This thesis has two main objectives. Firstly, it aims at revealing association of the political violence preceded in Peru from 1980 to 2000, and psychosocial problems manifested in Ayacucho, a primary victim of the political violence. Even though there is a simplistic assumption that the population in Ayacucho manifested various psychosocial problems principally discussed in terms of psychiatry and psychology, the actual stressors to Ayacuchans are disclosed to be varied in relation with pre-existing cultural and socioeconomic issues. Secondly, in order to treat and support these multiple problems in Ayacucho, a coordination mechanism with various actors of psychosocial rehabilitation will be sought. 

By utilizing fieldwork results based on a qualitative research method in Ayacucho and several cities in Peru as well as literature review, this thesis seeks to build a recommendation of practical and sustainable coordination for psychosocial rehabilitation in Ayacucho.

This thesis is initiated by a critical view toward current discourse on psychosocial rehabilitation programs. Regardless of numerous efforts in rehabilitating conflict-affected populations, current scheme of psychosocial intervention tends to prefer the western medicine, which is occasionally not a common method in conflict-affected areas, where the necessary personnel and equipment are not sufficient. Additionally, a focus on the psychiatric or psychological disorders caused by conflict tends to dismiss underlying socioeconomic issues that might have burden psychosocial well-being of the affected populations.

Followed by a theoretical framework of psychosocial rehabilitation, Chapter 3 looks at the political violence in Peru (1980-2000) which left a massive human and economic losses as well as destruction of communities, focusing one department – Ayacucho – that was a primary victim of this political violence.

Whereas many people got resilience from the atrocity, there were those who are left with psychosocial problems caused by political violence. Chapter 4 examines these problems holistically combining them with cultural and socioeconomic issues beyond psychiatry and psychology. Depression, anxiety, and PTSD were frequently addressed as consequences of political violence, however, its treatment based on psychiatry have to incorporate cultural idioms so that the treatment would be more appropriate to the local situation. Another psychosocial problem that was noticeable was family violence. The experience of political violence caused internalized violence and increased alcohol consumption among men in Ayacucho, elicted in violence toward women. However, this issue also has to be understood with a culture of machismo that is characterized by a male dominance over female. Additionally, socioeconomic problems such as poverty, inequality, and social exclusion that are big stressors to Ayacuchans have to be pointed out. Political violence worsened these situations by suspending economic activities and destroying communities which these are base on. Chapter 4 identified a vicious cycle among these psychosocial problems, therefore a focus only on psychiatric and psychological treatment in post-conflict setting in Ayacucho is unlikely to be valid in Ayacucho.

In response to increased psychosocial problems, various actors started to work in Ayacucho. Chapter 5 introduces four sectors – western medicine, traditional healing, religion, and NGOs – that have rooted in Ayacucho. Based mainly on results from the fieldwork, these sectors are examined with strengths and weaknesses. Regardless of their efforts to resolve psychosocial rehabilitation, multiple causes and manifestation discussed in Chapter 4 needs various treatment and support, realistically not achieved though a singular treatment method. Comprehensive treatment and support is likely to be achieved through coordination with existing actors of psychosocial rehabilitation. The last chapter suggests an establishment of a practical and sustainable coordination mechanism in Ayacucho. There are several rationales identified in coordination.

- Expanded information and knowledge through information sharing
- No human, time and financial losses deriving from duplication of programs due to shared information
- Referral system
- Sustainability at the local level
- No need for a huge financial input by utilizing existing structure
- Constant observation, monitoring, and evaluation available

In order to offer comprehensive treatment and support for psychosocial problems, the four sectors of Ayacucho are categorized into curative, promoting well-being and preventive aspects in a coordinated manner. For realization of a coordination mechanism in Ayacucho, one case of Huaycán is introduced as a model. Learning from their activity, this thesis explores a detailed methodology of coordination.

- Stakeholder analysis
- Systematized and efficient meetings
- Building trust
- Leadership

Various psychosocial problems revealed in Ayacucho, in relation with culture and socioeconomic problems beyond psychiatric and psychological fields, found its solution in coordination among actors of psychosocial rehabilitation. A coordination mechanism that is practical and sustainable with a suggested methodology enables Ayacuchans to receive comprehensive treatment and support.

References


