Mental health in post-genocide Rwanda

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The children who experienced the genocide against the Tutsi in Rwanda are now in their mid to late 20s. It is almost impossible to comprehend the scale of the terror and destruction of Rwanda’s societal infrastructure between 6 April and 16 July 1994. While the world remained inactive, Rwanda, a small impoverished central African state, experienced the murder of about 1 million of its citizens; it also saw the terrorising, humiliation and rape of countless thousands. Although women and children were directly targeted, some actively engaged in atrocities. About 300 000 children were murdered, a significant number at the hands of other children. The level of terror differed across the country and escape was frequently by luck alone. A UNICEF (2004) study of 3000 children revealed that 80% had experienced death in the family, 70% had witnessed a killing or injury, 35% saw other children killing or injuring other children, 61% were threatened with being killed and 90% believed they would die (Human Rights Watch, 2003). Of the 250 000 women raped, 30% were between 13 and 35 years of age, 67% developed HIV/AIDS and 20 000 births resulted (Donovan, 2002).

Rwanda is Africa’s most densely populated country. Forty-three per cent of the population are 14 years of age or under, the median age is 18.7 years and life expectancy at birth is 58 (CIA, 2011). The frames of reference in relation to children’s developing identity within families and communities were disrupted for the thousands of children who suffered at the hands of family members or neighbours during the genocide. Such a legacy colours all contemplations of mental health in Rwanda today. While justice, trust and safety have improved immeasurably over the past 17 years, individuals can find themselves isolated from their collective past and current social and political realities. About 95 000 were orphaned in 1994 and subsequently through violence, infectious diseases, HIV/AIDS or imprisonment of parents. Women and girls were raped and some genitally mutilated; some remain open to sexual exploitation and abuse. Children as young as 7 were recruited, manipulated, incited or forced into perpetrating atrocities and some were combatants. Many have since become heads of household and now care for ill, injured or disabled relatives; most will have had their education severely disrupted (UNICEF, 2004).

Justice

Rwanda’s National Policy of Reconciliation has the object of recovery and reconciliation for individuals and the nation, and justice is paramount in this process. The problems of providing justice are uniquely difficult. In 1994 Rwanda had to create a new criminal justice system and legislation to address the situation but the involvement of the international community in this could have undermined Rwanda’s own progress (Unvin, 2001).

There are three levels of justice:
- the International Court of Justice
- the usual judicial process
- local gacaca restorative justice courts.

At an individual level, involvement in the justice system can be deeply distressing and even dangerous. How successful it will be remains to be seen, especially as survivors and perpetrators continue to live together and some perpetrators show no remorse and do not seek forgiveness.

Education

The Rwandan government has utilised education to aid reconciliation and healing. In 1994 the educational infrastructure was destroyed and many teachers killed. Since this time a university and 13 institutes of higher education have been created, as well as schools. Nine years of free education is provided for all. Through the FARG (Fond d’Assistance pour les Rescapes du Genocide), the government funds fourth-, fifth- and sixth-form fees and 4 years of higher-education fees for survivors’ children unable to pay. For homeless children collective accommodation is provided, for example in orphanages (as part of the imidugudu housing policy), sometimes with the inclusion of vocational training. The government has encouraged the population to abandon ethnic affiliation and to see themselves as Rwandans and in 1994 the National Unity and Reconciliation Commission established the Ingando programme to educate all Rwandans about the causes of the genocide and to promote messages of peace and unity, through seminars and workshops. One non-governmental organisation (Radio La Benevolencia) uses the media to present educational material through radio plays, documentaries and local workshops.

Commemoration

Every April there is a week of national mourning in which the collective memory is revisited across the country. The Rwanda Ministry of Health (through its hospitals) provides ambulances, medicines and mental health professionals for medico-psychosocial interventions at the sites of commemoration across the country as numerous survivors

The Children's Role in Drug Trafficking and Smuggling: An exploration of their experiences and perspectives

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Abstract

Drug trafficking and smuggling are complex and multi-faceted phenomena that involve a variety of actors, including children. This study aimed to explore the experiences and perspectives of children involved in drug-related activities.

Methods

The study employed qualitative research methods, including in-depth interviews and focus group discussions, with a total of 40 participants aged 10 to 18 years, recruited from various locations in the region.

Results

The findings revealed that children involved in drug-related activities often experience a range of consequences, including health issues, social isolation, and family and peer pressure.

Discussion

The results highlight the need for targeted interventions and support for children who are at risk of becoming involved in drug trafficking and smuggling. The research also underscores the importance of addressing the root causes of drug-related activities, including poverty and lack of opportunities for young people.

Keywords

Drug trafficking, child labor, health issues, social isolation, family pressure, peer pressure

Introduction

Drug trafficking and smuggling are global issues with severe consequences for individuals and communities. Children can be involved in these activities through coercion, peer pressure, or as a means of earning money. This study sought to understand the experiences and perspectives of children involved in drug-related activities.

Methods

The study was conducted in five countries in the region, using a mixed-methods approach. In-depth interviews were conducted with 30 children aged 10 to 18 years, and focus group discussions were held with 10 children aged 12 to 16 years. The interviews and discussions were conducted in both local and English languages.

Results

The findings indicated that children involved in drug-related activities often experience a range of consequences, including physical health issues, social isolation, and family pressure. Many children reported feeling isolated from their peers and struggling to maintain relationships due to their involvement in drug activities.

Discussion

The results highlight the need for targeted interventions and support for children who are at risk of becoming involved in drug trafficking and smuggling. The research also underscores the importance of addressing the root causes of drug-related activities, including poverty and lack of opportunities for young people.

Conclusion

The study provides valuable insights into the experiences and perspectives of children involved in drug-related activities. It highlights the need for multi-faceted interventions that address the social, economic, and psychological needs of these children. Further research is needed to explore effective strategies for preventing children from becoming involved in drug-related activities and supporting those who have already been involved.

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The Takes of a Mother's Heart: Navigating the Challenges of Raising a Child with Special Needs

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Abstract

Raising a child with special needs can be a rewarding but challenging experience for parents. This study aimed to explore the experiences and perspectives of mothers who have raised a child with special needs.

Methods

The study employed qualitative research methods, including in-depth interviews and focus group discussions, with a total of 20 mothers. The interviews and discussions were conducted in both local and English languages.

Results

The findings revealed that mothers reported a range of positive and negative experiences related to raising a child with special needs, including feelings of joy, pride, and support from their community, as well as challenges related to accessing resources and social isolation.

Discussion

The results highlight the importance of providing support and resources for mothers of children with special needs, including access to community resources, support groups, and professional services.

Keywords

Motherhood, special needs, emotional support, social isolation, community resources

Introduction

Raising a child with special needs can be a rewarding but challenging experience for parents. Mothers, in particular, may face unique challenges in navigating the needs of their child, as well as their own emotional and social needs.

Methods

The study was conducted in three communities in the region, using a qualitative research design. In-depth interviews were conducted with 20 mothers of children with special needs, and focus group discussions were held with 10 mothers. The interviews and discussions were conducted in both local and English languages.

Results

The findings indicated that mothers reported a range of positive and negative experiences related to raising a child with special needs. They described feelings of joy, pride, and support from their community, as well as challenges related to accessing resources and social isolation.

Discussion

The results highlight the importance of providing support and resources for mothers of children with special needs, including access to community resources, support groups, and professional services. Further research is needed to explore effective strategies for supporting mothers of children with special needs.

Conclusion

The study provides valuable insights into the experiences and perspectives of mothers who have raised a child with special needs. It underscores the importance of providing support and resources to these mothers to help them navigate the challenges of raising a child with special needs.

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become agitated, anxious, fearful and very distressed, particularly those with flashbacks who relive the events of 1994. Some require hospitalisation but not all seek help.

**Mental health services**

Ninety per cent of mental health service costs are met by community-based health insurance (the figure is 100% for those on the lowest incomes). Those who are better off financially have access to other types of health insurance. A stepped-care approach is provided, from health centres in rural areas, to district hospitals and the central referral facility in Kigali (Ndera Neuropsychiatric Hospital). The Ministry of Health has created the Psychosocial Consultation Service (Service de Consultation Psycho-Social; SCPS), based in Kigali, for all Rwandans. There now five psychiatrists in Rwanda. Specialised nursing staff and psychologists work in district hospitals and are trained at the Kigali Health Institute and the National University of Rwanda, and the Institute of Agriculture, Technology and Education (INATEK), respectively; they provide pharmacological, psychological and social support. Attempts are made to provide outreach and home-visiting programmes and classic out-patient clinics remain in district hospitals. Other than the Comité Technique Belge (CTB), which continues to collaborate with the Ministry of Health’s programme of mental health, there are few non-governmental organisations involved with mental health issues (their endeavours are more related to infectious diseases).

Although there are some problems with the epidemiological studies (Rodin & Van Ommeren, 2009), post-traumatic symptoms were common soon after the genocide and frequent sexually transmitted infections, among whom substance misuse is increasingly problematic, as are ongoing family and community adjustments to the genocide and frequent sexually transmitted infections, including HIV/AIDS. The mental health needs of women are important, especially as 34% are heads of household. The most powerful nationwide women’s group is AVEGA Agahozo, founded in 1995 by the widows of genocide. Women who were raped have been particularly stigmatised (Newbury & Baldwin, 2002) and children affected by HIV/AIDS have complex needs. Children may be infected or have to care for affected relatives, with all the attendant issues of poverty, stigma and loss (Cluver & Gardner, 2007).

**Conclusion**

A functioning mental health service is a small yet important part of recovery from the social and moral consequences of war. As with the Rwandan criminal justice system, the task for mental health services is unique. We can only support and learn from Rwanda as the country seeks to find a distinctive cultural solution to a unique problem.

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