



# Understanding the psychosocial and mental health needs of bonded labourers in south-eastern Nepal

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## Summary

In 2014, the Freedom Fund conducted a comprehensive needs assessment into the situation of bonded labourers in south-eastern Nepal which informed our program strategy for the region.

Through this research, we identified that many of the bonded labourers experienced emotional suffering, primarily arising from their situation of bonded labour. In line with our holistic approach to programming, the Freedom Fund sought to directly address the bonded labourers' mental health needs, alongside delivering a range of strategies working towards their liberation.

The Freedom Fund believes that if individuals are going to sustain their freedom, then alongside accessing their rights, they need to be able to act for their own protection and development. Therefore it is important to work with them to overcome obstacles, including psychological obstacles such as severe depression that might prevent this self-help and mutual assistance.

To understand how best to overcome these obstacles, in 2015 the Freedom Fund commissioned the Helen Bamber Foundation to review existing evidence on the psychological effects of modern slavery. The research uncovered that very few studies had assessed the effects of bonded labour and little was known about how best to support the mental health needs of slavery survivors.

This study provides a clinical assessment of the psychosocial and mental health needs of bonded labourers in south-eastern Nepal and gives an understanding of how to develop psychosocial interventions in an area with scarce counselling or mental health services. It was a collaboration, commissioned by the Freedom Fund, between the Helen Bamber Foundation, Dr Kim Murray (a UK clinical psychologist and honorary researcher at King's College London) and the Centre for Mental Health and Counselling - Nepal.

A woman works in a rice field in the east Terai region of Nepal, where forms of modern slavery such as bonded labour are common.



## Key findings

The study found that bonded labourers experienced **high levels of psychological distress**:

46% of respondents reported clinically significant **anxiety** symptoms.

61% reported clinically significant **depression** symptoms.

47% reported some level of **suicidal intentions**.

18% reported clinically significant **post-traumatic stress disorder** (PTSD) symptoms.

Almost one-quarter of respondents reported evidence of **severe psychological distress**.

- 1 Gender differences** were found in respondents reporting anxiety and PTSD symptoms with women being more likely to report clinically significant symptoms than men.
- 2 Poverty** both drives families into situations of debt bondage and contributes to their on-going psychological distress.
- 3 Mental illness is highly stigmatised** within Nepal and within the communities who took part in the research.
- 4 Participants suggested family and community networks** were the first point of contact to help with psychological problems.

### Distinctive elements of the research

Understanding the effects of forced labour on individuals' mental health is a new area of research within global mental health. Of the few relevant studies identified, the majority focused on rehabilitation of child soldiers and the remainder on survivors of human trafficking.<sup>1</sup>

This research is the first piece of work to identify mental health problems within a population currently being exploited through bonded labour. The Freedom Fund partners with local organisations that have already established strong relationships with the bonded labourer community. This enabled the research team to access a hard to reach population and assess that there was no immediate risk to the community taking part in the research.

The results will inform specific program interventions for the bonded labourer communities and can be used as a baseline to measure if the program interventions improve the communities' mental wellbeing. It is a potentially promising practice because it demonstrates methods of assessing mental health needs of individuals who are still in a situation of modern slavery, as part of in-depth assistance to help them exit bondage and rebuild their lives.

There is potential to adapt this method to other slavery contexts around the world, especially as it is based on commonly-used screening tools. This would help build a much-needed evidence base to identify and address the psychological effects of slavery on mental health.

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The Freedom Fund believes that if individuals are going to sustain their freedom, then alongside accessing their rights, they need to be able to act for their own protection and development.

<sup>1</sup> Addressing the Mental Health Needs in Survivors of Modern Slavery, A Critical Review and Research Agenda, The Helen Bamber Foundation 2015

*The full report "Understanding the psychosocial and mental health needs of harwa and charuwa bonded labourers in south-eastern Nepal" can be accessed at [freedomfund.org](http://freedomfund.org).*

## Situation of modern slavery in south-eastern Nepal

The south-eastern Terai region ranks among the Nepali districts with the highest prevalence of modern slavery<sup>2</sup>. Despite being outlawed by the Nepalese government, a traditional form of bonded labour known as harwa and charuwa continues to exist in this region. Within harwa and charuwa families, men work as harwa (meaning ploughman or tillers), while women, children and the elderly work as charuwa (meaning cattle herder) and domestic servants. The vast majority of harwa-charuwa families are landless or have insufficient land to support themselves. Lacking property or other collateral, when these families face financial emergencies their only option for a loan is from a landlord. Once a loan is taken, lenders expect families to provide labour to pay off the debt. The combination of high interest rates and low wages leads to years of bonded labour and even hereditary debt.

An International Labour Organization study in Nepal estimated that 95% of the harwa-charuwa community were affected by forced labour<sup>3</sup>, and some may also have suffered from multiple human rights violations resulting from the civil war and the prevalence of gender-based violence in rural Nepal. What's more, two-thirds of the harwa-charuwa community are dalits<sup>4</sup> who continue to face many forms of discrimination through Nepal's enduring caste system.

Seeking a route out of their desperate situation and extreme poverty, international migration from Nepal to India and Gulf countries has exploded in the past decade. The eastern Terai region has the second highest emigration rate in Nepal<sup>5</sup>. Loans taken to send family members abroad add to a family's debt, while overseas employment can result in further human rights abuses and slavery for migrants.

<sup>2</sup> South Eastern Nepal Hotspot Strategy, the Freedom Fund 2014

<sup>3</sup> Counted as at least one family member working under forced conditions. Forced Labour of Adults and Children in the Agriculture sector of Nepal, ILO Country Office for Nepal, Series no. 11 2013

<sup>4</sup> South-Eastern Nepal Hotspot Strategy, the Freedom Fund 2014

<sup>5</sup> Centre for the Study of Labour and Migration (2014). State of Migration in Nepal: Research Paper VI

The combination of high interest rates and low wages leads to years of bonded labour and hereditary debt.

### The Freedom Fund: Identifying scalable intervention models

In addition to supporting direct work to reduce prevalence of modern slavery in hotspots around the world, the Freedom Fund is tackling the urgent need for evidence regarding effective intervention models. When we observe promising interventions in the field, the Freedom Fund commissions evaluations to measure the results and impact of the work. In this way, we aim to contribute to the knowledge base required to adequately fund and scale up anti-slavery work. Our Evidence in Practice series helps ensure that strategic achievements against slavery are communicated to other practitioners, funders and policy makers.

"I am very upset because life is difficult. I feel bad when I cannot help my hungry children, or when my children and husband are sick. I want to die to get rid of all this distress."

- A female interviewee from Sirhaha.



Photo credit: Geneva Global/Jenna Mulhall-Brereton © 2014

### Mental health context in Nepal

A decade-long civil war in Nepal (from 1996-2006) had a profound effect on the psychological wellbeing of Nepal's already impoverished population. Mental health research in Nepal has revealed high levels of anxiety and depression among adults living in rural areas and particularly those from low caste communities<sup>6</sup>.

Public health services inevitably suffered during the war and the limited health services that survived tended to be in urban areas. Steps are now being taken to overcome inequalities in healthcare provision and access; yet the south-eastern Terai region is particularly affected by gaps in healthcare services.

<sup>6</sup> Addressing the Mental Health Needs in Survivors of Modern Slavery, A Critical Review and Research Agenda, The Helen Bamber Foundation 2015

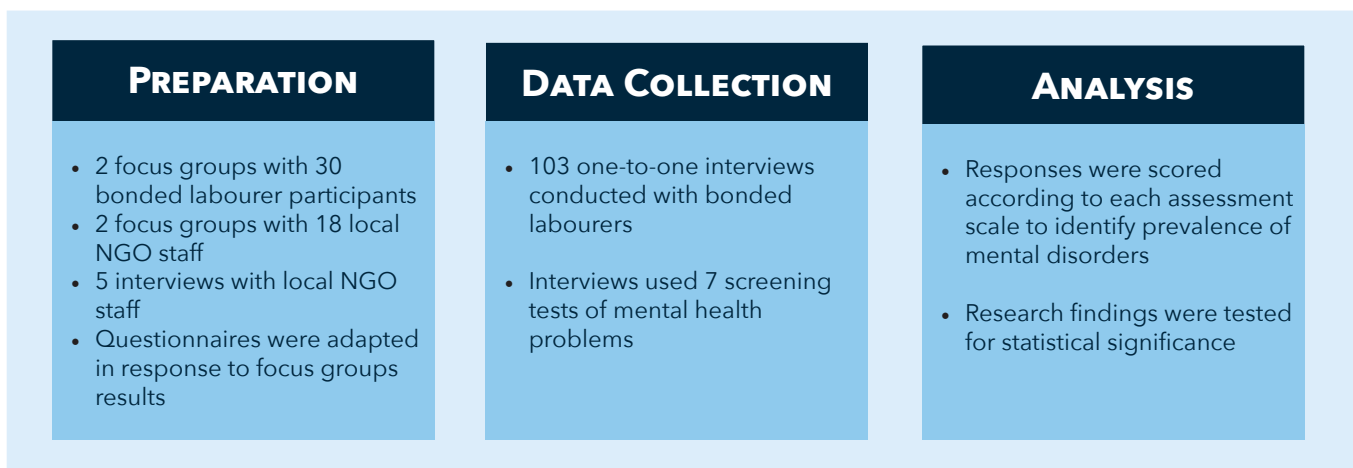
Mental healthcare services in Nepal are unable to meet the needs of its 28 million people<sup>7</sup>. There is a severe shortage of mental health practitioners, and those with formal qualifications often work in the private sector and big cities.

### South-Eastern Nepal hotspot

The Freedom Fund's South-Eastern Nepal hotspot is a comprehensive community-based program, currently supporting 7 local NGOs and 4 specialist NGOs, that aims to contribute significantly to the eradication of this form of bonded labour. The inter-linked strategies of the hotspot include: creating community based freedom groups of those in bonded labour to teach literacy and human rights awareness, forming saving and lending groups to develop independent sources of income, removing children from hazardous child labour and helping them into education, and supporting advocacy so that families' rights to identity, land and government services are achieved.

<sup>7</sup> Jordans, M., Kohrt, B. A., Luitel, N. P., Komproue, I. H., & Lund, C. (2015). Accuracy of proactive case finding for mental disorders by community informants in Nepal. *The British Journal of Psychiatry*.

## Research methods



The field research was conducted in partnership with a local mental health NGO, the Centre for Mental Health and Counselling - Nepal (CMC) with support from UK-based consultant Dr Kim Murray. CMC's expertise in psychosocial counselling and familiarity with the local context was invaluable in research design, data collection and analysis.

### Preparation and adaptation

The research team conducted preparatory focus groups and semi-structured interviews to gain a better understanding of the harwa-charuwa context and psychosocial issues they faced. The qualitative data confirmed that the harwa-charuwa faced high levels of poverty and discrimination at an individual, community and political level. Psychosocial and mental health problems, understood as depression, anxiety, alcohol use and PTSD were described. Mental health problems were often described in terms of extreme behaviours and were highly stigmatised. The team used these findings to adapt the questionnaires to fit with the harwa-charuwa's context.

### Data collection

The substantive findings of this report are based upon the one-to-one interviews conducted by mental health professionals from CMC. The researchers used a range of screening tools widely used in global mental health practice as part of the individual interviews to identify the likely presence of mental problems. The research team selected tools that CMC were familiar with and/or had previously been validated in Nepal.

The screening tools included:

- General Health Questionnaire (GHQ-12)
- Hopkins Symptom Checklist (HSC-25)
- PTSD Checklist - Civilian Version (PCL-C)
- Trauma Event List (modified from edited version of the Harvard Trauma Questionnaire in Thapa and Hauff 2005)
- WHO Disability Assessment Scale 2.0 - 12 item (WHO DAS 2.0)
- Alcohol Use Disorders Identification Test (AUDIT)

All research tools were translated into Nepali, with the exception of the demographic and trauma event list questions, which were translated verbally during the interview. The CMC researchers explained consent and ethical procedures (e.g. data protection, confidentiality and right to withdraw) to all participants. Since the majority of participants were illiterate, they verified informed consent via fingerprint. The interviewers read out questions from the research tools in Nepali, then local partner staff verbally translated into Maithili (the local language), and the interviewer filled in responses on behalf of participants.

### Limitations

Participants were recruited at the discretion of the Freedom Fund's partner organisations working directly with the harwa-charuwa communities. As this was not a fully randomised sample, the findings may not be representative of the harwa-charuwa population as a whole. High rates of missing demographic information made drawing reliable conclusions from the data challenging.

## Key findings

Very few participants used professional healthcare services, and 20% said they would rely on themselves rather than seeking support.

“I could not sleep most of the night, there were too much thoughts that further increased anxiety and feeling bad...land owner often scolded very much when I was not able to concentrate properly.”  
- A male interviewee from Sarlahi.

### Context of bonded labourers

**Participant profile:** Information from ninety adults (38 men and 52 women) currently working as harwaruwa labourers were analysed for the study<sup>8</sup>. Ninety eight per cent of the bonded labourers interviewed are dalits, a caste who continue to be marginalised in Nepal today. The vast majority of the participants (96%) had no formal education and were married (92%), with an average of 2.79 children.

**Levels of debt:** On average, participants had borrowed 100,000 rupees (\$932) and the average duration of these outstanding loans so far was two years. The overwhelming majority of participants were paying illegally high rates of interest (averaging 46% per annum), which meant that most had only managed to pay off a small proportion of their debt (average of 4%).

**Reasons for taking out loans:** The most frequently reported reason for taking out loans was for financing migration abroad (30%). This was followed by basic survival needs of healthcare (23%) and food (19%).

**Work to pay off the loans:** Field work and domestic work were undertaken by the majority (81%) of participants to pay back the loans. Long hours were the norm with respondents working an average of six and a half days per week for almost nine hours a day.

<sup>8</sup> Thirteen participants were removed from the analysis: 12 because the individuals did not meet the criteria of being in bonded labour and one because of gaps in the demographic data.

### Prevalence of mental health problems

**Anxiety:** 46% of participants reported clinically significant anxiety symptoms. The research revealed that women were more likely to report anxiety symptoms than men and that this was statistically significant.

**Depression:** 61% of participants had symptoms suggesting clinical depression and 47% reported some suicidal ideation. However, there was no difference between scores amongst men and women in the sample.

**Post-traumatic Stress Disorder (PTSD):** 18% of participants reported clinically significant PTSD symptoms. Women were more likely to report high levels of distress compared to men.

**Psychological distress:** 24% of workers reported severe psychological distress and women were again statistically more likely than men to report such symptoms.

**Alcohol use:** Only 4% of men reported problematic drinking. Mental health professionals in Nepal regard alcohol problems as one of the most urgent mental health issues<sup>9</sup>. The qualitative data suggests stigma around alcohol use may have resulted in under-reporting.

**Seeking help:** Participants said they were most likely to seek help for their emotional needs from their family (22%) and community networks (19%). Very few used professional healthcare services (10%) and 20% said they would rely on themselves rather than seeking support.

<sup>9</sup> Jordans, M., Luitel, N. P., Tomlinson, M., & Komproe, I. H. (2013) Setting priorities for mental health care in Nepal: a formative study. *BMC psychiatry*, 13(1), 332.

## Recommendations

### Factors affecting mental health

- **High levels of psychological distress:** As expected, high levels of psychological distress were found among the harwa-charuwa bonded labourers. This exposes clear emotional suffering at an individual level and can also harm family and community relationships.
- **Connection between mental and physical health:** Harwa-charuwa workers identified health issues as one of their biggest problems they are currently facing (31%). Mental and physical health issues are often closely linked. Therefore obstacles to improving their physical health are contributing factors to psychological problems.
- **Gender disparities:** Women were more likely to report clinically significant symptoms of mental health problems than male harwa-charuwa workers, although this was not the case for depression symptoms.
- **Distress compounded by poverty:** The day-to-day struggle to meet their basic needs clearly affects the emotional wellbeing of harwa-charuwa families. The majority of respondents had experienced serious ill health in their family (82%) and nearing starvation (71%) in their lifetime. When asked what the most traumatic events they had experienced in their lives were, 'nearing starvation' was the most common response (14%). During such times of crisis, families have few alternatives but to take out loans. This in turn adds to their psychological distress as their debts grow and the prospect of repayment diminishes.

### Program interventions

- **Addressing the root causes:** Intervention programs must tackle the systematic exploitation of the harwa-charuwa labourers. This should include lobbying the government to secure land rights, citizenship, legal protection and improved access to basic services such as health and education.
- **Collective action:** By working together, harwa-charuwa workers can sometimes negotiate higher wages with landlords and demand that local and national government fulfill their rights.
- **Alternative livelihoods:** Income generating activities are vital to help improve the harwa-charuwa's financial stability and reduce their dependency on the landlords.
- **Increase lending options:** Current microfinance programs and collective loan systems are crucial in providing harwa-charuwa workers with a low cost source of credit in times of family crisis.
- **Ongoing monitoring:** Follow up assessments with the participants could measure if the harwa-charuwa community's involvement in the Freedom Fund partners' activities is improving their mental well being.
- **Holistic approach:** Improving access to health care, education and awareness raising, alongside skills and vocational training programs should be made available to provide paths out of slavery.



## Further research

### Mental health interventions

- **Promoting a mental health agenda:** Raising awareness of mental health issues among NGO staff working with the harwa-charuwa families is an important first step. At the time of the research, many partner staff were unfamiliar with the concepts of mental health and discussing emotions. Furthermore, increasing their understanding of mental health issues may reduce stigma within partner organisations and open up possibilities for them to deliver psychosocial programs to the harwa-charuwa community in the future. Partner staff would also benefit from learning about self-care and coping strategies to deal with the stressful nature of anti-slavery work.
- **Design of mental health support components:** A thorough feasibility assessment is crucial to plan an appropriate psychosocial intervention. This should include working closely with mental health practitioners in Nepal to make sure programs are aligned with existing services and there is enough capacity to meet demand.
- **Community-led interventions:** Psychosocial interventions must be rooted in the individual's existing support systems to be sustainable. This is based upon the report's findings that family and friends are the preferred source of help during difficult times. Selected community members and NGO field staff could be trained to identify mental health problems, offer basic support and refer severe cases to specialist services.
- **Specialist treatment for survivors:** Psychological treatment to address specific disorders such as PTSD may be appropriate once individuals are freed from bonded labour.

### Building the evidence base

There is lack of existing evidence about which interventions improve the mental wellbeing of enslaved communities and survivors. Rigorous monitoring and evaluations of any psychosocial programs will develop our understanding of what works in mental health and slavery.

### Understanding the specific effects of slavery

Future research could include a comparison group of dalit agricultural workers from the region. This would develop a greater understanding of how the distinct factors of slavery, caste, poverty and discrimination affect mental health and wellbeing.

### Exploring the economic impact of migration

Funding labour migration abroad accounted for 30% of the reasons given for taking a loan. There were mixed findings on how migration affected harwa-charuwa families. Further research into the impact of family members being abroad would help families as they consider the benefits and risks in labour migration.

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Improving access to health care, education and awareness raising, alongside skills and vocational training programs should be made available to provide paths out of slavery.

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