

Former child soldiers of Nepal at increased risk for range of mental health problems

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In Nepal, former child soldiers display greater severity of mental health problems, such as symptoms of posttraumatic stress disorder (PTSD) and depression, compared with children who were not forced into military service, according to a study in the August 13 issue of *JAMA*, a theme issue on violence and human rights.

Armed groups throughout the world continue to exploit children to wage war, according to background information in the article. Former child soldiers are considered in need of special mental health interventions. However, there is a lack of studies investigating the mental health of child soldiers compared with civilian children in armed conflicts.

Brandon A. Kohrt, M.A., of Emory University, Atlanta, and colleagues conducted a study to determine if former child soldiers have more mental health problems than never-conscripted (compulsorily enrolled into military service) children. The study, conducted in March and April 2007 in Nepal, compared the mental health of 141 former child soldiers and 141 never conscripted children matched on age, sex, education, and ethnicity. Participants were an average of 15.75 years old at the time of the study, and former child soldiers ranged in age from 5 to 16 years at the time of conscription. All participants experienced at least 1 type of trauma.

The researchers found that the numbers of child soldiers meeting symptom cutoff scores on various measures and scales were 75 (53.2 percent) for depression, 65 (46.1 percent) for anxiety, 78 (55.3 percent)

for PTSD, 55 (39.0 percent) for general psychological difficulties, and 88 (62.4 percent) for function impairment. After adjusting for traumatic exposures and other variables, soldier status was significantly associated with depression (2.4 times higher odds) and PTSD among girls (6.8 times higher odds), and PTSD among boys (3.8 times higher odds), but was not associated with general psychological difficulties, anxiety, or function impairment.

"The difference in mental health outcomes between child soldiers and never-conscripted children can be explained in part by greater exposure to traumatic events among child soldiers, especially for general psychological difficulties and function impairment," the authors write.

"The study has several clinical and programmatic implications. First, the greater burden of mental health problems among former child soldiers supports the need for focused programming, which should include, but not consist solely of, interventions to reduce depression symptoms and the psychological sequelae of trauma, especially bombings and torture, as well as incorporate belongingness and income generation. Second, girl soldiers may require focused attention, possibly for factors not addressed in this study, such as problems of sexual violence and reintegration difficulties. Third, the variation in type and severity of mental health problems highlights the importance of screening, including locally developed measures of function impairment, as a base for intervention."

"Without screening there is a risk of pathologizing child soldiers as a group rather than providing support to those individuals most impaired. Finally, the presence of mental health problems among never-conscripted children illustrates the need for comprehensive postconflict community-based psychosocial care not restricted only to child soldiers," the authors conclude.

Source: JAMA and Archives Journals

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