMLRs also received psychosocial support. These psychosocial supports were reported to have positive impact on the psychosocial wellbeing of the VMLRs. Some VMLRs shared that they got a room to express their feelings, received guidance, helpful advices, motivation from the psychosocial counselor, which helped them in decision-making and their wellbeing. They also mentioned that psychosocial support had positive effects on their personal life. The VMLRs shared that problems such as nightmares, anxiety, and negative thoughts were reduced after they received the psychosocial support.

"Since she talks in Chaudhary language, I feel as if she is my own relative, someone very near to me. She told me not to worry about anything and not to think about same thing repeatedly. Because of her motivation and support, I got enrolled in the reintegration package. Whenever I talked with her, I feel comforted. Before, I was perplexed about the package but after meeting with her, I enrolled in the package. My tensions have reduced after the process of learning new skills"- **22 year- male completed micro enterprises**

"One VMLR used to see dead body in his dream and used to frighten every day. He also had reproductive health related problem but other people used to say it STD. After counseling, his nightmare problem reduced." - **a counselor of partner organization**

Economic opportunity and status:

The economic status and opportunities of the VMLRs and their family had determining role in their psychosocial wellbeing. Those VMLRs, who were involved in income generating activities and whose family had better economic status, or who were being supported by the family economically, did not have problems related to food and shelter. As they did not have any problem fulfilling their basic needs, they were not worried about their future and showed positive thinking.

"It is been almost one year that I got tied into marital knot. My family cares, loves and motivates me a lot. After discharge, I attended beauty parlor training with the support from UNIRP. Later, I opened a parlor and it is running smoothly till date. I am very grateful to my family, in-laws, community and UNIRP. I am very happy to have a new start, new life. In future, I am planning to attend advance trainings on beauty parlor and open a training center"- **20 year- female completed micro enterprises**

Those VMLRs were not involved in any income generating activities, had problems running their business, or whose family had low economic status reported problems satisfying their basic needs. They also reported problems in starting their business due to shortage of required seed money. Due to this, they expressed their worries regarding their future, and said that they had unwanted and negative thoughts.

“After receiving package, I opened a parlor but no customers came to my parlor and to others who visited, I could not satisfy. Since I made mistakes while carrying out facial, cutting and ironing hair of the customers, I had to bear their scolding. In order to make it better, I took loan from finance and added more equipment but still the parlor went down the business. Neither I have good education nor do I have good skills. Since I do not have strong income source, I often worry what would be my future and how would be my children’s situation. Similarly, I have difficulty sleeping and feel fatigue”. – **20 year-old female completed micro enterprises**

Family care and support:

Care and support provided by the family is crucial for an effective reintegration of the VMLRs and to maintain their psychosocial wellbeing. Those VMLRs who received maximum support and care from the family shared having positive feelings and thoughts about their future. They mentioned feeling happy and joyful when their parents had come to collect them after they were discharged from the cantonments. They reported that their parents encouraged them to stay at home and assist in farm works, start small business or continue their education. Due to the supportive environment from the family, they started sharing family responsibilities and were able to concentrate on other productive activities such as education and business. They also had positive relationship with their family members due to which they were able to build strong support system for themselves.

“Some of my friends have gone abroad to earn money while some are in India tolerating all mistreatments/harassments. I feel bad when I hear that the retired combatants are paid pensions. I feel like I am left empty-handed but still I have this shop, my wife and a child with me. My parents also look after us and I have received support from my friends. I am glad I am not in a condition to move abroad to earn money. Hence, I think my living standard is quite good”. – **23 year-old male completed micro enterprises**

Not all VLMRs received support from their families after being reintegrated into the community. Some VMLRs stated that their families were unsympathetic to their problems. They reported that constant nagging, lack of support and concern, and regular accusations by the family members led them to feel insecure, lonely, anxious and angry. They felt constantly humiliated and dominated by their family members, as they were not able to bear the economic responsibilities in the family.

“After discharge, I went home. My mother-in-law and sister-in-law say that women affiliated with Maoists are immoral. When there is conflict in the family, they call me as a Maoist woman and even label me as a prostitute. The community also used to treat us badly. In such condition, neither I could study nor could I earn money. I feel worried at all times. Sometimes I want to cry as the UN ruined my future by calling us disqualified. This situation has obliged me to wonder about my child’s condition, such thoughts trouble me and I could not sleep at night. Because of this problem, I express anger at home, which later takes form of conflict.” - **20 year-old female received micro-enterprise training**

Many of the VMLRs had done inter-caste marriage, which the family found hard to accept resulting in family discord and stigma in every day basis. Some had to live away from their family, thus losing their support system and increasing their worries and anxieties.

"Some have not returned their home due to inter-caste marriage; they are not accepted by their family. Some are staying out of their community because of their aggression. Due to their angry attitude, they create tussle and cannot adjust in their community. Some have problems like; neglected by family, couple relation problem, divorce due to inter-caste marriage." - a
Counselor, supportive organization

Community acceptance and support:

Community acceptance and support also played a significant role in determining the psychosocial wellbeing of the VMLRs. Most of the VMLRs reported that their community readily accepted them after being discharged and supported them during their reintegration in the community. They shared that they received respect from the community and were included in the religious and socio-cultural activities of the community. They said that they were provided with appropriate support whenever necessary, such as lending money or providing health supports. They reported that the support and acceptance d from the community helped them gain confidence, motivated them to get involved in community development activities and develop social cohesion.

"After discharge, I took CMA course package Now, I have knowledge about medical field, which has made it easier for me to return and reintegrate in the community. If anyone in the community is sick, they come to me and ask which medicines to take in such condition. The community people come to my home to ask and discuss about the total cost of CMA course. Even if they do not have any work, the community people come to me just to have a chat. I think that this package will brighten up my future. Even if I might not get a job in the market areas, I have confidence to use my skills and sustain my life". -
20 year-old male received health package

While most of the VMLRs received community acceptance and support, few of them said that they had to face rejection, mistreatment, blame and accusations from the community. They stated feeling humiliated when the community gossiped about them for being discharged from the army. They mentioned feeling hurt and insecure when they were accused or blamed of any negative incidents such as robbery or fights that took place in the community. They shared that the community often brought up issues of their involvement and actions during the conflict period due to which, they were looked upon with distrust and disapproval. This has caused them to feel guilty, humiliated and distressed.

"When someone comes around my shop they ask which the disqualified combatant's shop is. If they have to meet someone, they give address after my shop's name telling them to come in front of the "disqualified combatant's shop". May be it does not have any effect on them but when I hear such words, I feel crushed within "mutu chhiya chhiya hune". Because of this, I often have different unnecessary thoughts in my mind. I do not feel like eating instead feel like crying, worry and feel as if my head is cracking up". -
21 year- old female completed micro enterprises training

Those who had married outside their caste were largely stigmatized by the community and were not engaged in community activities. Some female VMLRs also reported that they were accused of being involved in immoral activities while they were away from their home and were regarded as “dirty”, leading to loss of dignity and self-esteem.

“At home, the neighbors and others stigmatize me. They accuse me of being immoral, having bad character and say that I walked around with different men. Similarly, they say that I went to different places and that I do not possess good character. If there is any work going around in the village, they do not call me. The villagers speak ill of me and I often worry how I would raise my daughter in such situation”. -**20 year- old women receiving education support**

Coping and personal adjustments:

The VMLRs used various methods to deal with challenges they faced during reintegration and adjustment. Those VMLRs who tried to forget about their past and start fresh kept themselves busy by engaging in productive activities, letting go of their negative feelings such as revenge, interacting with others regarding their problems and issues, and trying to diverge their mind into positive activities and thinking. These activities have helped them maintain their psychosocial wellbeing. Through positive coping mechanism and personal adjustments, they revealed that they felt secure, peaceful, independent, and had positive changes in the behavior.

While many VMLRs were able to adjust to the challenges of reintegration and cope positively with their problems, there were few who faced problems due to their inadequacy to adjust with the situation. These VMLRs faced problems when trying to deal with the fact that they were disqualified from the army, as they felt shameful, inadequate and like a failure. They also felt incompetent and insecure in front of their friends because of their education gap. None of the VMLRs had remained in the formal education when they were with the party; therefore, in comparison to them their classmates were far ahead in their studies. The VMLRs also reported difficulty in trying to forget the activities they had carried out during the conflict due to which they constantly felt guilty and shameful. It is due to these feelings that some VMLRs were unable to return to their community and family and are staying away from their friends and family. Some of the VMLRs also found it difficult to adjust to their community because they developed aggression while serving the party. Due to their aggressive nature, they tried to enforce their radical ideas upon others, which the community had difficulty accepting. Along with these adjustment problems, they also used unconstructive coping mechanism such as: alcohol consumption, drug abuse, quarreling, staying idle, and running away from the problem which had negative effect on the VMLRs’ psychological wellbeing.

“They express aggression, use substance (marijuana, alcohol), cry, listen to music, play with their friends, keep them occupied and stay alone to cope up with their problems and these things affect their well-being”. - **Counselor from a local organization**

Political Issues:

The affiliation of the VMLRs with one of the major political parties of Nepal supported as well as hindered their psychosocial wellbeing. Some VMLRs shared that they gained political

opportunity as they had developed close relationships with the leading party politicians. Due to this, they developed self-confidence and are hopeful that they will get better opportunities in the future.

“Although I have not participated in the package, I have been getting educational expense from the party. I have well understood about politics. I have received worldly knowledge. I have an opportunity to know big political leaders. Our female community members are afraid to talk with strangers but now I have gained self-confidence to talk with anyone else”. –**20 year –old female not enrolled in package**

On the contrary, some VMLRs mentioned that they were happy that they are no longer affiliated with the party because they felt more independent and free, as they did not have to comply with the party orders.

“After joining the Maoists, I had to go through many difficulties. I had to comply other’s orders. There was no proper place to live and sleep. Because we always had fear that Nepal Army would find us and kill us, we could not walk freely. Back then, we were not allowed to meet our family members but now, I am staying with my family and I do not have any fear that someone would come and kill me. Now, I am free to live.” - **26 years, Male, completed micro-enterprises**

Some VMLRs also reported about the problems they had to go through due to their affiliation with the party. They had to face unnecessary police inquiry, arbitrary arrest and physical torture due to their previous involvement in riots. In addition, they also face accusations and mistrust from their community members as most of them are currently engaged in political strikes, demanding fulfillment of their agenda. Due to this distrust, the VMLRs mentioned that they were not given employment opportunities in many places.

“I have already completed training on cook but have not got any job yet. Some people hesitate to employ me, as I was involved with the Maoists in the past. I do not easily get a job. People trust me a little. The community people overlook upon me and backbite about me. It made me worried about future and unnecessary thoughts come to mind. In addition, I have difficulty sleeping, lost appetite, lost concentration ability, etc.” - **20 year-male completed vocational training**

3.10 Causes and impact of psychosocial distress

Respondents also helped identify combination of factors that have caused them to feel distressful. Major factors that caused distress in their life were: disqualification (37%), uncertainty of future (33%) and weak economic condition (33%). Unemployment, low education status, lack of support from party and government, inter caste marriage, health problem and social discrimination were other reasons causing distress in their life.

The respondents reported that major impact of the distress in their daily activities were loss of appetite (23%), not interested in work (21%), and the sleeplessness (17%). Feeling lazy, lack of interest in the studies, forgetfulness, conflict with family/community, headache, not interested to participate in social activities were other impacts of distress in their daily life.

Table 12: Causes and impact of distress in daily activities

Causes of distress	N	%
Being disqualified	67	37.0
Uncertainty of future	59	32.6
Weak economic condition	59	32.6
Unemployment	19	10.5
Low education status	16	8.8
Lack of support from party and government	11	6.1
Other (Inter-caste marriage, health problem, social discrimination)	7	3.9
<i>Impact of distress in daily activities</i>		
Loss of appetite	42	23.2
Lack of interest in work	38	21.0
Sleeplessness	31	17.1
Laziness	26	14.4
Not interested in studies	19	10.5
Forgetting things	10	5.5
Conflict in family and community	9	5.0
Other (Headache/ fainting, not interested to participate social activities)	6	3.6
Total	181	100.0

3.11 Resources and coping

Table 13: Strategies used to cope with psychosocial problems

Resources	Male	Female	Total
<i>Positive</i>			
Interaction with other	38.4	44.9	40.9
Engage in leisure activities	33.0	27.5	30.9
Self coping (consoling their heart)	25.0	21.7	23.8
Engage in work or keeping self busy	7.1	13.0	9.4
Consultation with psychosocial counselor	4.5	4.3	4.4
Involve in social activities	3.6	5.8	4.4
Sleeping	-	8.0	7.7
<i>Negative</i>			
Staying alone	18.8	7.2	14.4
Substance abuse	7.1	-	4.4
Crying	-	10.1	3.9
Rebelling/quarreling/throwing things	3.6	1.4	2.8
Nothing	4.5	1.4	3.3
Total	112	69	181

In order to cope with the distress, VMLRs used both positive and negative coping mechanisms such as being involved at work, leisure activities, interacting with other, self-imposed isolation and substance abuse. The most popular coping mechanism among the respondents was sharing their problems with family member, friends and relatives. Both male and female respondents

also frequently engaged in leisure activities such as; listening to music, watching TV, reading books and magazines and playing games as a coping strategy. Other positive strategies more widely used by both male and female were consoling ones self and keeping themselves busy in work. The most common negative coping mechanism used by the respondents to deal with their distress was: staying alone, substance abuse (only male) and crying (only female).

3.12 Receiving psychosocial support

The respondents were also assessed on whether or not they had received psychosocial service. As per the results, approximately 49 respondents received the psychosocial services. The most common type of services received from the psychosocial service providers were: helpful suggestion and advice (57%), able to share their own problem (32%), talk about matter related to heart (MANN) (18%). Out of the total respondents who received psychosocial services (N=136), around 73 percent reported that the services helped to alleviate their problems. They stated that the psychosocial support helped their heart feel lighter (39%), reduced anxiety, stress and anger (28%), built their confidence (22%), increased positive thinking (16%) and improved concentration in education (12%).

Table 14: Status of the psychosocial support of the respondents

Receive psychosocial support	Male	Female	Total
Yes	40.4	49.2	43.9
No	59.6	50.8	56.1
Total	100.0	100.0	100.0
N	188	122	310
<i>Types of support received</i>			
Received helpful suggestion and advice	57.9	56.7	57.4
Shared about the problem	27.6	38.3	32.4
Talk about matter related to heart (MANN)	28.9	5.0	18.4
Other (teach us about ways to reduce stress, confidence build up, provide medicine, advised family member)	6.6	3.5	5.1
<i>Improvement in problem</i>			
Yes	77.6	66.7	72.8
No	22.4	33.3	27.2
N	76	60	136
<i>Types of improvement</i>			
Heartfelt lighter	35.6	45.0	39.4
Reduce anxiety, stress and anger	33.9	20.0	28.3
Confidence build up	22.0	22.5	22.2
Increased positive thinking	20.3	10.0	16.2
Concentration in education	13.6	10.0	12.1
Other (improvement in forgetting problem, increased family support,)	5.2	2.5	3.0
N	59	40	99

3.13 Perception about future and unmet needs

As perception of the future plays a significant role in influencing ones well being. Assessment was carried out to observe perception of the future among VMLRs Around 14 percent of the respondents stated that they felt great/positive about their lives, 40 percent were normal and 11 percent felt negative. The primary reasons for feeling great/positive about their future contributed to increased confidence; participation in income generating activities and appropriate support from family/community. While, weak economic status, lack of employment opportunities, low level of education and less family and community support were major reasons for being pessimistic about their future.

Table 15: Belief about the future and unmet need of the respondents

Perception about future	N	%
Great	43	13.9
Normal	124	40.0
Negative	35	11.3
Can't say	108	34.8
<i>Unmet needs</i>		
Collective cash support	148	47.7
Organization links for employment	47	15.2
Education support up to bachelor level	44	14.2
Additional training	39	12.6
Support in technical education	12	3.9
Support in health treatment	5	1.6
Support foreign employment	8	2.6
Other (supervision and monitoring, logistic support)	7	2.2
Total	310	100.0

Around 48 percent of the respondents expected collective cash support from the government. The respondents stated that they primarily expected collective cash support to set up business and cover the cost for processing foreign employment. Most respondents who had completed the package expected the organization to provide them with support to link them with employment.

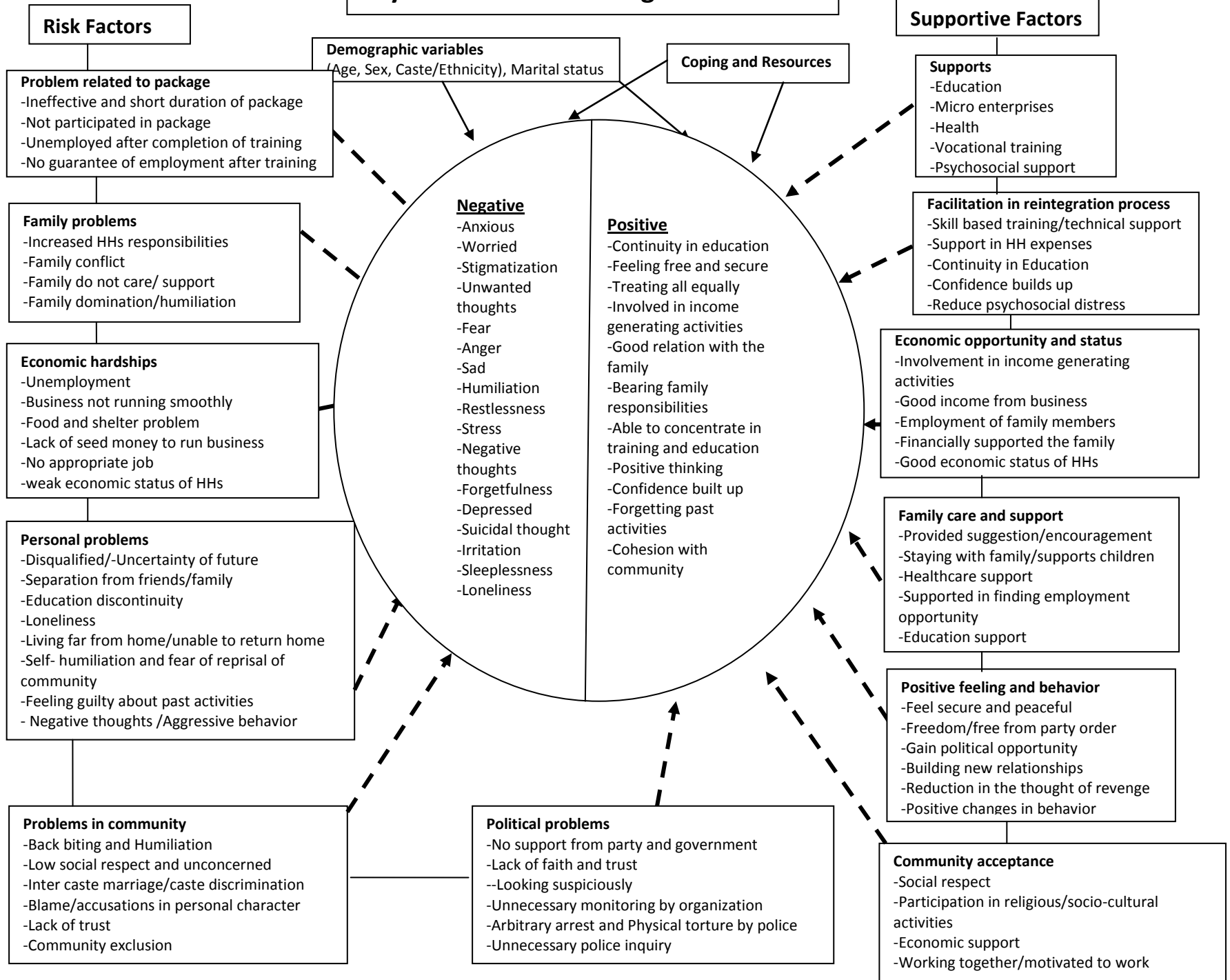
The training UNIRP provided was very helpful however; the other organizations did not provide us any opportunities. Thus, we are seeking for job opportunities. If the organizations could coordinate with other organizations and link us with some job opportunities, it would be easier for us to earn our living.” – 21 year male completed micro enterprises

Those who are currently receiving the education package are expecting similar support up to bachelor level. Other expectations of the VMLRs were additional training, support in technical education, health treatment and processing of foreign employment.

“The organization has been providing support for our education but I am willing to pursue higher studies even after completion of grade 12. I wish the organization to support for our higher studies. If they would support, it would be easier for us in the future to stand on our feet.”

- 22 year male enrolled in education package

Psychosocial Well-Being of the VMLRs



4. SUMMARY OF MAJOR FINDINGS, DISCUSSION AND RECOMMENDATIONS

4.1 Summary of major findings:

-
- Sample size: 400 (255 male and 145 female) in baseline and 310 (188 male and 145 female) in follow up assessment.
 - Around one-third of VMLRs who had not participated in the package in the baseline were enrolled in package in the follow up assessment.
 - 72% VMLRs completed the package and of those 36 percent were involved in income generating activities. The major reasons for not being involved in income generating activities were: waiting for results (28%), family problem (20%) and inadequate skills (19%).
 - Approximately 33% of the respondents faced problem in their community and major problem were: stigma associated with disqualification and adjustment problem.
 - About 20% of the respondent's communities were unaware about their disqualification.
 - Around 34% faced problem during training such as allowance not received on time and accommodation problem.
 - Almost half (49%) of the respondents who are not enrolled in the package are doing nothing.
 - The prevalence of anxiety (34% in baseline vs. 26% in follow-up), depression (35% in baseline vs. 29% in follow-up) and PTSD (13% in baseline vs. 7% in follow-up) decreased among the participants over time.
 - Around one third (34%) of the VMLRs showed at least one mental health disorder in the follow-up assessment compared with the baseline (42%).
 - Male VMLRs reported more mental health problem than female in both assessments.
 - Brahmin/Chhetri suffered the most from depression and anxiety than other castes. Dalit suffered the most from PTSD. Janajati suffered the least from depression, anxiety and PTSD.
 - VMLRs who did not participate in the package and those who participated in the vocational training were more vulnerable to psychosocial problems in both assessments.
 - Lack of social support and inter-caste marriage were the strongest predictors of poor psychosocial wellbeing.
 - The residents of Eastern Development Region showed less psychosocial problem compared to residents of Far Western Region.
 - Rejection by the community, lack of support from friends and families and unemployment even after completing package were cited as the major risk factors of the VMLR's psychosocial wellbeing. This was evident in both the qualitative and quantitative findings.
 - Major impacts of psychosocial distress in their daily activities were loss of appetite, lack of interest in work, sleeplessness and laziness. Interaction with others, engagement in leisure activities, self-coping and isolation were primary coping mechanism used by the respondents.
 - Around 44% of the respondents received psychosocial support such as: received helpful suggestions/advice, shared their problems and talked about matter related to heart.
 - Major expectations from the respondents were collective cash support to start up business and cover process for foreign employment, organization link for employment and education support up to bachelor level.
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4.2 Discussion

To our knowledge, this is the first longitudinal assessment carried out to monitor as well as explore the protective and risk factors associated with psychosocial wellbeing of VMLRs over time. The baseline assessment included 400 purposively selected VMLRs whereas the follow-up assessment covered 310 VMLRs who had participated in the baseline. Around one third of VMLRs who had not participated in the package in the baseline had enrolled in the package by follow up assessment. Of the sample in follow-up (310), 72 percent had completed package and 36 percent were involved in income generating activities.

During the time of assessment, VMLR's colleagues who were verified as combatants but chose to leave for their home were given cash support while the VMLRs did not receive any such support. Despite this, the prevalence of anxiety (26%), depression (29%) and PTSD (7%) decreased among the VMLRs between the two assessment periods. These rates are no different from the general population in the Tarai and middle hills region, which showed anxiety 22.9%, depression 27.5%, and PTSD 9% (Luitel et al, 2012). The rates among VMLRs are considerably lower than the general population in the hills of Mid-Western Nepal, which has PTSD of 14% and anxiety and depression near 50% (Kohrt et al. 2012). It was lower among those displaced during the conflict (Thapa and Hauff, 2005); among torture survivors from highly affected conflict areas in mid-western Nepal (Tol et al., 2007) and children associated with arms forces and armed groups in Nepal (Kohrt et al., 2008). This assessment has identified higher prevalence rates of mental disorders among males than females, which contradicts findings from previous studies (Kohrt et al, 2009 and Luitel et al, 2012). This can perhaps be explained by the fact that more males than females were involved in front-line fighting and interrogation/torture during the conflict period. This study also differs from others in its reporting of a higher prevalence rate for mental health disorders among Brahmin/Chhetri than other castes. Although the relationship was not statistically significant, the difference in prevalence rate might have occurred because Brahmin/Chhetri reported more severe reintegration problems than other caste groups. Moreover, during the period of Maoist insurgency, Brahmin/Chhetri was the most targeted group while the Dalits were the least. Consequently, Brahmin/Chhetri VMLRs faced most problem-gaining acceptance and trust from their community upon return in comparison to the Dalits VMLRs. The assessment also shows high prevalence rate of mental disorders among the illiterate/barely educated and married, which concurs with previous studies (Luitel et al, 2012 and Kohrt et al, 2009).

Even though the quantitative analysis indicated no significant relationship between the package and psychosocial wellbeing, it was observed that the package played a significant role in improving psychosocial well being of the VMLRs as well as facilitated successful transition into the civilian life. Through qualitative findings and assessments, it was noted that there was decrease in psychosocial problems among the VMLRs during the time interval. Participating in the package was one of the deterministic factors for family and community acceptance. The health professionals such as CMA are revered in the community, as they are the sole health care providers in the rural areas that lack medical facilities. In addition, those VMLRs involved in education package received certain amount of money as incentive, which helped relieve some economic burden of the family. Hence, the VMLRs participating in these packages mentioned having greater support from family and community. Some VMLRs who had completed Vocational Skill Training and Micro enterprise packages were engaged in income generating

activities. Those engaged in income generating activities were financially supporting their family and those currently enrolled in the package had potential to support their family due to this the family developed positive attitude towards them. With lapse in time, the family and community slowly rejuvenated from their past negative thoughts and turned optimistic towards VMLRs, which made it easier to accept them (VMLRs) back into their lives.

The VMLRs acceptance into the family and community significantly depended on their participation in the reintegration support, especially in the education and health packages. Similarly, VMLRs activities during the conflict period also determined whether they were accepted in the family and community. Those VMLRs who were directly involved in the frontline assault and executions of community members reported having difficulty being accepted by the family and community members. They also reported suffering from stigmatization and isolation by the community. It was also observed that many VMLRs did not dare to return to their community and family. Their current involvement in the party activities had positive as well as negative impact on the family and community acceptance. On one hand, those who were still involved with the party were respected but those who lacked political access were scorned upon. However, in some communities, their involvement with the party was looked upon with suspicion by the family and community. Inter-caste marriage of the VMLRs was another major factor obstructing their family and community acceptance and support. Those who had done inter-caste marriage were not accepted in the family and were ostracized from the community as well. The women suffered more than men as they had to live with the husband's family and community. They mentioned facing abuse from their husbands, family members and stigmatization from the community. These women also reported feeling frustrated, lonely, and rejected. The women also found it hard to adjust with the culture, language and tradition of their husband's family that added to their problems.

Acceptance by the family and community contributed towards pro-social attitude and behavior of the VMLRs, as they were seen to be more involved in the community activities and development. They also developed better relationship with other family and community members and made positive efforts towards the development of community. The feeling of security that they are being looked after by their family and community further built their confidence. The acceptance by the family and community also enhanced the confidence level of the VMLRs and increased their positive attitude towards their future. However, those who were not accepted in their family and community showed adjustment and coping problems that added to their psychosocial distress. They showed increased level of anti-social attitudes and behavior to deal with their family and community problems such as being involved in verbal and physical fights, running away from the community/family, not interacting with anyone or participating in any activities.

Psychosocial wellbeing was better among the VMLRs from eastern development region (EDR) compared to far western development region (FWDR). As most of the VMLRs residing in FWDR were not enrolled in reintegration package, there was no organizational support available to them causing them to worry about the uncertainty of their future. In such situation, they were not able to return to their communities and are staying either with friends in a rented house or a room arranged by the party. Rather than engaging in income generating activities, these VMLRs are wasting their time gambling or doing nothing. With no source of income, they are facing hardships in managing lodging and food. This could lead to increased psychosocial problems.

Fewer economic opportunity in this region compared to other regions could also contribute to their psychosocial distress. On the other hand, more VMLRs from this region are more involved in riots against their party and government demanding to fulfill their agenda. While doing so, they had also undergone torture inflicted by the police.

4.3 Recommendations

- Most of the VMLRs who have completed the package are not involved in any income generating activities because of lack of opportunities. Due to this, they might not remember the skills/knowledge gained from the training when employed after a long term gap. Hence, more focus should be put on developing immediate linkages with employment opportunities.
- Due to fear of community's reaction, some VMLRs have not returned to their community while some who have returned are being mistreated by the community. Because of fear of mistreatment by the community, many VMLRs have also not informed the community about their disqualification. Thus, community level social cohesive programs should be scaled-up to create favorable environment for the VMLRs in the community.
- In terms of those who have had inter-caste marriage, some are rejected by the family; some are accepted yet not invited to come home due to community pressure while some are facing family discord. This assessment also supported that the prevalence of psychosocial problems was higher among those who had inter-caste marriage. Therefore, social-cohesive programs should be launched especially focusing on those who had inter-caste marriage.
- VMLRs enrolled in education package expressed that they would not be able to do anything if the support is provided up to grade 12. If the support is provided up to bachelor level then, they could at least stand on their own feet. Even though the package is provided for 4 years or up to intermediate level, once the package is discontinued there is also a higher chance that VMLRs will drop out of school. Thus, the current education package should be extended and support should be provided up to bachelor level.
- Some VMLRs who participated in the package are not involved in income generating activities while some who are engaged in economic activities are also facing difficulties due to lack of adequate knowledge on current technology. So, additional refresher training should be provided.
- Supervision and monitoring should be carried out to explore the condition of VMLRs who have completed package.
- To make psychosocial and mental health support more effective, skills of community based psychosocial workers (to identify problems, provide extensive services and referrals for severe cases) should be enhanced. The psychosocial program should target

VMLRs showing multiple symptoms of depression, anxiety and PTSD reaching out to participants who are not enrolled in the program.

- The assessment shows that younger VMLRs ,participants of vocational training and those who had inter case marriage are more at risk from psychosocial and mental health problems. This may be attributed to social problems (stigma, lack of family/peer support), economic pressure and individual coping ability. In order to address this, support should focus on holistic approach.

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