Investing in Refugee Health: The Role of Caste Hierarchy on Mental Health Among Bhutanese Refugees

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A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the Department of Global Health in the Graduate School of Duke University

2012
ABSTRACT

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Abstract

Refugee health pre- and post- resettlement is a growing global health concern as displacement and forced migration is a reality for millions of individuals across the globe. Many refugees around the world have been displaced for a combination of reasons, ranging from, but not limited to, political and religious conflict, ethnic violence, and social upheaval. Regardless of where refugees “live”, they remain stateless and lack the true rights given by a state to its citizens. Unfortunately, their voices and stories go unheard as they are shuffled from one unknown to another, oftentimes remaining invisible to citizens of the state. Thus, the majority of refugees become dependent on aid provided by international organizations, which includes receiving healthcare.

This is the case for the Bhutanese refugee population, which has resided in camps set up by the Office of the United Nations High Commissioner for Refugees (UNHCR) in Western Nepal for over 20 years now. The stress and anxiety of leaving one’s homeland and relocating to a foreign country can significantly impact an individual’s mental wellbeing. Additional dynamics, such as cultural factors and community relationships can further impact an individual’s mental state.

Working with the Kenan Institute for Ethics at Duke University, this project aims to gain a better understanding of the relationship between a traditional social factor, caste, and how it may impact the mental health of Bhutanese refugees. Additionally, it provided an opportunity for the refugees to tell their personal stories, which will be complied in an archive accessible to the global community.

A series of qualitative interviews were conducted with Bhutanese refugees living in five different camps administered by UNHCR in Western Nepal. A total of twenty-
five interviews were conducted, with perceptions of health and caste being measured using a scale of 1 to 5, with 1 being that caste does not affect health at all and 5 being that caste affects health very much. Based on self-reports, while perceived caste discrimination has significantly decreased in the camps within the past several years, possibly due to better education, the strong presence of international organizations, and/or the presence of religious organizations, overall it still remains prevalent within the refugee communities in Nepal.

Many individuals, especially those of lower caste (Dalits) described how their mental health has been affected negatively in the past and/or currently due to the discrimination they face based on their location within the caste hierarchy. However, an important recurring theme was that many of the refugees stated that while caste may not matter or affect their own lives, they believe it continues to significantly impact the lives of others within their community, especially the elderly. Stories of intercaste marriage and caste discrimination at water pumps were reiterated across many interviews. Oftentimes the terms “tension” and “anxiety” were embedded in these stories in an effort to describe the individual’s mental state. Based on the interviews, there appears to be a relationship between an individual’s caste and their mental well-being.

Overall, this study helped acquire a better understanding of the relationship between caste and mental health within the Bhutanese refugee community, yet further research is needed to solidify the trends. The role of education, and the presence of international organizations and religious organizations pre- and post-resettlement need to be elucidated in order to better understand how these actors impact the well-being of refugees and whether it is positively or negatively, both in the short-term as well as in the
long-term. Furthermore, follow-ups need to be conducted with refugees living in the United States to better understand what role, if any, caste plays once they have resettled. For example, does the same caste hierarchy still remain or has it changed, and if so, why; is there a similar relationship between caste and mental health in the United States; do the refugees continue to face issues with intercaste marriage; what role do religious organizations play regarding individuals trying to free themselves from the caste system, and finally do the refugees receive appropriate counseling and healthcare as they adapt to new cultural and societal factors. Clarifying these questions will ultimately help in assisting refugees who face mental health issues in the camps and once they resettle.
Dedication

To refugees all over the world – your resilience and patience is a source of inspiration.
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**Acronyms**


EU – European Union

HMG – His Majesty’s Government

HRW – Human Rights Watch

IOM – International Organization for Migration

LWF – Lutheran World Federation

NUCRA – The National Unit for the Coordination of Refugee Affairs

OXFAM - Oxford Committee for Famine Relief

PRS – Protracted Refugee Situation

RCU – Refugee Coordination Unit

RGB – Royal Government of Bhutan

SCF – Save the Children Foundation

UN – United Nations

UNHCR – Office of the United Nations High Commissioner for Refugees

UNWFP – United Nations World Food Programme

WFP – World Food Programme
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1. Introduction

Beginning in 1990 a large number of southern Bhutanese fled Bhutan and arrived in Nepal, seeking asylum [1]. What was once considered a humanitarian emergency has now developed into a protracted refugee situation (PRS), a term coined by Loescher and colleagues [2]. PRS refers to the state of limbo refugees find themselves in, pinpointing the challenges they face regarding human rights and the disinclination governments have towards integrating refugees into the local communities [2]. This is visible within the Bhutanese refugee community in southeastern Nepal. They are a marginalized population who has been living in camps set up by the Office of the United Nations High Commissioner for Refugees (UNHCR) for over two decades now.

A collection of experiences throughout the year, ranging from my coursework to discussions with colleagues and professors led me to develop a thesis project that not only bridges refugee rights and mental health, but does so by examining the functional role of the caste system within the Bhutanese refugee population in Damak, Nepal. There is a lack of understanding regarding the nature of caste and mental health in this population. Thus, this pilot study examined whether a relationship between refugee mental health and caste existed, and if so, how it played out. The preliminary findings reveal an unexpected, yet interesting relationship in terms of how the two constructs relate not only in present time, but also in the past.

1.1 Why address refugee mental health?

As a population, refugees are entirely dependent on a host of organizations and political bodies. Not only are they vulnerable as a collective group, but also those who
face additional social inequalities multiply their risk of becoming ill with a mental health disorder such as depression. This can further compromise their health and render them less capable of handling adversity [3]. From an alternative perspective, simply being vulnerable as a refugee can lead to poor mental health. Refugees face a wide range of factors, such as marginalization and exposure to violence, which can be detrimental to their mental well-being [4]. Thus, while the causal relationship between mental health and refugee status is not obvious, mental health without a doubt plays an important role in the well-being of a refugee.

Access to mental health services is increasingly framed in ethical terms. Ghent argues that “it is a human right to have equal access to health-care services” [5]. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) explicitly states that all countries have an ethical duty to ensure that the rights of individuals with mental health conditions are protected [4]. Yet, despite this, health care services are clearly not equitably distributed to individuals who suffer from mental disorders, especially refugees [6]. From the health systems perspective an aggregate of factors such as gaps in service delivery, social barriers to accessing appropriate level of health care, such as caste, a lack of understanding the manifestation and symptomology of mental disorders specific to that context, and a lack of clear policies can all negatively impact the well-being of a refugee. The health of refugees worldwide will continue to be neglected if there remains a lack of appropriate responses to each of these critical components.

Therefore, addressing mental health issues in the context of refugees, specifically Bhutanese refugees in this case has several important implications. First, on a global scale mental health clearly affects numerous other health issues, and thus plays a
significant role in achieving many of the Millennium Development Goals (MDGs) set forth by the United Nations (UN) in 2000. These include, but are not limited to, achieving gender equality and empowerment of women, reduction of child mortality, improvement in maternal health, and decreasing the spread of HIV/AIDS [6,7]. Second, providing equitable mental health care addresses a portion of the human rights violations that are carried out but never strongly scrutinized. Thirdly, understanding the mental health issues of refugees through a social factor, such as the caste system, can provide insight into whether caste plays a negative role or actually serves as a protective factor and positively impacts one’s mental well-being. Finally, many of the Bhutanese refugees are resettling to third countries, including the United States and specifically Durham, North Carolina. Understanding what factors play a role in aggravating or diminishing mental health issues upon resettlement can provide the local Durham community insight into how to help the refugees during the transition period. This ultimately can bridge the knowledge gap between culture and psychiatric epidemiology, and hopefully further push organizations to provide effective help that is culturally appropriate within that context.

1.2 Thesis Organization

This thesis builds upon fieldwork conducted with Bhutanese refugees living in UNHCR camps set up in Damak, Nepal. The primary focus was Bhutanese refugee mental health and the caste system. In order to appropriately address both the local and global components, the thesis is divided into the following four sections. Section two examines the global refugee situation and the capacity of the UNHCR. Section three presents a brief overview of the history of Bhutan with special reference to the changing
political landscape, the rise in nationalism, and strict citizenship guidelines. This will provide the reader with a contextual background regarding the emergence of Bhutanese refugees. Section four describes the intersection between mental health and the concept of the caste system. Understanding the two entities themselves and how they interact with one another will help clarify the framework of this thesis. The fifth section provides an in-depth picture of the structure of the project, the thesis objectives, and an evaluation of the results.

2. Refugees in the global context

2.1 What does it mean to be a refugee?

The basic international document that protects refugees is the 1951 Convention Relating to the Status of Refugees (Refugee Convention) [8]. According to this document, the United Nations (UN) defines a refugee as one:

“…who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it” [9].

This definition drives at why an individual would seek asylum in another country. However, it fails to account for the fact that while any refugee can seek asylum, no country is legally bound to grant that individual a refugee status [8]. Thus, in many cases, a host country can limit or completely restrict refugees from entering a UNHCR camp without facing any repercussions [2]. In this case, a refugee is essentially “homeless, stateless, and rightless,” making them even further vulnerable [10].

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1 The overview I provide is shortened to include information that is only relevant to aspects of my thesis. For a more in-depth history, I would recommend reading Unbecoming Citizens: Culture, Nationhood, and the Flight of Refugees from Bhutan by Michael Hutt.
With an increasingly globalized world, there is a pressing concern over what determines an individual to be a refugee rather than a migrant [10,11]. Refugees are distinguished from migrants in that the primary purpose of resettlement for refugees is to provide protection that they otherwise would not be guaranteed in their home country or their country of asylum [12]. Both groups leave their home country for economic, social, and/or political reasons, but the conditions that drive their relocation vary based on their experiences. An immigrant is one who voluntarily and willingly chooses to immigrate, whereas a refugee is forced to leave the country due to social or economic unrest [13]. Yet these definitions may not be as clear-cut as they suggest. Undoubtedly there exists a grey zone in terms of determining whether an individual is leaving for refugee reasons, economic reasons, or a fusion of both [11]. This has important implications for refugee rights because as pockets of refugee communities emerge, many states are hesitant to grant asylum in fear of attracting a large migrant population [14]. As explained in the subsequent sections, this debate is applicable to Bhutanese refugees. On one hand the Bhutanese government proclaims that the southern population willingly migrated to Nepal, whereas the refugees claim they were forcefully driven out for ethnic and political reasons [15].

2.2 The role of the UNHCR and host states

The Office of the United Nations High Commissioner for Refugees was established in 1950 by the United Nations General Assembly to “to safeguard the rights and well-being of refugees…to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate
locally or to resettle in a third country” [16]. The UNHCR, alongside other humanitarian organizations, takes on the primary role of delivering and coordinating support to refugees. Under their UN mandate, they have an obligation to provide both initial emergency response, as well as long-term care to the refugees [2].

While the UNHCR serves as the chief global organization in establishing refugee rights in accordance with the 1951 Refugee Convention, the host state has the option to take on different roles. A state can certainly provide assistance to the refugees and the UNHCR, however, by no means is it obligated to do so. Under the traditional concept of state sovereignty, a state is only required to not send an individual back to their home country where their life may be threatened [8]. While many would argue that a state should take refugee rights seriously and play an active role in collaboration with the UNHCR [2,5,10], a state has the option of regulating the number of refugees that enter their borders, what countries the refugees come from, whether they want to completely prevent refugees from arriving at their borders, and so forth [8].

Regarding the Bhutanese refugee situation, Nepal has no legal document on domestic refugees, and did not sign the 1951 Refugee Convention or the 1967 Protocol. Despite this, it is a host to more than 75,000 Bhutanese refugees [17]. Through the Government of Nepal (formerly known as His Majesty’s Government (HMG)), Nepal temporarily set up The National Unit for the Coordination of Refugee Affairs (NUCRA), and the Refugee Coordination Unit (RCU) in Jhapa district when the initial wave of refugees arrived in 1990 [2]. Yet, the country is unwilling to let the refugees integrate into the local communities, and has denied the refugees their right to the freedom of movement [15]. Therefore, as demonstrated in the case of the Bhutanese refugees, while
a collaborative effort between the state and UNHCR, alongside other organizations is a possible method of addressing refugee needs, it is not always guaranteed and can oftentimes be very complicated.

2.3 Refugee situation worldwide

As of 2009 the United Nations (UN) estimates 15.2 million refugees worldwide who reside outside of their country of origin, with an additional 27.1 million who were displaced but continue to live in their own country. While the number of refugees and internally displaced persons has remained fairly consistent within the past few years, Figure 1 highlights the gravity of the situation concerning those who were displaced due to conflict or persecution [18].

Figure 1. An estimate of the number refugees and internally displaced persons from 2000-2009 according to the United Nations [18].
3. Caught at the crossroads: A history of Bhutan and the emergence of Bhutanese refugees

3.1 Overview

Located in South Asia, Bhutan is bordered to the south, east, and west by the Republic of India, and in the north by the People’s Republic of China (Figure 2) [19]. In addition to brief bouts of political instability, Bhutan has continued to face problems in establishing and controlling its borders, which is a very sensitive issue within the government. Currently its northern border with the Tibetan Autonomous Region is undefined and highly contested. Until the mid-1800’s, its southern border originally extended beyond its current borders to include areas of Darjeeling and the northern portion of West Bengal known as the Bengal Duars region [20, 21].

The country is composed of as many as fourteen different ethnic groups, yet they can all fall into one of four broad ethnic groups: the Sarchhops in the east, the Ngalongs in the west, the ‘central Bhutanese’, or the Lhotshampa (aka the ‘Nepali Bhutanese’) in the south. The Sarchhops, Ngalongs, and central Bhutanese are recognized as being “Drukpa”, which distinguishes them as being the true Bhutanese [22].

The Bhutanese refugees I had a chance to work with this summer fall into the last category, the Lhotshampas, where they are descendants of Nepalese immigrants. It is important to recognize that the fate of the refugees is heavily tied to the history of South Asia, especially Bhutan, as well as Bhutan’s geographic proximity to Nepal. Also, just as important to consider are the ‘historical effects of borders’ [23]. This refers specifically to the fact that borderlands of Bhutan changed over time in response to “the pressures of social, economic, and political developments” [23]. Thus, in order to truly understand how and why the current Bhutanese refugee population ended up where they are today,
one must take a closer look at a series of historical events beginning in the seventeenth century.

Figure 2. Map of Bhutan and Nepal [19].

3.2 Historical overview of Bhutan: 17th Century to the late 18th Century

Until the beginning of the seventeenth century Bhutan was composed of many independent kingdoms. In 1616 A.D. the country became politically unified under its first theocratic ruler, the religious king Shabdrung Ngawang Namgyel, also known as Dharma Raja [24, 25]. The first Shabdrung is recognized as an important figure in Bhutanese history because he is credited for infusing the country with a national agenda to adhere to a common culture and tradition, which continued to progress and intensify by the mid-21st century [24].

With the death of the first Shabdrung in 1651, the Drukpa tradition of succession through blood descendants came to a halt [24]. The next 40 years saw six different Shabdrungs come to power, yet they focused more on the religious aspects of the country
rather than on the political ones, leading to a period of instability within the country [20, 26]. Internal conflict continued amongst the various leaders until the late eighteenth century, at which point the British entered the picture [24].

### 3.3 British presence in Bhutan

The presence of the British beginning in the late 18\textsuperscript{th} century marked a period of turmoil and the reestablishment of borders. The primary cause of conflict between the Bhutanese and the British was over who owned the rights to the Duars region in southern Bhutan. Conflict over the Bengal Duars region eventually led to the Anglo-Bhutanese war of 1864-1865, which came to an end with the signing of the Treaty of Sinchula in 1865 [20]. The treaty ultimately granted the Duars region to the British in exchange for an annual cash subsidy to the Bhutanese. While historians dispute when exactly Nepalis began to migrate to Bhutan (some argue that they established their presence as early as the seventeenth century, [24]), the treaty contributed to a large number of Nepalis migrating to Darjeeling (primarily as tea garden laborers) and Sikkim, many of which then settled in Bhutan permanently [27]. Additionally, it is argued that the British had a political motivation to promote the migration of Nepalis into Sikkim. The British were concerned about the Tibetan presence within the Sikkimese population, and thus looked to prevent Bhutan from falling under the Chinese influence [24]. Furthermore, the legacy the British left extends to political climate of Bhutan as well. Partially due to the presence of the British, Bhutan changed its political structure and inducted its first king in 1907, Gonggsar Ugyen Wangchuck, starting a system of hereditary monarchical rule [20, 24].
3.4 The Lhotshampas

While the British perspective heavily paints much of the history of Bhutan, especially from the late 18th century and forward, there is a struggle to accurately account for when the Nepalis first migrated to Bhutan. This fact is important to keep in mind because not only is this essential for historical accuracy, but also for the current Bhutanese refugees who claim their presence in Bhutan beginning as far back as the seventeenth century [24]. This claim holds important precedence because determining whether a Lhotshampa can be considered a citizen of Bhutan depends on when they arrived in Bhutan and the land they own.

The population that settled in southern Bhutan came to be known as the Lhotshampas, translated as ‘the people of the southern border’ [21]. They settled in the borderland between southern Bhutan and northeastern India in an area that was largely uncultivated and barren, and thus they were initially met with no resistance. The large number of Lhotshampas arriving during this time period transformed the identity of southern Bhutan.

Although the time period of when the Lhotshampas arrived in Bhutan is contested, their ancestors can be traced back to individuals who migrated from Nepal itself, or from the Nepali-speaking region of Darjeeling in West Bengal. They are predominantly Hindu, and belong to a range of caste groups. Furthermore, the southern Bhutanese represent a mix of ethnic groups, such as Rais, Limbus, Gurungs, and Tamangs [20]. This is in contrast to the north, where Bhutan’s people are known as Drukpas, ‘a term which derives from Druk Yul, the name of the country in Dzongkha’ [20, 26]. Whereas the southern Bhutanese descend from Nepal and speak Nepali, the
northern Bhutanese can be traced back to Mongolia, and speak languages belonging to the Tibeto-Burman family [20].

3.5 Preserving the identity of Bhutan: Enforcement of ‘Driglam Namzha’

A second wave of Nepali migration hit Bhutan during the 1950s and 1960s [21]. With an increasing number of migrants flooding Southern Bhutan, the ethnic and linguistic identity of the region changed considerably [20, 26]. The initial policy of the Bhutanese government was to ‘isolate the Nepali Bhutanese as completely as possible from the rest of Bhutan’s society by restricting them to southern Bhutan’ [24]. This led to an ethnic boundary, where the Nepali Hindu south had minimal contact with the Drukpa Buddhist north [24, 27]. Thus the south was not integrated politically or socially within Bhutanese society.

Under the Third Dragon King, King Jigme Dorji Wangchuck (reigned 1952-1972), Bhutan was transformed into a single administrative system in order to build its political infrastructure, and ultimately establishing the country as a sovereign nation-state [21]. King Jigme was a very politically active and motivated leader. He established the National Assembly in 1953, the Royal Advisory Council in 1965, and the council of Ministers in 1968 [28]. One important measure that developed under the new administrative system was the Nationality Law of Bhutan in 1958, which granted all Lhotshampas full citizenship [22]. Initially this law allowed the Lhotshampa population to integrate into the national community and work for the government, however, this changed when the fourth king, Jigme Singye Wangchuck, ascended the throne in 1972 [22].
As the king, Jigme Singye Wangchuck restructured the kingdom of Bhutan into a constitutional monarchy. He is also lauded for modernizing the country to the point of making certain Bhutan maintained its national identity. The arrival of more Nepali migrant workers in the late 20th century became concerning to the National Assembly of Bhutan, where they feared that the national identity of Bhutan was under threat [21]. The government of Bhutan felt further threatened after political unrest in Sikkim (a semi-autonomous Indian region located between Nepal and Bhutan) resulted in the state losing autonomy and being taken over by India in 1975. It was perceived that the loss of autonomous state power in Sikkim was primarily due to the large presence of Nepali immigrants. The Bhutanese government feared a similar situation would occur in southern Bhutan, where they would lose power and control of the region due the large presence of the Lhotshampas [20]. Additionally, a census by the government in 1988 revealed over 100,000 illegal immigrants, a significant increase in the Lhotshampa population since the 1972 census, which further added to the fears of the government [24].

Therefore, after a series of acts regarding citizenship beginning with the 1958 Nationality Act and continuing to the 1985 Citizen Act, the government of Bhutan adopted a ‘One Nation, One People’ policy in 19892. The policy aimed to preserve the Bhutanese culture through the enforcement of Driglam Namzha [20]. As Hutt describes, Driglam Namzha was “a system of rules of physical conduct and external forms, applied on an individual basis to forge a sense of nationhood” [24]. For example, a rule was enforced where everyone had to adhere to the Buddhist code of dress and etiquette.

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2 For more information concerning the specific policies enacted by the Bhutanese government towards the Lhoshampa population, see appendix A.
Another one required that girls and women had to cut their hair short [20]. Like many other countries, when the Bhutanese government began the process of nation building with a set of strict guidelines in place, they essentially “excluded those whose cultural spheres straddle political borderlines” [29].

3.6 Becoming a refugee

With the enforcement of Driglam Namzha, conflict between Bhutanese authorities and Lhotshampas escalated to the point where the Lhotshampas were driven out of Southern Bhutan. However, there remains a disconnect between what the refugees state, and what the media and King Jigme Singye Wangchuck disclose about the situation. From the human rights perspective, it is argued that the refugees were either expelled from Bhutan, or forced to go on the run in order to escape arrest and detention [15]. On the other hand, the media and the King claim that the Lhotshampa were coerced into leaving. It is reported that King Jigme made visits to the southern region, adamant that he could dissuade Lhotshampas from leaving. To support this, a newspaper in Bhutan ran a front-page story with a photograph caption reading ‘A woman from Surey who had applied to migrate agrees not to leave after His Majesty spoke to her’ [24]. This displays the degree to which the ongoing debate continues concerning whether the Lhotshampas were forced out, or whether they willingly left on their accord.

By the end of 1990 a massive number of Lhotshampas had migrated to eastern Nepal and set up bamboo huts along the Kankai Mai River at Maidhar. By mid-1991 the number of refugees had grown significantly large, and health emergencies concerning malnutrition, dehydration, diarrhea, measles, and cholera led the UNHCR to get involved. With the help of other NGOs, such as the Lutheran World Federation, CARITAS Nepal,
Save the Children (UK), the World Food Programme (WFP), the Nepal Red Cross, and OXFAM, UNHCR began coordinating emergency relief assistance [24]. By 1992, an estimated 600 to 1,000 individuals were arriving in the camps daily [1, 24]. The flow of refugees declined by 1995, but the number of refugees living in the camps continued to increase yearly due to births. As of January 2011, an estimated 73,300 Bhutanese refugees currently reside in the seven different camps, where the majority of them have lived there for almost two decades [17].

3.7 Resettlement process

Since the 1990s around 100,000 people have lived in the UN-administered camps in Nepal. Negotiations have been held with delegates from UNHCR, the European Union (EU), the US, Nepal, India, and Royal Government of Bhutan (RGB). While the RGB has indicated that they are committed to finding a solution, the talks (up to at least 15 rounds now) have been prolonged for the past two decades [2].

In 1993 Bhutan and Nepal created a Joint Verification Team (JVT) to determine which refugees could return to Bhutan. However, the process was highly criticized by the international community because Bhutan created four groups in an attempt to classify each refugee, and Nepal agreed to it. The four categories were: 1) bona fide Bhutanese who were forcibly evicted; 2) Bhutanese who voluntarily migrated; 3) non-Bhutanese; and 4) Bhutanese who have committed crimes. The classification system highlighted Bhutan’s determination to limit the number of refugees that returned to the country. Their intentions were met, where in the end not a single refugee was allowed to return to Bhutan based on this verification process [2, 15]. Furthermore, in 2006, the current king of Bhutan, Jigme Khesar Namgyel Wangchuck, took over the throne. Similar to his
father’s approach, the current King maintains policies that promote the ‘One Nation, One People’ belief, thus not recognizing the ethnic differences of the Lhotshampa population [2, 30].

Even though the government of Bhutan does not acknowledge it, international law dictates that the Bhutanese refugees living in Nepal have a right to return to Bhutan. Despite this, repatriation is not recognized as a durable solution due to safety concerns and a lack of guarantee by the Bhutanese government concerning the respect for human rights [15]. Additionally, the government of Nepal has largely ignored the refugees and their rights. There is no group monitoring the refugee situation, no state policy on the issue, and the country has failed to incorporate the refugees’ voices and the UNHCR when negotiating with Bhutan [2].

Therefore, the failure to negotiate a deal between Nepal and Bhutan has led the UNHCR to facilitate group resettlement of the refugees to the following industrialized countries: Australia, Canada, Denmark, Netherlands, New Zealand, Norway, and the United States of America. In October 2006 the United States announced that it would be willing to resettle about 60,000 Bhutanese refugees [15]. As of March 2008, the first group of refugees resettled in one of the seven countries [31]. The resettlement process is expected to continue until all refugees are no longer living in UNHCR camps in Nepal. Currently in 2011, UNHCR hopes to facilitate the resettlement of 16,000 refugees [17].

3.8 Conclusion

This abbreviated historical perspective provides insight into the plight of the Bhutanese refugees. Currently, the refugees remain stateless with no hope of returning to
Bhutan. While resettlement has recently become an option, there are many concerns surrounding it, such as their mental well-being and how well they can integrate into the communities. Understanding the history of this population, and recognizing their culture will be important in providing proper healthcare.

4. Interplay Between Mental Health and Caste

4.1 Global burden of mental health

The World Health Organization (WHO) endorses that there can be “no health without mental health” [32]. This slogan has been at the forefront of campaigning for greater awareness and research in the field of mental health. It is estimated that mental health issues contribute to 14% of the overall global burden of diseases, yet this is most likely an underestimate due to a lack of proper accounting stemming from the stigma associated with mental illnesses, the scarcity of facilities and resources, and poor surveillance [6, 33]. This is especially true in low- and middle-income countries (LAMIC), such as Nepal, where mental illnesses account for 11.1% of the total burden of disease [34].

To place it in perspective, when the WHO released its Global Burden of Disease 1990 study, neuropsychiatric disorders and injuries were large causes of lost years of healthy life. In the Global Burden of Disease 2002 report, neuropsychiatric conditions continued to cause the most disability, accounting for over 37% of YLDs (years of life lived with a disability). [35]. When charted alongside other diseases in 2004, neuropsychiatric disorders accounted for almost a quarter of all disability-adjusted life-
By 2030, it is projected that unipolar depressive disorders will be one of the three leading causes of burden of disease (Figure 3) [36, 37]. This is particularly important to consider in LAMIC where individuals living in these countries generally endure a higher rate of war and civil violence, which can further impact mental health negatively [34].

![Figure 3. GBD Report 2004 [37].](image_url)

Compared to the general public, individuals with mental health disorders are not only much more likely to face a disability, but they also encounter barriers that contribute

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3 DALYs are an integrated measure of disease burden, which is “the sum of potential years lost due to premature mortality and the years of productive life lost due to disability” [35].
to their deteriorating health. Despite the alarming figures, mental health is a highly neglected field in low- and middle-income countries, where inadequate resources and policies prevent individuals from seeking the care they need. Unfortunately, this unmet need means that individuals with neuropsychiatric illness are much more likely to die prematurely compared to the general population [4].

4.2 Mental health in the context of refugees

While the global burden is reason enough to invest in mental health resources, emergency situations introduce an additional paradigm that oftentimes increases the burden of psychosocial and mental health disorders. Civil conflicts between nations, as well as within nations, result in the displacement of citizens in settings where mental health needs cannot be met [38].

Previously, research concerning refugee mental health needs employed a biomedical approach that did not consider the socio-cultural context. Met with heavy criticism, many studies are now beginning to include social variables when conducting research and implementing interventions [38]. The international community and WHO have adopted this framework, where both emphasize the importance of factoring in the social and cultural environment when developing strategies to tackle mental health in emergency settings [33, 39]. Tol and colleagues also voice this, where they propose a framework that includes possible factors that can shape both mental health and psychosocial wellbeing (Figure 4). Thus, they argue that rather than assuming a direct causal pathway between the event and disease, other contributing factors must be
integrated into the analysis. In this sense, this reflects that the psychological state is related to the surrounding social conditions [38].

![Figure 4. Theoretical framework for addressing mental health in emergency situations](image)

4.2.1 Overview of mental health research with refugees worldwide

There are many published epidemiological studies on refugees, yet much of the research on refugee mental health is limited and mostly conducted in Western countries [40]. The common symptomatologies reported in these studies are posttraumatic stress disorder (PTSD), depression, and anxiety [41].

Despite this knowledge, it is difficult to generalize the scope and magnitude of mental health disorders to different refugee populations without properly accounting for cultural and social norms specific to that population. As Patel states, oftentimes mental illnesses are conceptualized through a biomedical approach, yet the different cultural
aspects as well as gender and poverty are important factors to consider [3]. This is important for third countries as they develop policies for refugee health care.

4.2.2 Overview of mental health research with the Bhutanese refugee population

As with the majority of the refugees around the world, the Bhutanese refugees are displaced in a developing country with limited resources [40]. Despite their refugee status, their situation is largely unknown to the global community and they have been virtually “invisible” in the eyes of the Bhutanese government [24]. During emergency situations, the psychological state of a refugee is strongly related to their social conditions [38].

Several epidemiological studies have been carried out with the Bhutanese refugee population. A study in 1998 found PTSD to be present in 14% of tortured survivors. Another study three years in 2001 later reported that 40% of tortured refugees experienced PTSD within the year before the interview [40]. Additionally, a recent study found the prevalence of anxiety and depression among tortured Bhutanese refugees in Nepal to be 43% and 25%, respectively [42, 43]. Yet as Tol’s review highlights [38] prevalence rates for PTSD and other measured disorders vary within the population, which could be due to numerous contextual factors. Several studies have identified a number of protective and risk factors within this population [40, 44, 45], yet there still remains a large gap in understanding what and how contextual factors, specifically socio-cultural factors, mediate the impact of political violence concerning the mental health of refugees during emergency situations.
4.3 The caste system as a social construct in mental health

One important social construct within the Bhutanese refugee population is the caste system. Currently, there is very little research or understanding regarding how the caste system may impact mental health in refugees. Yet, international guidelines on mental health and psychosocial support emphasize the importance of social strategies to promote wellbeing and providing care for those with mental disorders [38]. Accounting for caste when determining the well-being of a refugee is important to consider because not only are refugees vulnerable to mental health issues, but those refugees who are also considered to be a minority based on their caste compound their vulnerability to psychosocial problems [46]. Thus, analyzing the intersection between a social inequality, such as caste, and health can have strong policy implications concerning refugee mental healthcare [47]. Additionally, the majority of the studies that address refugee health are not generalizable to the Bhutanese refugee population. Since the caste system is deeply rooted in the cultural and social framework of this community, it is an important factor to account for when addressing issues of anxiety, depression, and other mental health disorders that are prevalent within this population.

Thus, this thesis project will attempt to garner a better understanding of what aspects of the caste system appear to mediate or affect the mental well-being of refugees. Additionally, the project will look to see what role the caste system serves for refugees living in the camps in Damak, Nepal. However, before addressing this, it is important to have a general understanding of the caste system.
4.3.1. The caste system in Nepal

In many parts of Asia and Africa the caste system is used to define and exclude groups of people simply based on their ancestral lineage. According to the UN, caste discrimination is defined as “any distinction, exclusion, restriction, or preference based on inherited status such as work and descent, commonly originating from a division of society into castes or social categories” [48]. Despite previous summons by HRW to tackle the causes and consequences of caste discrimination, an estimated 250-260 million people worldwide are bound to the caste system [48, 49].

A common global theme regarding the caste system is that the lowest caste members are always clearly identified. For example, in South Asia (Nepal, Bangladesh, India, Sri Lanka, and Pakistan) the lowest are known as the Dalits or the so-called untouchables. In Japan they are called the Buraku people, the Osu in Nigeria’s Igbo people and in certain groups in Senegal and Mauritania. Part of the reason for why it is difficult to disrupt this system is because it is a hereditary construct where an individual’s status is determined by their birth into a particular caste, regardless of the faith practiced by the individual. This strict stratification system is reinforced in the society due to social ostracism, occupational roles, physical and verbal violence, physical appearance of homes, and exploitation of individuals from lower castes [49]. Yet interestingly, as Parish points out:

“A caste system is a historical form of life, and while human actors make it and enact it, they may in fact do so without guilty minds. In part, they may not know what they do, and in part they may think they are only doing what they must do, and ought to do” [50].

Parish’s statement is important to keep in mind because what an outsider perceives regarding the caste system may be a completely different viewpoint compared
to the individual who is part of the caste system. Thus, one’s moral viewpoint about caste can differ simply based on their environmental upbringing.

In South Asia, the caste hierarchy has been prevalent in this population since 1854 when the Nepalese civil code, the *Muluki Ain*, was written. It is a strong identifier in South Asia, where an individual is tied to the caste they were born to. The civil code and the system itself strongly reflect India’s *varna* system [51]. The caste system is a highly intricate and complicated system, where there are divisions and subdivisions within each category [52]. For simplicity, as displayed in figure 5, three main categories can be established, with further divisions below each category. These three categories are: (1) Brahman/Chhetri group as the highest group in the caste system, (2) the Janajati (ethnic minorities) in the middle, and (3) the Dalits/Untouchables at the lowest rung [53].

In 1990 the Constitution of Kingdom of Nepal stated in Article 11(3) that it would prohibit caste discrimination and promote economic and social benefits for the Dalits [54]. Yet a recent study in the Jumla area of Nepal indicates that the disparities resulting from the caste system continue to have negative effects despite governmental attempts to bring caste discrimination to an end. In the study, the caste system seemed to have strong mediating effects on mental illnesses like anxiety and depression [53]. While this study was conducted with the general Nepali population, it provides valuable insight into how caste may also play a significant role for Bhutanese refugees since the caste system is similarly present within this population. This further exemplifies how necessary it is to better understand how cultural factors such as the caste hierarchy may influence mental illness within the Bhutanese refugee community.
Figure 5. Caste hierarchy in Nepal during the *Muluki Ain* (1854) [53].
5. Fieldwork

5.1 The beginning

Very few individuals are aware of the plight of the Bhutanese refugees. The Kenan Institute for Ethics at Duke University recently began a project in an effort to better understand how to provide effective support to the refugees, while also allowing them to voice their stories.4 The multidisciplinary project, led by Suzanne Shanahan, not only explores the interplay between the ethics and health consequences of being a Bhutanese refugee and resettling to the United States, but it also focuses on creating a digital archive of their life stories. This thesis developed to not only better understand the role of the caste system concerning the mental health of Bhutanese refugees, but also with a mindset of how the research group can contribute to a field that requires further action in order to address the health needs of this population. Preparation for the project began in January 2011, which included working on the interview guide, conducting practice interviews with the guide, taking Nepali language classes, and working with Bhutanese refugees who are resettled in Durham, North Carolina. For confidentiality reasons all interviewees were given a code number, which prevents their names and locations in the camps from being revealed. All analyses were conducted using NVivo 9.

5.2 Research objectives

Using a qualitative study design, this thesis research aims to address the following questions: (1) What health behavioral patterns are rooted to the caste system? (2) Are psychosocial issues different between castes? (3) Does there appear to be a correlation between self-perceived caste and mental well-being?

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4 The Bhutanese Resettlement Project developed through collaboration between The Kenan Institute for Ethics and Dr. Fiona Terry, a visiting Practitioner-in-Residence at Duke University during the 2010-2011 school year. In summer 2010, the Institute began the project by fielding two teams, one in Durham and the other in Nepal, to begin working with the Bhutanese refugees.
5.3 Hypothesis

The following was hypothesized for each objective: (1) Mental health issues are the primary health concern stemming from caste. Secondary health concerns include poor health conditions for those of lower caste due to limited accessibility and support of proper health care. (2) Mental health issues do vary from caste to caste. Specifically, individuals of lower caste will indicate greater mental health issues, such as depression, tension, and anxiety, compared to individuals of higher caste. (3) A negative correlation between caste and mental health is expected, where as caste level decreases within the hierarchy from highest to lowest caste, mental health issues will progressively increase.

5.4 Methods

5.4.1 Life story interview

This ethnographic study employed the Life Story Interview method, a tool for emphasizing the importance of each individual story (for survey, see Appendix C). It is designed to have an individual’s life experiences reconstructed through first-person narrative means [55]. The Life Story Interview serves as a means of recording and archiving the personal narratives of each refugee interviewed. It is a tool that has been used by scholars in a variety of fields to not only provide voices to individuals who otherwise would be invisible in conventional research, but also allows insight into how refugees are making sense of violence and resettlement [56]. Additionally, for the purposes of this research, the tool helped provide a better understanding of what the caste system means to the Bhutanese refugees, how it is formulated in the camps, and how this social system may have health implications in terms of mental health.
5.4.2 Working in the refugee camps

The study participants consisted of Bhutanese refugees who were living in refugee camps in Damak, Nepal at the time this research was conducted (some refugees were in the process of resettlement, thus it is possible a few have already resettled to a third country). We arrived in Kathmandu, Nepal on May 28, 2011, and spent 5 days learning about the country and culture in-depth. We spoke to individuals from the US Embassy and The Carter Center to better understand the political, religious, and social climate of Nepal and the Bhutanese refugee situation. We also continued to prepare for our fieldwork in Damak. We flew to Damak, Nepal on June 2, 2011. With permission from the UNHCR, the fieldwork portion in Damak ranged from June 3, 2011 to July 6, 2011.

Upon arriving in Damak there were seven UNHCR administered camps set up: Beldangi-I, Beldangi-II, Beldangi-II Extension, Goldhap, Khudunabari, Timai, and Sanischare (Figure 6). After twenty plus years UNHCR has finally begun the process of resettling the refugees, many who we quickly learned grew up in the camps or consider the camp their first home since they were born and raised there. While we were in Damak during the months of June and July 2011, UNHCR was in the process of consolidating the camps. About two weeks into our fieldwork Goldhap camp was closed down and the remaining refugees in that camp were relocated to Beldangi-II. The process to consolidate Beldangi-I, Beldangi-II, and Beldangi-II Extension was still ongoing even after the team left. The research team conducted interviews with refugees from all of the camps with the exception of Goldhap, where only 1 interview was conducted before it closed down, and Khudunabari. Khudunabari became inaccessible
due to the fact that it was the start of the monsoon season and all of the roads to this camp were blocked by mud and rain.

On our first day at each camp we acclimated ourselves to the different environment and became aware of life as a refugee in the camps. Lou, Anna, Katie, and Madhu made certain to meet with UNHCR coordinators and camp leaders at each camp to introduce the group, reiterate the purpose of our research, and confirm that we had permission to work in the camps.

Participants were recruited using a stratified purposive sampling method. Criteria included being above age 18 and being available to conduct a 2-3 hour interview.

Figure 6. Geographic location of the 7 UNHCR administered camps in Jhapa district Nepal before recent camp consolidation, represented by red triangles [57].
Interviews were usually scheduled a few days in advance to allow participants time to
decide whether they wanted to participate. Based on experience from a previous group of
Duke students who conducted fieldwork during summer 2010 with Bhutanese refugees in
Damak, it is common for community members to invite someone inside their home. This
could potentially make it harder for individuals to say “no” to participate in the interview.
Therefore, rather than conducting on-the-spot interviews, this process allowed individuals
to consider whether they wanted to participate, and allowed them to opt out if they
wished without any consequences. We would call the interviewee the morning of the
interview to ask whether they still wanted to conduct the interview and what time worked
best for them. The majority of interviews were conducted between the times of 9am –
12pm, or 1pm – 3pm.

The interviews took place in groups of three: two students on the research team
and one translator fluent in Nepali. Before the interview was conducted, informed
consent was obtained to make certain the participants understood the purpose of the
interview, that all responses are confidential, and that the research group was not
affiliated with UNHCR or any NGO working in the area\(^5\). The group also obtained
consent from the participants to use a recording device to record the interview before
implementing them (see Appendix B for informed consent form). During the interview,
the two students asked the interview questions in English. If the interviewee spoke little
to no English the translator translated the question from to Nepali. The responses were
then back translated to the students from Nepali to English. The interviews generally

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\(^5\) The group especially wanted to make sure the refugees recognized that we were not affiliated with
UNHCR and that their responses would play no role in their resettlement process. It was important to make
this distinction to prevent giving any false hope or misleading the participants.
lasted 2-3 hours. If needed, a follow-up interview with the interviewee was scheduled for another day.

In addition to implementing the life story interview guide, a variety of creative interview methods were employed during each interview in an effort to allow the interviewee to express their story using different mediums. We received direction and support from Katie Hyde (Director, Literacy Through Photography and Instructor at Duke University). These methods included the following: a memory mapping exercise—having the interviewee draw the first home they remember and discussing it, having the interviewee look at different pictures we printed out and discussing what they thought about each picture, giving the interviewee a camera and asking them to take 8 pictures of important people, places, or things in the camp, and getting a tour of the camp from the interviewee. Thus, during the majority of interviews a combination of Katie’s methods and the life story interview were employed to allow the interviewee to tell their story.

After an interview was conducted, we held a debriefing with each of our translators. We went through the recorder and our notes to make certain we understood every single part of the interviewee’s story. If a follow-up interview was scheduled with the interviewee, we made note of areas of confusion and asked these questions during the follow-up interview. After the debriefing, each team wrote a detailed summary of the interview. Additionally, each member of the team wrote fieldnotes each day, which served as a way of recording observations, informal conversations, and any important events that occurred during that day.
To ensure each participant’s confidentiality, the interview transcripts were kept in a secure place only accessible to the team. No compensation was provided to the participants.

5.4.3 Limitations

There were several limitations present to this study. First, under the rules set by UNHCR, the team was only allowed in the camps between sunrise and sunset and for a period of 5 weeks. This limited the number of interviews that could be conducted. Second, as previously mentioned, due to the ongoing consolidation of the camps and the start of the monsoon season, the group was only able to collect stories from refugees living in five of the seven camps. Third, we were relying on translators to carry out translations from English to Nepali and vice versa. Thus, it may be possible that words, phrases, and meanings could have gotten lost in translation. In an effort to minimize this, all interviews were thoroughly reviewed with the translators after each interview was completed. Additionally, all interviews will be translated from Nepali to English using a professional translation services. This leads into the fourth limitation, where unfortunately only a few official transcripts were available as this thesis was written. The majority of quotes and information presented in this thesis are based on thorough interview summaries and interview recordings. Finally, due to limited mental health resources available to the refugees, only a qualitative interview was conducted at this time. Thus, no quantitative measure was employed to determine whether a refugee was suffering from a mental illness, and if so, to what extent.
5.5 Results

5.5.1 Demographics

As table 1 suggests, a total of 25 interviews were conducted from 6 different camps. The average age of the respondent was 37.8 and the median was 33. 44% of the sample was composed of men (n=11); 14, or 56% were women. The ethnic and caste make-up of the sample reflected the diversity of the Bhutanese refugee population. Each interviewee was asked to self-identify where they perceived themselves in the caste system. Similar to findings from Kohrt et al 2009, those who identified themselves as Dalit oftentimes specified their “jat” (descent group), such as Kami and Damai. This is also true for interviewees that indicated the Dalit group, where they would specify the “jat” of the individual or group they were referring to rather than simply saying Dalit [53]. Based on a combination of self-identification and surnames, 10 individuals belonged to the Brahman/Chettri caste, 12 to the Janajati caste, and 3 to the Dalit/Untouchable caste6.

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6 Some interviewees did not provide information about where they perceived themselves in the caste system, or did not provide a specific caste group. Thus, for the purposes of this paper a combination of their response to where they perceived themselves in the caste system and their surname was used to identify their caste.
<table>
<thead>
<tr>
<th>Code</th>
<th>Age</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Religion</th>
<th>Self-Identified Caste</th>
<th>Ethnic/Caste ID by Surname</th>
<th>Highest Education</th>
<th>Occupation</th>
<th>Occupation Details</th>
</tr>
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<tbody>
<tr>
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<td>M</td>
<td>Single</td>
<td>Hindu</td>
<td>Chetri</td>
<td>Chetri</td>
<td>+2 level</td>
<td>Social services at YFC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>21</td>
<td>M</td>
<td>Single</td>
<td>Hindu</td>
<td>Brahman</td>
<td>Brahman</td>
<td>+2 level</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>F</td>
<td>Married</td>
<td>Hindu</td>
<td>Brahman</td>
<td>Brahman</td>
<td>+2 level, completed 2 of 3 years for BA</td>
<td>Unemployed</td>
<td></td>
</tr>
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<td>4</td>
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<td>Class 8</td>
<td>Community organization &amp; social work</td>
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</tr>
<tr>
<td>5</td>
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<td>Married</td>
<td>Buddhist</td>
<td>Dalit</td>
<td>Dalit</td>
<td>Class 2</td>
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<td></td>
</tr>
<tr>
<td>6</td>
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<td>Christian</td>
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<td>Middle-Mongolian</td>
<td>Janajati</td>
<td>Class 11</td>
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</tr>
<tr>
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<td>Single</td>
<td>Buddhist</td>
<td>N/A</td>
<td>Janajati</td>
<td>Class 8</td>
<td>Unemployed</td>
<td></td>
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<tr>
<td>8</td>
<td>60</td>
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<td>Married</td>
<td>Jains</td>
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<td>Dalit</td>
<td>Class 1</td>
<td>Tailor</td>
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<td>9</td>
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<td>Widowed</td>
<td>Buddhist</td>
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<td>Janajati</td>
<td>Did not attend</td>
<td>Unemployed</td>
<td></td>
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<td>Community Mediator</td>
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<tr>
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<td>Hindu</td>
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<td>Did not attend</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>30</td>
<td>F</td>
<td>Married</td>
<td>Hindu</td>
<td>Rai-within Matawali and Mongol caste</td>
<td>Janajati</td>
<td>Pre-primary to upper KG</td>
<td>Makes bamboo items and sells them</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>21</td>
<td>F</td>
<td>Single</td>
<td>Hindu</td>
<td>“higher caste”</td>
<td>Brahman</td>
<td>+2 level</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>25</td>
<td>F</td>
<td>Divorced</td>
<td>Kirati</td>
<td>Tamang after marriage (Rai previously)</td>
<td>Janajati</td>
<td>+2 level</td>
<td>Works for Bhutanese Refugee Women’s Forum (BRWF)</td>
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</tr>
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<td>Christian</td>
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<td>Dalit</td>
<td>+2 level</td>
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<td></td>
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<td>Hindu</td>
<td>Brahman</td>
<td>Brahman</td>
<td>Did not attend</td>
<td>Unemployed</td>
<td></td>
</tr>
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<td>Hindu</td>
<td>N/A</td>
<td>Janajati</td>
<td>Bachelor’s</td>
<td>Unemployed</td>
<td></td>
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<tr>
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<td>Married</td>
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<td>Dalit</td>
<td>Dalit</td>
<td>+2 level</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>35</td>
<td>M</td>
<td>Married</td>
<td>Hindu</td>
<td>“upper caste”</td>
<td>Brahman</td>
<td>Bachelor’s</td>
<td>Community Health Worker</td>
<td></td>
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<td>Married</td>
<td>Hindu</td>
<td>Brahman</td>
<td>Brahman</td>
<td>Did not attend</td>
<td>Temple keeper</td>
<td></td>
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<tr>
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<td>33</td>
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<td>Married (but husband left)</td>
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<td>N/A</td>
<td>N/A</td>
<td>Janajati</td>
<td>Shop Owner</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>50</td>
<td>F</td>
<td>Widowed</td>
<td>Hindu</td>
<td>Brahman</td>
<td>Brahman</td>
<td>Did not attend</td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>50</td>
<td>F</td>
<td>Married</td>
<td>N/A</td>
<td>N/A</td>
<td>Janajati</td>
<td>Did not attend</td>
<td>Unemployed</td>
<td></td>
</tr>
</tbody>
</table>
a Converted from Hinduism → Buddhism → Christianity
b Converted from Hinduism
c Converted from Buddhism
d Did not complete interview
5.5.2 Overview

Of the 25 interviewees, over half (n= 16, 64%) indicated that caste does not affect them. However, it was interesting to find that in a few interviews, while the individual believed that caste does not affect them they still regarded caste to be important within the community. This was true for 4 of the 16 interviewees, where although caste does not affect them, they believe caste is still important because it helps identify people in terms of “forefathers” and “ancestry”, as well as identify different customs (interview #1, #2, #3, and #16). This suggests that caste is not only used for hierarchical purposes as most often believe, but also as serves a method of maintaining family lineage.

Of the remaining 9 interviewees, in 3 interviews (#10, #12, and #25) caste was never discussed, thus it is not possible to determine the individual’s perception of caste. The other 6 interviews (#5, #6, #11, #13, #22, and #24) indicated that caste continues to matter and affects them today. Their responses reiterated the importance of caste in terms of identity and lineage, but also highlighted how their position as a Brahman or Dalit affects their wellbeing. For example, as summarized in interview #24 “caste is important to her because she’s 50 years old and wants to die in her own caste, referring to the fact that she does not want to be touched by Matwalis when she dies” (#24, 50, Female, Brahman). This interviewee’s belief of caste and how it affects her wellbeing can be interpreted as a positive factor, yet this is not the case for all 6 interviewees who believe caste matters and affects them daily. For example, the following interview summary conducted with interviewee #5 displays how caste can affect an individual negatively:

Interviewee #5: “However, after coming to Timai in 1992, people would call him “Kami” (a derogatory term in this context) at the water pump and
not allow him to get water. This caused a “bad feeling to hit [his] mind” (#5, 36, Male, Dalit).

Despite the fact that these 2 interviews show caste as a positive factor for a Brahman and a negative factor for a Dalit, there is not a similar correlation among the other 4 interviews, 2 of which are Brahman and 2 of which are Janajati. However, as highlighted at the end of the next section, a better understanding of the relationship between caste and health can be seen when the interviewee was asked how caste affects another individual rather than themselves.

5.5.3 Analysis of trends and their relationship to health

This breakdown of whether caste is currently important to an individual or not revealed themes that have not been previously been highlighted within this community. While the traditional caste system and categorical groups stemming from the Mulaki Ain is still present in the refugee camps, several underlying trends were unveiled that provided a better perspective of the many different ways caste is perceived within the camps.

First, of the 16 individuals who indicated that caste is no longer important to them, 10 indicated that there was a point in the past in which caste had a strong influence in their lives. The remaining 6 indicated that caste doesn’t matter and it has never affected their lives.

Furthermore, in this group of 16, 12 stated that although caste doesn’t matter to them, they believe that caste is very prominent in the community and still matters to other people. This was a recurring theme in the other 6 interviews as well (those who indicated
that caste continues to matter and affects them today), where caste was not only identified as being important to the interviewee, but also was an important factor within the community. This was especially true regarding perceptions of the elderly, where across many interviews it was stated that the older generation still holds on strongly to the caste hierarchy. For example:

Portion of Interview #16 Transcript:

Interviewer: So is it different here now than it was in Bhutan?

Translator: Was the caste system different here and in Bhutan? Based on the things you’ve heard.

Interviewee: There used to be a lot of discrimination based on the caste.

Translator: What did they do? Did the upper caste suppress/discriminate the lower caste?

Interviewee: Yeah, lower caste people couldn’t enter their house, couldn’t go nearby, and so on.

Translator: There were vast difference in Bhutan and Nepal in caste system. Higher caste discriminate lower. She is also talking about the water tape. Other? The lower class should not go to the house of higher class. How do you feel about it here now?

Interviewee: Restriction in entering someone’s house is only seen in the home with old people. But educated people of 45-50 in age do not do that. (#16, 25, Female, Janajati)

Portion of Interview #17 Transcript:

Interviewer: What cause the change in thinking about the discrimination before and now? Why are people discriminating less now?

Translator: Why do you think that the tendency of discrimination has been changing?

Interviewee: The tendency of caste-discrimination was very high when the elderly Bhutanese people were living but they are dying and the educated
next generation has started understanding about the issues of caste discrimination. As the Young people started gaining knowledge and old people dying, culture of caste-discrimination is changing.

Translator: Among people who came to Nepal to camp from Bhutan, there were the old people who used to follow their own tradition, culture about the discrimination of then caste which was in continuity. She is also talking about the old people who used to follow strictly, they kept on dying day by day and they just abolished and people of the next generation, because of the education and knowledge, they came to know about the discrimination in then caste, equality in the caste and she believe that the generation’s belief in the discrimination…. 

Interviewer: Thank you. So why was the community not having good interaction before?

Translator: You said that you did not have good interaction with your community previously. Why was that?

Interviewee: Because of the difference in thought. Previously it was difficult because of the people of older generation. But today’s people are against caste-discrimination. People of my father’s generation’s belief could not be changed.

Translator: Because the old people have thoughts within themselves about following the tradition and the culture and especially she indicated about the new generation has new thought about the caste system, not doing any kind of discrimination but at that people they follow and they were away from the knowledge.

(#17, 24, Female, Dalit).

While many of our interviewees claimed that the older generation still adheres to the caste system compared to the younger generation, it is difficult to validate this claim in this study due to many reasons. First, none of the interviews provide a clear definition of what “elder” means in terms of age range. While the global standard for describing the elderly population is 65 years or older, there can be significant variation from community to community [58]. Thus, without a clear definition of who falls into the elderly population within the Bhutanese refugee community, this recurring theme remains a
hypothesis. Additionally, when looking into the population sampled for the purposes of this project, there were 6 individuals (interview #5, #6, #11, #13, #22, and #24) who personally believe in the caste system and adhere to it. Yet, the age of these individuals range from the lowest being 23 years old to the highest being 69 years old. Thus, even in this small sample size it difficult to discern whether the majority of Bhutanese elderly refugees adhere to the caste system compared to the rest of the refugees, as many of our interviewees stated, or whether the belief in the caste system is due to more than just age. Furthermore, it is uncertain whether the elderly population continues to carry on the caste system when they resettle, and whether this affects their mental health positively or negatively. The cultural orientation classes the research group attended emphasized that the elderly will have the most difficult time fitting into US culture. If caste is a factor that makes adjustment harder as they hold onto a tradition that is not present in the US, it could affect the individual’s health negatively. The importance of age upon resettlement is a factor that needs to be evaluated based on previous studies that have shown a positive correlation between age and depression/anxiety [45, 53, 59].

Despite the uncertainty regarding the relationship between caste adherence and age, the previous two interview summaries (#16 and #17) reveal an important point: the role of education. Those who indicated that caste had a strong presence in the past, but no longer does, attributed the change to a variety of reasons. A frontrunner that appeared throughout many interviews, as seen in interviews #16 and #17 was the influence of education and the presence of other countries within the camps. Ten interviewees (#1, #3, #5, #6, #11, #14, #17, #18, #21, and #23) stated that due to education and the presence of international organizations such as OXFAM and CARITAS, caste
discrimination has decreased over the past few years. For example, in the words of interviewee #1:

Interviewee: “Because maximum Bhutanese people they are literate now a days. They know what is the actual meaning of the cast also. And they know everything somewhat they are literate because the CARITAS have given us education, different orientation to our parents, caste is nothing that is why they will understand” (#1, 21, Male, Chettri).

This reveals several things, including the fact that international organizations seem to have a heavy influence in the way the refugees think about certain issues, such as caste discrimination. Also, this trend reveals that although individuals may express that they no longer believe in caste discrimination, it appears to still exist within the camps and have a negative impact on the mental and physical well-being of many refugees. This can easily translate to communities in the host countries if the caste system continues to exist. However, compared to the camps in Nepal, there are fewer organizations monitoring and disseminating information to refugees regarding caste once they resettle to a third country. Thus, further research is needed to understand whether the impact of education and international organizations regarding caste discrimination is static, or whether it continues to be of influence even when the refugees relocate.

Furthermore, many interviewees (#3, #4, #9, #14, #15) reiterated the theme that rather than recognizing caste as a division, they now believe the only “caste” (ie division) that exists is men and women. They stated that everyone is essentially equal regardless of the caste they were born in. As summarized during one interview:

Interview #14: “When asked if caste is important to her, she now believes there are 2 castes: men and women. The caste system isn’t really important anymore because when you cut the flesh, Brahmans, Chettris, and others all bleed the same blood” (#14, 30, Female, Janajati).
Yet again, it is important to distinguish between what the interviewee believes and what they perceive the rest of the community to believe. As stated previously, many individuals believe that caste is still prominent within the community:

Summary of interview #15: Caste—in her view there are only two castes, ladies and gents. That isn’t how the community sees it though. She doesn’t like how they think and she doesn’t do what they do. People from higher castes don’t eat food that has been touched by lower caste members. They won’t let them enter their homes. She doesn’t like that or do that. All people in the universe were created by God and God doesn’t discriminate with the caste system (#15, 21, Female, Brahman).

Further inquiry is needed to understand how this version of caste as gender divisions developed. It could be due to information disseminated by leaders in the camp, or by other countries and organizations operating in the camp, or by another means.

Another trend that appeared throughout conversations with the refugees was the relationship between changes in religious beliefs or practices and caste. Eight interviewees formally stated a change in their religious beliefs or practices, 4 of which converted to Christianity, 1 of which will convert to Christianity upon resettlement, and 2 of which changed their religious practices, but not their religion. The last individual remained faithful to his religion, however, spoke about how the majority of his family had converted to Christianity. Additionally, an informal conversation with a refugee revealed that she had also converted to Christianity. Interestingly, all individuals who converted or plan on converting to Christianity were female, whereas the two individuals who changed their practices were male. Despite this trend, further research is required regarding this topic to confirm whether there is a gender bias towards religious conversions.
The religious conversions and changes in practices revealed an interesting link to caste. Of the 4 refugees that converted to Christianity, 3 were of Janajati caste and 1 was of Dalit caste. In the interviewee sample, no members of high caste groups had converted to Christianity. The individual planning on converting to Christianity is of Janajati caste. All 4 individuals who converted described how before their conversion they suffered discrimination and tension within their own caste, yet after converting they no longer face discrimination or feel tension. This was summarized in the following 2 interviews:

Interview Summary #6: “She also mentioned how her mother left the ‘candle tradition’ of Hinduism. She said that her mother suffered twice and everyone hated her. She then continued and told us how her dad would worry a lot about his eldest son and started to drink a lot and go out with his friends and play cards. Then he began to follow Jesus, he became better and then motivated the rest of his family to follow Jesus too” (#6, 23, Female, Janajati).

Portion of Interview #17 Transcript:

Interviewer: Is there anything else? Okay, so you mentioned that when you converted that there were no health reasons. Was there any difference in terms of how you felt in terms of …whether there was mental tension when you were Hindu or and then compared to now?

Translator: Though you said that you did not convert because of health issues. But have you reckoned any kind of change in the magnitude of your psychological stress. After the conversion?

Interviewee: The difference is that, my mother used to be very sick when we were Hindu. She had trembling heart and limbs. She suddenly used to start trembling and sweating. But she has got rid of that after converting.

Translator: She is explaining about the difference between Christianity and Hindu religion. When they used to be Hindu, her mother used to feel some kind of heart problem, some kind of sacredness, some kind of movement in the body. Such things used to happen to her mother but after involving in Christianity, those things went off, she believes that. Shaking, when her mother had heart problem, her body used to shake.
Interviewer: Did you personally have any problems?

Translator: Personally did you feel any change in mental state while being a Hindu and a Christian? Was there any thought that ceased to occur after the conversion?

Interviewee: *Even small issues used to trouble me a lot. Small issues would be prolonged making me tensed for a longer period of time but after I became Christian, I pray to god whenever I have a problem and the problem disappears.*

Translator: When she was in the belief of Hindu religion, she used to think a small problem is a big issue. She used to keep thinking about the issue for a long time and no solution at all but when she started deep belief in God in Christianity she has faith also, when she has some problem she starts praying to God and starts remembering faith to God, it automatically went out from her life.

Interviewer: Do any of your tension come from being a part of the caste system? Or is it all just because of religion?

Translator: Was the religion only reason of your problems and tensions or was it your caste? Sometimes caste issues also can create problems…

Interviewee: *Of course we were tortured from the society for being so called lower caste. Some of my problems used to spring from the caste issue too.*

Translator: Yeah, She used to feel tension because of the caste in the society. Because of being lower caste.

(#17, 24, Female, Dalit).

Among the 2 men that changed their religious practices, both were Dalit.

Although they may have not converted religions, changes in their religious practices garnered more respect and acceptance than previously:

Interview summary #5: “He described his caste as part of a hierarchy within the Dalit family. Also Bishwokarmas are a lower caste within the Dalits, he likened himself to the Brahmans because he and his father are “pundits” do religious work like the Brahmin priests. Within his own caste, he and his family have a high position...Explaining the difference between Brahmans and himself, he said, “I am Brahmin in my caste, they
are Brahmin in their caste.” He reiterated a point from Wednesday, saying that before he questioned what kind of caste he had, but now is ok with it” (#5, 36, Male, Dalit).

Portion of Interview #8 transcript:

Interviewer: Can you explain the caste system to me. I have heard quite a lot about it but I am not quite sure what it is.

Translator: They don’t know anything about the caste system. Please explain her about the system.

Interviewee: Three castes Kami, Damai and Sarki were dominated by Brahmin and Chhetri people previously.

Translator: And they are called lower caste, right?

Interviewee: Yes, previously these lower caste people were dominated. For certain time, they did the same to me too. Then I wondered why these Brahmin and Chhetri people consider themselves to be of higher caste, what did they study and so on. Then I started reading Geeta and gradually I worked less frequently as a tailor. When I read Geeta, I felt like learning it more and more, so I went to Banares. Then, after coming back from Banares I conducted a Purana ceremony. After that Brahmin and Kshetry people started regarding me and we would drink tea together. (#8, 60, Male, Dalit).

Furthermore, many individuals believe there will be no discrimination or caste system in the United States. 4 individuals spoke about how they believe that in the United States there will be no discrimination and no caste system present. For example, a portion of the interview #5 transcript:

Interviewer: Does he think his caste will be the same when he resettles?

Translator: You told us what your friend told you about the religious practices. Do you think there will be some difference in caste system?

Interviewee: I don’t think there will be caste system and partiality. All will be equal.

Translator: He says like it will be same in the United States, there will not be any kind of discrimination but equality in the caste system.
One individual (#22) stated that he planned on continuing to follow the traditions of the caste system once he settles in the United States and believes that this will not be a difficult thing to do. This statement is important when considering the mental well-being of a resettled refugee who plans on adhering to values that are not necessarily present in the new culture. As Williams & Westermeyer state, “Refugees have high expectations about their new lives, especially regarding their economic and occupational adjustment. They do not expect to lose anything because of their migration.” Thus, a refugee’s expectations, such as strictly adhering to the caste system even when relocating to another country, can significantly impact their mental well-being in that it could make it even more difficult for them to assimilate to the new culture [60].

This can also apply to refugees who believe that there will be no discrimination and no caste system when they relocate. It could be possible that since many of the refugees live in the same communities when they relocate to the United States, the caste system could still be present within those communities. Additionally, history shows that despite the fact that many developed countries have accepted refugees within the past few decades, it does not prevent feelings of xenophobia and racism against the refugees [10]. The belief that they will no longer face caste discrimination or discrimination in general can have severe consequences to an individual’s mental well-being if that hope is shattered. This can bring unexpected tension and anxiety that can add to the already difficult process of relocation and assimilation [60]. Further research is required to better understand how caste hierarchy and discrimination plays out when a Bhutanese refugee resettles to the United States, as well as in other host countries. This is important not only to garner a better understanding of how to address mental health issues for resettled
Bhutanese refugees, but also understand how to better prepare individuals before they resettle.

While all of these factors can affect the mental health of an individual indirectly, it is important to understand the perception of caste and its direct effect on health. Of the 25 interviewees, 17 spoke about their thoughts on the relationship between caste level and mental health (Table 2). Perceptions of health and caste were measured using a scale of 1 to 5, with 1 being caste does not affect health at all and 5 being caste affects health very much (See question 1.17, Appendix C).

Table 2. Perceptions on the relationship between caste and mental health.

<table>
<thead>
<tr>
<th>Perception</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caste does not affect another individual’s health (1 or 2 on scale)</td>
<td>5 (#3, #14, #18, #20, #22)</td>
</tr>
<tr>
<td>Caste can affect another individual negatively (3, 4, or 5 on scale)</td>
<td>6 (#6, #11, #15, #16, #19, #24)</td>
</tr>
<tr>
<td>Caste has never affected their health personally (1 or 2 on scale)</td>
<td>5 (#2, #9, #12, #13, #24)</td>
</tr>
<tr>
<td>Caste has affected their health negatively either in the past or currently (3, 4, or 5 on scale)</td>
<td>5 (#5, #6, #8, #16, #17)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnic/Caste ID by Surname</th>
<th>#3 – Brahman</th>
</tr>
</thead>
<tbody>
<tr>
<td>#14 – Janajati</td>
<td>#18 – Brahman</td>
</tr>
<tr>
<td>#20 – Janajati</td>
<td>#22 – Brahman</td>
</tr>
<tr>
<td>#6 – Janajati</td>
<td>#11 – Brahman</td>
</tr>
<tr>
<td>#15 – Brahman</td>
<td>#16 – Janajati</td>
</tr>
<tr>
<td>#19 – Janajati</td>
<td>#24 – Brahman</td>
</tr>
<tr>
<td>#2 – Brahman</td>
<td>#9 – Janajati</td>
</tr>
<tr>
<td>#12 – Brahman</td>
<td>#13 – Janajati</td>
</tr>
<tr>
<td>#24 – Brahman</td>
<td>#5 – Dalit</td>
</tr>
<tr>
<td>#6 – Janajati</td>
<td>#8 – Dalit</td>
</tr>
<tr>
<td>#16 – Janajati</td>
<td>#17 – Dalit</td>
</tr>
</tbody>
</table>
While table 2 displays that there was some overlap between responses concerning personal vs. another individual (example: interviewee #24), it can be seen that an individual’s caste appears to affect their response regarding the relationship between caste and mental health. The highest caste (Brahman) is clustered in responses where caste does not affect health personally or another individual, whereas the lowest caste (Dalit) is clustered in the response addressing the personal negative health effects from caste discrimination. This trend can be seen based on the responses given by refugees of different caste:

Portion of interview transcript #5:

Interviewer: So at that time you are describing how you were discriminated at the water pumps, in the scale of one to five, one being not at all and five being very much, so how would you rate it affected your health?
Translator: You said that you were insulted in the water tap in Timai, how bad did you feel then? In the scale of 1 2 3 4 5, 1 being less and 5 being more, which number would you like to mark?

Interviewee: During those times, I used to feel bitter and I used to be like ‘Oh! God, what a degraded caste I am born into’! People would insult us by calling us ‘Kami’, they would not even say ‘Bishwokarma’ which would lessen the insult. But later on, things became fine. People are started being treated equally. Different awareness creating programs started being launched. So, now I feel I am born in an alright caste.

Translator: How bad did you feel?

Interviewee: I feel this bad that time, mark this.

Translator: Mark 5? Before answering he explained about how he was discriminated and now he got to know the caste is good where he is born and like that, he explained same thing. And I asked him how you rate how badly you felt. He said that he wants to put 5.

(#5, 36, Male, Dalit)

Summary of interview #2: “Caste: His family is Brahman caste but this didn’t seem to affect him much. He said it had no effect on his health. He
said that the reason the caste system is important to him is because it tells you about your forefathers” (#2, 21, Male, Brahman).

As individuals stated their thoughts on the relationship between caste and health, a couple of similar stories and phrases were used across several interviews. These included the effects of intercaste marriage on health, caste discrimination at water pumps, and the phrases “tension” and “anxiety” to describe an individual’s mental state. For example:

Summary of interview #16: “Once a Rai woman married a Gurung boy and her parents separated them and brought her home. She is depressed and has tension from not being with him. She got so depressed that she became mad (mentally). She said that there are less cases like this now than before” (#16, 25, Female, Janajati).

A joint review on refugee health in Nepal in 2005 found that although the causes are unknown, mental health is a serious issue within the camps. Many individuals, similar to our interviewees, complain of anxiety and peptic ulcers, which could be manifestations of psychological problems. Unfortunately, only one mental health counselor is available for an entire camp and there are no private consultation areas [61].

A final consideration to keep in mind regarding caste and health within the Bhutanese refugee population is the health of those disabled, who generally fall in the lowest caste. As demonstrated in an IOM cultural orientation class the group sat in on, one of the teachers stated she had 2 deaf students, but there are no special classes for them, they attend the same classes as everyone else. It will be important to follow-up upon resettlement how these individuals adjust to resettling in a country that is not only very different, but where they may fall into another “caste”/hierarchy in the United States, which can significantly affect their mental health.
While this is a small sample size and further research is needed to validate the overall trend between caste and mental health, this project provides valuable insight into the perceptions of caste within the Bhutanese refugee population. Several important themes, such as the role of education, international organizations, and religious institutions within the camps, as well as the terminology used in the camps to refer to mental illness were identified. This qualitative research project helps begin addressing a key cultural factor that can play a role in mental illnesses within this population pre- and post-resettlement. Thus, further research regarding the relationship between caste and mental health is necessary in order to provide appropriate health care services to the Bhutanese refugees.

5.6 Conclusion

Overall this project helped identify important trends about the relationship between caste and mental health that have previously not been discussed regarding the Bhutanese refugee population. In reference to objective 1, the refugee stories revealed several perceived health behavioral patterns rooted to the caste system. This includes individuals’ not eating food prepared by members of the lower caste, or drinking water touched by members of the lower caste because it is “contaminated”. Additionally, many individuals turned to religion, whether it was the religion they were born into, making adaptations to their religious beliefs, or converting to another religion as a way to cope with any anxiety that was associated with the caste system. The majority of individuals indicated that they mentally and physically benefited from turning to religion.
In reference to objective 2, individuals of lower caste appeared to face greater psychosocial issues compared to their counterparts of higher caste. They were more likely to be discriminated against at the water pump, prevented from entering certain individuals’ homes, prevented from attending certain events, and called derogatory terms. While some individuals of higher caste sympathized with members of lower caste, no one indicated that they had been discriminated like an individual of lower caste.

Finally, as hypothesized in objective 3, there appears to be a potential negative correlation between caste and mental health. Individuals of lower caste indicated that their health has personally been affected by caste negatively either in the past or currently. This is in stark comparison to members of higher caste who indicated that caste has never affected their health, as well as some who said that it also does not affect another individual’s health. This correlation suggests that members of the lower caste suffer from caste discrimination that members of higher caste do not face.

Furthermore, the interviews revealed several interesting and unexpected findings. One unexpected finding was the prevalence of religious conversions from Hinduism or Buddhism to Christianity. The reason for the conversions remains unclear, but informal conversations and individual interviews seem to suggest that many refugees are converting to Christianity either in the camps or upon resettlement. Additionally, there were many phrases and themes repeated across interviews, such as the belief that there are only two castes, men and women. No one was able to identify how this belief originated, but it could possibly be due to the influence of education and international organizations disseminating information throughout the camps. Finally, it was interesting to find that although many individuals personally do not believe that the caste system
affects them, they strongly believe that other members of the camp still adhere to the hierarchy. As Furr’s study indicates, traditionalism and belief in the caste system in Nepal is viewed as “backward-looking”, whereas having a progressive Western attitude is seen as more prestigious. Additionally, he found that those with a more progressive attitude had low depression scores compared to individuals who held traditional attitudes towards caste and gender equality [62]. Thus, it is unclear whether these individuals truly do not believe in the caste system, or whether they wanted to be perceived in a certain way, or whether there are other reasons that have yet to be identified.

Based on the experiences and findings from this study, future studies concerning the relationship between caste and mental health within the Bhutanese refugee community should include a comprehensive quantitative survey to get a better assessment of the true prevalence of mental health disorders, such as depression and anxiety. Using the estimates provided by the quantitative survey, and building on this qualitative project will help identify the types of disorders present, the root causes, and ultimately how to provide effective care to each individual. Additionally, a study focused on understanding religious conversions among Bhutanese refugees can help clarify whether this serves as a process of escaping from the caste system, and thus any anxiety associated with being part of the system. Or whether the conversions may serve a separate purpose, such as a coping mechanism as they adapt to life in the camps and/or in the United States. Understanding how religious conversions play a role in the relationship between caste and mental health can further help in providing culturally appropriate healthcare. An additional consideration for future studies is whether access and utilization of health services, including mental health services, varies by caste within the camps and once the
refugees resettle; and if so, how they vary. While this remains unclear within the Bhutanese refugee population, a recent study by Acharya found that Dalit children experienced caste discrimination in numerous areas of healthcare, such as the time it took to access care, by providers, and during counseling sessions [63]. Understanding the degree of prevalence of caste-based discrimination is important in tackling the barriers Bhutanese refugees may face as they access and utilize healthcare services.

Finally, it is important to follow-up with the Bhutanese refugee population once they have resettled to the United States to see not only how the caste hierarchy is playing out, but also more importantly to see how they are acclimating to their new life. Unfortunately many migrants and refugees remain in the uninsured pool and have a difficult time accessing health care services [64]. Therefore, there may be a greater incidence of mental health issues that are going unnoticed. On the other hand individuals may have found effective coping mechanisms that can be useful for other Bhutanese refugees, as well as other refugee populations in general.

Thus, this study offers a glimpse into the relationship between caste and mental health issues within the Bhutanese refugee populations. However, further research is needed to provide a more in depth picture regarding the relationship, as well as the different factors that contribute to the relationship. Ultimately, further research can help guide health policy and practices aimed at eliminating the health disparities faced by refugee communities, such as the Bhutanese refugees, as well as other refugees that have relocated to the United States.
Appendix A

This provides an overview of the acts and policies ratified by the government of Bhutan during the 20th century, all of which continue to have serious implications for the Lhotshampa population.

1958 – Citizen Act

This act granted the Lhotshampas the right to Bhutanese citizenship in an effort to promote intermarriage between the Lhotshampas and the other ethnic groups of Bhutan [57]. As Rustomji suggests, the act seemed to “offer full rights to practically all existing Nepalese in the State” [65].

1977 - The Bhutan Citizenship Act

This act redefined what the criteria for gaining Bhutanese citizenship. In order to become a citizen an individual was required to be able to read and write the national language, Dzongkha, as well as know about Bhutan’s history and culture. In the context of Lhothampas, the majority spoke Nepali rather than Dzongkha [21].

1980 – Bhutan Marriage Act

This act made it difficult for Bhutanese citizens to marry a non-Bhutanese person. Those who did marry a non-Bhutanese could not receive any state benefits [22].

1985 – Bhutan Citizenship Act

This is the current act used by the Bhutanese government in determining whether an individual is eligible for Bhutanese citizenship. It requires that both parents must be Bhutanese for the child to acquire Bhutanese citizenship at birth. Additionally, the individual must be able to speak, read, and write Dzongkha; know the traditions, culture, and history of Bhutan and have no criminal history [21]. Furthermore, residents of
southern Bhutan were classified into seven different categories to identify the “genuine” Bhutanese from the immigrants. Many claim that this act was directly responsible for driving out the Lhotshampas population from Bhutan [66].

1988 – New Census Policy

The Bhutanese government took a census in the southern districts to identify the foreigners and distinguish them from the citizens. Those who were considered citizens, based on providing a tax receipt that dated 1958 or a certificate of origin from 1958, were given a citizenship identity card. An estimated 100,000 illegal immigrants were identified [21].

1989 – Driglam Namzha - “One Bhutan, One People” policy

A royal decree that was part of the Sixth Five Year Plan (1987-1992). It attempted to enforce a formal code of behavior and etiquette based on dress, greetings, and ceremonial occasions. The policy was a method of preserving and promotion the national identity of Bhutan [21].

2008 – Constitution

The new constitution, which was published on March 26, 2005 and came into effect in 2008 clearly laid out the criteria for citizenship in Article 5. Ultimately it repeats the requirements laid out in the 1985 Bhutanese Citizenship Act [21].
Appendix B
Refugee Oral Consent Process

∞ Even if you have already explained the research to the prospective respondent, describe it again. Tell them we will never publish anyone’s name.

∞ Emphasize that participation in the interview will have no bearing on their resettlement process.

∞ Explain that if they decide to participate in the interview they can refuse to answer any question they choose, and that they can stop the interview at any time for any reason.

∞ Give them the card with Suzanne’s contact information, and tell them that if they have any questions or concerns about the research they can contact her at any time. They can do this in Nepali.

∞ Remind them that this should be fun!

∞ If they consent to the interview, ask them which of the following they prefer:

1. Is it ok to record the interview?
   Video
   Audio
   Notes

2. Public access after 12 months with all names erased? YES / NO
   Explain the purpose of public access (so that Bhutanese refugees can access their own stories.)

3. Do they want their own copy of the interview?
   Transcript only
   Recording only
   Recording + transcript

4. If copy requested, contact address:
   ___________________________________
   ___________________________________
   ___________________________________
   ___________________________________
   ___________________________________
   ___________________________________

5. File name:
   ___________________________________mp3
   (M/F) -- -- (age) -- (last name) -- (camp) -- (date)
Appendix C

Life Story Interviews:

There are six sections to the interview and it takes about 2 hours. Each section requires the participants to become progressively more abstract in their responses. The objective of the interview is to glean both a keen sense of daily life as well as a more general sense of the cultural/normative framework within which their daily life makes sense. It also leaves space to interrogate that essence of food culture and sentiments around resettlement.

**Interview introduction:** Interview begins only after the purpose of the research, the participant’s rights regarding the research, and the protections that will be afforded the participant have been explained. The participant will have been given time to reflect upon whether or not he/she desires to participate, and, upon agreeing (some hours/day later), he/she is asked to formally consent to participate. This includes being asked for consent to audio and/or video record and to be photographed. Refusing any of the latter does not preclude participation, but explain that audio recording at least will help make sure that their complete story is remembered accurately. Offer to let them hear their voice on the recorder and, if it seems it will put them at ease, to interview the interviewers. The goal is to create a relaxed atmosphere. Often, people will initially be uptight about recording, but in most cases, they tend to forget the recorder is there once the interview is underway.

Be sure to monitor your equipment during the interview, and also to take notes!

Begin interview with friendly talk. Offer some information about yourself (where you’re from, your name…)

If it seems appropriate, suggest that the participant might bring out something that has special meaning, or is associated with a memory – photos, a special possession, whatever.

**Section I:** In the first section, respondents are asked to provide some basic demographic data (age, education, family, etc) but in a way that lets them talk about themselves and their family, culture, roles and dynamics?

How old are you?

Tell us about your family. Who are they? Where are they?

-What are the decisions that need to be made?
-Who makes them? (Allow that one person may make certain types of decisions and another or others may make others.)
-Who is generally in charge (the “boss”)?
-Who is the helpful one? Who gets angry most and about what? Who is the funny one?

-What role do you play?
-With whom are you closest?
-Whose advice do you seek most often?
- Whose advice are you expected to seek and consider before making a decision?
- Who do you seek most often to please?
- Tell us about a time when you know you pleased someone important to you. And a time when you know you disappointed someone.

- Are you married?
- Tell us about your marriage. (If divorced/widowed, still ask about the marriage. If never married, ask about the importance of marriage more generally.)
- What is the most important thing about marriage?
- What kind of marriage do you want for your children?

1.9. How would you describe your community in the camps?

1.9a. Where do your family members live?

1.9b. Where do your closest friends live?

1.9c. Do you spend most of your time with other people or alone?

1.9d. Which do you prefer?

1.9e. What types of daily activities do you do with friends? Where do these take place?

1.9f. With family? Where do these activities take place?

1.9g. What types of daily activities do you do alone?

1.9h. How do the people in your life help each other or participate in each other’s lives? (Test this question and we will change it if needed.)

1.9h. What is your relationship with people outside of the camps?

Please tell us about your education.

- What is the last year of school you have completed?
- Is there any story about your time in school (now, in past) that really stands out for you (i.e., a really vivid memory)?
- How far did your parents go in school? What about your brothers and sisters?
- Did/do you like school? If so, what subjects?
- What kinds of things did/do you study in school?
- What do you think it takes to succeed in school?

- Is school important here? Why?
- Is school important to you? Why?
- In general, what is the purpose of education?
- Do you think it is different/same here as in Bhutan? As in the US? How?
- What do you know about school in US/other countries?
Can you tell us about your work?

-If of age: What was your job in Bhutan?
-What kind of work have you done in Nepal?
-What kind of work would you like to do in the future?
-What kind of work do you expect to do in the future?
-What did your parents do?
-What about brothers and sisters?

What makes a person rich/wealthy? (Don’t try to steer exclusively towards material possessions and money – let them determine what it is – might be material, or might be something else.)

-Could you describe someone (not by name) who is very well off?
-Someone who is poor (what do they lack; what struggles do they face)?
-Was there a time when you considered yourself more rich/wealthy than you are now?
-Could you describe that time to us?
-In what ways do your family/friends contribute to your wealth?
-Do you contribute to the wealth of others?
-In general, what determines whether a person is wealthy or not (meaning, what causes it – hard work, good connections (eg remittances, access to jobs), inheritance, etc.)

What role does inheritance play here?

-Would you like for it to be more or less important?
-Could you tell us about something significant you have inherited?
-Something you would like to pass along to your descendants?
(If they say they don’t have anything, ask them about particular possessions and what will happen to them if they pass away or resettle.)

Can you describe a typical day in your life?

-When do you start your day?
-What do you do first?
-What is your favorite time of the day?

1.10. How challenging is your daily life/routine?

1.10a.) What is easy about it? Why?
1.10b.) What is challenging about it?
1.10c.) Who helps you with these challenges?

Would you describe yourself as healthy? If so, why? If not, how could you be more healthy?

When you are sick, what do you need to do to get healthy again? The last time you got sick, what did you do?
1.11. How would you describe the state of your mind and heart?

1.12. Would you describe yourself as happy? Why or why not?

   1.12a. If so, what contributes to that? If not, what do you think makes you unhappy? Why?

   1.12b. What part of your daily life brings you comfort or happiness? Why?

   1.12c. What gives you energy, enthusiasm, joy, or excitement? Why?

   1.12d. What part of your daily life makes you sad or anxious? Why?

1.13. We understand that many refugees have faced hardships and that some of them become distressed/depressed by these. Do you know anyone like this? What is like for them? How do they deal with it?

1.14. How do family/friends help when people are feeling depressed/distressed?

1.15. I understand there is a caste system, is it important to you? Why? (If they say no, ask if it has ever been important to them. Then, ask the rest of the caste questions in past tense about when they were part of the caste system. Also, probe at why they “converted” away from the caste system.)

   1.15a. How would you describe the caste system to someone who does not know anything about it?

   1.15b. Where do you perceive yourself in the caste system? (high, middle, or low caste)

      1.15b.1. (If married woman) Where did you perceive yourself in the caste system before you were married?

   1.15c. Describe your current interactions with other castes.

   1.15d. How has your interaction with other castes changed since you moved from Bhutan?

   1.15e. What are the differences of each caste?

I would like to ask you questions about your health in terms of how caste affects your well-being:

1.16. How do you think being of a certain caste affects your health and well-being?

   1.16a. How does being of a certain caste affect your mind and heart?

1.17. On a scale of 1 to 5, with 1 being not at all and 5 being very much, to what extent does caste affect your health?
1.17a. Based on how you rate it (1 to 5), would you describe it to be a positive or negative affect? and how?

1.17b. How does your position in the caste system affect your relationships? Do you feel more lonely and isolated, or closer to your friends and family? (compared to other castes.)

1.17c. How does your position in the caste system make you more cause anxiety?

1.17d. How does your position in the caste system affect your satisfaction in life? Can you think of a time your position in the caste system helped you? (Dig at what they mean by satisfaction).

1.17e. How does your position in the caste system give you a sense of empowerment and self-efficacy?

1.18. How has being of a certain caste affected your eating habits?

1.19. How has being of a certain caste affected the way you seek health treatment in Bhutan? In Nepal?

Section II: In this section, respondents are asked to identify a set of key moments in their lives (high point, low point, most vivid childhood memories, most vivid adult memory, memory of when the respondent gave or received very sage advice/counsel, memory of an ethical challenge). They are asked about their family and family interaction.

Can you tell us the important stages of your life? Are there ways you celebrated/marked different ages/stages?

What is childhood here? When does one stop being a child?

Tell us about your childhood.

Can you describe your most vivid childhood memory?

-What makes it so memorable?
-If that was a good/bad memory, can you tell us about a memory that is especially (good/bad – whatever wasn’t described in first instance)?
-Who were your closest childhood companions? Did they live here? Do they live here now?
-What did you like to do most with your childhood friends?
-Did you have a favorite toy or game? What was your favorite holiday? Is that the same now?

Tell us about your brothers and sisters.

-What was most important to you about them when you were younger?
-Now?
Tell us about your parents and your relationship with them.

- What were your parents like when you were a child?
- Which parent did you spend most time with?
- Who gave you the most advice?
- Who disciplined you most often? Can you give examples?

What is your favorite time during the year? What do you like about this time?

What is your favorite possession? What makes it special?

What do you want most in the world? Do you think you will ever get/achieve it? If so, how?

In general, how important is it to have time and space to yourself?

- Are there some things that should be done in private? What are they?
- What things should be done in the open?

Describe your ideal house and compound (including how it is laid out and who is in it, who is nearby, etc.).

Are there places/spaces that are important to you here? Outside of the camps? What makes them special?

Who are your closest friends now?

- Where do they live?
- What do you do together?
- What role do you play with your friends?
- Are you the organizer? The silly one? The serious one?
- What role do friends play in your life?

Can you think of a time when you were most happy?

- Where were you?
- What were you doing?
- Could you identify the single most important day in your life so far?
- Why is this so important? Who/what makes you laugh the most? Who/what makes you angry the most?

Can you tell us about a time when you felt particularly good/happy about yourself? About one or more of your children? What happened?

What would you say has been the greatest personal challenge in your life? Who in your life was most helpful during this time? How often do you think about this time, or do you try not to think about it?
When you need advice, whom do you ask? What is the best advice you’ve ever received? And from whom?

Have you ever been confronted by an ethical challenge (This for translators, to help explain to them: when you had to choose how to achieve something, and no matter what, the choice you make will have some bad consequence – such as choosing medicine for one child will cause you not to have enough money to provide food for your other children?) If so, please describe the situation and how you decided what to do.

2.6 How has your position in the caste system affected your past experiences in Bhutan and present experiences in Nepal?

2.6a. How has your position in the caste system limited you? (in terms of life choices and/or experiences?)

2.6b. What opportunities has it presented you with?

2.6c. How has it affected your: Living conditions? Education? Employment status? Economic situation?

2.6d. Would you say your position in the caste system has increased or decreased the anxiety in your life? How?

Section III: Respondents are asked to think about their future and describe hopes, dreams, worries about their future.

In five years where do you hope to be? What do you hope to be doing?

In five years where do you expect to be? What do you expect to be doing? (If resettling, why did you want to resettle? What were you most concerned about in making this choice? Who did you talk to about the decision? If not resettling, why didn’t you want to resettle? Who did you talk to about the decision?)

3.4. If resettling, what do you expect your community to consist of?

3.4a. Who do you think you will live with?

3.4b. Do you think you will be near family/friends?

3.4c. Do you want to live near family/friends? On a scale of 1-5 how important will this be to you? (1 being least important and 5 being most important)

3.4d. Do you want to live near other Bhutanese/Nepalis? On a scale of 1-5 how important will this be to you? (1 being least important and 5 being most important)

3.4e. Who do you think you will spend time with?
3.5. What do you think your daily routine will be like after you have resettled?

3.5a. What do you think will be easy about it? Why?

3.5b. What do you think will be challenging about it?

3.5c. Who do you expect to help you with these challenges?

3.5d. Do you think you will be A.) less happy, B.) equally happy, or C.) happier, once you have resettled? How?

3.5e. Do you think your life will be A.) harder, B.) equally hard/easy, or C.) easier, once you have resettled? How?

Where do you get information about what resettled life will be like?

Do you think that what happens in your life is up to you? Do you control what happens or is someone/something else responsible? What things do you control, and what things are not in your control?

What do you worry about most day-to-day? What is your biggest fear?

Do you think your life would have been different if you/your family had stayed in Bhutan? If so, how? (If of age: ) What do you miss most from Bhutan?

3.8. How might your future be different if you were of a different caste?

3.8a. If you were of a lower caste?

3.8b. If you were of a higher caste?

3.8c. Do you think you would have more anxiety or less anxiety? Why?

3.8d. If you have children/if you had children, how would their future be different?

Section IV.

How do you identify yourself (Nepali, Bhutanese, both, other)?

-What does that mean to you?
-How do you describe this identity to others? (eg: Is it dress, language, traditions, religion, history?)
-Do you think this is different from being American, Canadian, Australian, etc? (If we can, try to use the country they are resettling to for this question, if they are resettling.)

In what ways do you think you might change in the future?
What are three qualities you admire most in people?

What would you say is the most important virtue or quality in a person? What would you say is your most important quality or virtue?

What would you say is the most important quality in a friend? In a husband/wife?

Describe sometime that someone was very generous to you. Describe sometime someone was very miserly/stingy to you.

Describe sometime that someone was very kind to you. Describe sometime that someone was very mean to you.

What is a good Bhutanese/Nepali person? What is a bad Bhutanese/Nepali person?

What is a moral Bhutanese/Nepali person? What is an immoral person?

-What are the qualities of good/moral Bhutanese/Nepali woman?
-What are the qualities of bad/immoral Bhutanese/Nepali woman?
-What are the qualities of a good/moral Bhutanese/Nepali man?
-What are the qualities of a bad/immoral Bhutanese/Nepali man?
-What is the difference? If there are differences why are they different?

What brings honor to a woman? What brings shame to a woman?

What brings honor to a man? What brings shame to a man?

What brings honor to a family?

Section V: Respondents are asked to reflect upon the challenges and struggles in their life and how they and others around them managed the challenge. They are also asked about their greatest loss, greatest failure and greatest regret. Respondents are asked about to whom they turn in difficult times.

Would you say you are a lucky or unlucky person? If lucky, describe some examples. If unlucky, describe some examples.

Can you describe someone you know who is lucky? Someone who is unlucky?

What is one of your most memorable losses?

Can you describe one of your most memorable failures?

What is one of your most memorable successes? Achievements?

In general, what do you think is/are the most important factors in your successes and failures?
What would you say is your greatest regret? How would you do things differently if you had the opportunity?

Have you ever been treated unfairly? If so, please describe.

When you look around you, what seems most unfair or unjust to you?

- Have you ever tried to change it? Why or why not?

Section VI: Respondents are asked about their personal beliefs (religious/ethical values, political views, most important personal value).

In what ways is religion important in your life?

- Do you consider yourself a religious person?
- What practices and beliefs are important to you?
- Does it matter to you what religious practices your neighbors and friends have? Why or why not?

What rituals/practices are important for people here (you?) to conduct when someone close to you dies?

Do you think religious practices have changed since your parents (and grandparents) were your age? If so, how? Why?

Section VII: Respondents are asked to reflect on the interview experience and how they felt about telling their story.

What was it like to tell your story?

If you were conducting this interview, what questions would you have asked?

Is there something you want to add?

If you life were a book, a story, a poem what would its title be?

Ending Notes: If you have to end interview early and break it into two sections ask if you can come back once more to complete the interview. Also, ask them if they’d mind if you followed up with them at a later time.
References


multidisciplinary review of the literature on Nepal. *Social Science & Medicine*, 70, 35-44.


