Rohingya Women: Resilience in the Bangladesh Crisis

Jiyoon Park

Hankuk Academy of Foreign Studies

Abstract

This paper examines the severe impacts of the Rohingya humanitarian crisis, with a particular focus on women and children refugees in Bangladesh. These groups face a confluence of challenges: pervasive gender-based violence, significant health issues, and obstacles to accessing education. Central to the discussion is the 2017 exodus, leading to life in Cox's Bazar, where the refugees encounter sexual violence, healthcare shortages, and limited educational services. Highlighted within the narrative are the initiatives by international entities, such as UNHCR and the Hope Foundation, aimed at mitigating these adversities. Concluding, the paper calls for a strengthened international response to enhance the well-being and prospects of the Rohingya, stressing the need for improved healthcare, education, and measures against gender-based violence, aiming to foster a more secure future for these vulnerable populations.

Introduction

In the aftermath of the 2017 Rohingya exodus, nearly one million Rohingya sought refuge in Bangladesh (USA for UNHCR, 2023). This paper explores the significant impact of the Rohingya humanitarian crisis, particularly on women, who constitute 51% of the refugees. Upon their arrival in Bangladesh, these women faced numerous challenges, including widespread gender-based violence, entrenched discrimination, and considerable mental and physical health burdens (USA for UNHCR, 2023). These challenges are exacerbated by efforts historically aimed at erasing their cultural and personal identities, resulting in profound psychological scars. Additionally, Rohingya children frequently lack access to formal education. In response to this crisis, international organizations such as the United Nations High Commissioner for Refugees and the Hope Foundation have undertaken significant efforts. The following analysis is anchored in data and the contextual realities leading up to the catastrophic floods of August 2023.

Background

The Rohingya, an Indo-Aryan ethnic group with profound historical ties to Myanmar, have endured severe persecution. This peaked in a surge of violence in 2017 in Myanmar's Rakhine State, which has been classified as genocide under the Convention on the Prevention and Punishment of the Crime of Genocide (U.S. Department of State, 2022; United Nations, n.d.). This violence was the culmination of entrenched political, ethnic, and state-driven oppression, with the Myanmar police and military playing a central role. The campaign aimed to obliterate the Rohingya culture and identity, with targeted sexual violence against women and girls being one of its most harrowing aspects.

This mass exodus led 982,772 Rohingya to seek asylum in Bangladesh, primarily in the Cox's Bazar District, now home to the world's largest refugee camp (USA for UNHCR, 2023). Over half of these refugees are women, many of whom have suffered sexual violence, although the full extent remains hidden due to societal stigma against open discussion. Conditions in these camps are dire, characterized by severe overcrowding and a critical lack of sanitation, healthcare, and educational facilities, further exacerbating the vulnerabilities of the Rohingya, particularly women.

A 2018 study estimates that approximately 58,700 female refugees have experienced sexual violence (Goodman, Mahmood, 2019). However, only a small percentage, about 6% to 7%, have sought medical care due to social stigma and a severe shortage of medical facilities (Goodman, Mahmood, 2019). The repercussions of this crisis have had global resonance, spurring the international community to mobilize humanitarian aid, diplomatic efforts, and organizational support for the struggling Rohingya. This paper aims to assess the experiences of female Rohingya refugees, emphasizing the need to understand and address their specific challenges to provide effective support and interventions.

Gender-Based and Sexual Violence

Rohingya women, as refugees in Bangladesh, predominantly confront gender-based violence, including physical, sexual, and psychological abuse. This violence has been a relentless issue for the Rohingya, persisting from Myanmar to Bangladesh. In Myanmar, these women suffered from severe sexual abuse, such as mass rape and sexual torture, which some scholars argue was systematic (Schmelzer et al., 2021; Goodman & Mahmood, 2019). Approximately 58,700 Rohingya women and girls are estimated to have experienced sexual violence, with even more facing it in their daily lives. About 6.1% of Rohingya families have witnessed physical or sexual violence. The vulnerability of Rohingya women and girls to this violence stems from their gender, refugee status, and ethnic identity. Within the camps, the perpetrators are often Rohingya or Bangladeshi men.

Additionally, women and girls frequently encounter child labor, child marriage, and a high risk of trafficking (Goodman & Mahmood, 2019). In 2019, 23 Rohingya girls were rescued from trafficking to Malaysia, suggesting a much larger, hidden problem (Karin et al., 2020). Trafficking of Rohingya women and children occurs both within Bangladesh and internationally. Nearly 6,000 Rohingya children have been identified as at risk for human trafficking, early marriage, and sexual exploitation (Goodman & Mahmood, 2019).

Upon seeking asylum in Bangladesh, the Rohingya continue to face gender-based violence, primarily within their community. Over 70% of reported cases are domestic. The high incidence of domestic violence may indicate extreme emotional distress, reflective of the mental turmoil experienced by many Rohingya (World Vision International, 2019). A majority of Rohingya women in Bangladesh have suffered gender-based violence and sexual abuse from various perpetrators, including husbands, family members, neighbors, and criminal groups. These experiences have profound impacts on women's physical and mental health, leading to genital injuries, unintended pregnancies, and post-traumatic stress disorder (Stoken, 2020).

Many women live in fear of gender-based or sexual violence within the camps. Religious and regulatory constraints hinder the mobility of Rohingya, particularly women, and create insecurity even in basic activities like using water, sanitation, and hygiene (WASH) facilities. One study found that 20% of girls and 57% of women feel unsafe using latrines (Karin et al., 2020). This violence is likely exacerbated by the vulnerability caused by drastic environmental changes faced by the Rohingya (Goodman & Mahmood, 2019).

To combat gender-based violence, the United Nations High Commissioner for Refugees (UNHCR) collaborates with various organizations (Stoken, 2020). Initiatives include the Gender-Based Violence Sub Sector in Cox's Bazar, led by UNFPA, and outreach by the Hope Foundation, particularly to pregnant women. A significant development is the publication of a minimum initial service package addressing sexual violence and reproductive health complications.

As of 2023, the UNHCR oversees 51 service points, offering services like gender-based violence case management and psychosocial support. Organizations like Women and Girls Safe Spaces, Integrated, and Community Centers provide safe environments for all. The UNHCR also oversees shelters for gender-based violence victims. Initiatives such as SASA! Together, UNHCR and UNFPA focus on prevention. To this end, 830 Rohingya activists and leaders, half of women, have received training. The "Male Role Model (MRM)" approach, initiated in 8 camps since January 2018, involves men and boys in prevention efforts (ReliefWeb, 2023).

Despite these measures, Rohingya women and children continue to endure severe gender-based violence and human trafficking in Bangladesh, indicating a need for increased protection and support. Addressing these issues necessitates repairing damaged community and family ties, which requires professional psychological support. Though the Rohingya endure significant hardships, their inherent resilience, with sufficient backing, can foster recovery and stability.

Healthcare

Due to reasons including gender-based violence, physical and mental health complications are also prevalent within Rohingya camps in Bangladesh. The refugee camps are ridden with infectious and waterborne diseases such as hepatitis, malaria, dengue, and more due to constant flooding during monsoon season, a period of extensive rain and wind from June to October (USA for UNHCR, 2023). During this season, the weather causes injuries and wounds as well as infections due to them. The most common health complications experienced by the Rohingya include fever, respiratory infections, and diarrhea (Joarder et al., 2020). Tuberculosis is also common, as Myanmar and Bangladesh are countries within the top 30 with the highest tuberculosis burden (WHO, 2021). The exact cause for many of these complications is not revealed due to the lack of a proper healthcare system that alerts the cause of the diseases. However, the overcrowded nature of the camp and its lack of proper sanitation systems and clean water are seen as factors leading to frequent outbreaks and the severity of health conditions. In addition, malnutrition and the poor nutritional status of pregnant or lactating women and adolescent girls make them even more vulnerable. In 2020, about 4% of the children population was suffering from severe acute malnutrition and moderate acute malnutrition (Joarder et al., 2020.). 10% of women were also undernourished in 2018, although 53,266 were pregnant (Joarder et al., 2020).

Due to the harsh conditions that the Rohingya refugees experienced, starting with the extensive violence in Myanmar to the instability of life as refugees, the mental health of this population is also a concern.

Trauma from experiences of violence and exploitation going undiscovered and untreated due to a lack of awareness and infrastructure leads to mental instability, signaled by depression, anxiety, post-traumatic stress disorder (PTSD), and more (Riley et al., 2021). In Myanmar, many Rohingya were exposed to traumatic events such as gunfire, destruction of homes, witnessing dead bodies, torture, forced labor, sexual assault, and more (Riley et al., 2020). 61% of Rohingya were reported to have symptoms of PTSD, and 84% had depression and anxiety. However, due to the lack of medically trained personnel that can speak Rohingya and the problem being population-level, treatment for these people is proving to be

difficult (Riley et al. 2021). Even in Bangladesh, the Rohingya are exposed to daily stressors such as lack of income, food, education, and travel, as well as day-to-day accommodation (Riley et al., 2020). In order to care for the Rohingya, there is a need for culturally sensitive support, hence the necessity for personnel who can speak the Rohingya language and connect with the patients.

Another factor heavily influencing the mental health of the Rohingya is repatriation. Over the course of 2017 to 2018, repatriation of the Rohingya refugees was discussed and agreed upon between Bangladesh and Myanmar without consultation with the UNHCR. In 2018, Bangladesh provided a list of refugees' names without consulting the refugees themselves. Although 78% of Rohingya were willing to go back to Myanmar someday, many of them require conditions that ensure their safety, such as citizenship, compensation, and protection (ReliefWeb 2018).

In addition, many women who are pregnant or have given birth do not have access to antenatal care due to the lack of it within the camps and restrictions to movement outside camps. The Rohingya community's conservative social norms, such as purdah (the practice among women in certain Muslim and Hindu societies of abstaining from men or strangers), often restrict women's access and mobility post-puberty. Combined with the imminent fear of gender-based violence, women and girls often stay put and are not able to seek out necessary facilities. Lack of knowledge of reproductive health and menstrual hygiene also leads to health complications, such as reproductive tract infections (Karin et al., 2020).

The complex health challenges, both physical and mental, faced by the Rohingya refugees not only affect their immediate well-being but also have profound implications on other aspects of their lives, such as education.

Education

The people of the Rohingya community have a severe lack of education, including and especially women and girls. Education was officially established as a human right by adopting the Universal Declaration of Human Rights in 1948. Education is vital to a child's development, reduces vulnerability to trafficking and exploitation, and increases opportunities in life. There are currently 400,000 school-age Rohingya children in Bangladesh, which is more than 50% of the entire population (Prodip, Alam, and Garnet 2019). Children aged 3-14, or primary level, make up 55%. However, many children lack access to primary education or learning centers. One of the main reasons that Rohingya refugees cannot access proper education is due to the Bangladesh government. In a report made in December 2019, the government's prevention of Rohingya children's enrollment in Bangladeshi public schools or getting tested on national school examinations was explained (Esveld 2019). At this time, the Bangladesh

government barred internationally funded U.N. humanitarian agencies and NGOs from formally educating Rohingya children. Due to these decisions, the Bangladesh government was placed under fire for violating its international obligations of certified and safe education. The informal education received by the Rohingya children was unsafe due to inadequate learning conditions, such as learning centers created by NGOs made of bamboo that rotted quickly. In addition, the overpopulated camps limited the learning centers' capacity and the amount of time each child got to learn, which was about two hours every day in three shifts (Esveld 2019).

The 1982 Nationality Law by Myanmar refers to Rohingya as "resident foreigners," and the government only provides basic state primary schooling (Prodip, Alam, and Garnett 2019). Due to this law, as well as persecution, such as the government barring Rohingya from teaching and non-Rohingya teachers refusing to teach Rohingya children, many were already undereducated upon arrival to Bangladesh, intensifying the issue (Esveld 2019). Other difficulties include lack of access to certified education outside of registered refugee camps, lack of integrated curriculum, difficulty in finding qualified faculty, and the impact of religion on girls' education. Many Rohingya parents prefer Islamic education, or madrasahs preferable to learning centers (Prodip, Alam, and Garnett 2019). As aforementioned, many Rohingya families uphold purdah, which prevents girls past puberty from engaging in education to abstain from men. Some literature mentions the possibility of extreme measures preventing girls from gaining proper education (Prodip, Alam, and Garnett 2019).

The majority of faculty only speak Bengali, and as a result, have difficulty communicating with Rohingya students (Prodip, Alam, and Garnett 2019). In addition, many Rohingya children are pushed to engage in economic activity to help their households rather than attend schools or learning centers.

The Myanmar Curriculum Pilot was launched by UNICEF in November 2021 and reached 10,000 enrollees in May 2022(UNICEF 2022). The program is based on the Myanmar national curriculum. It provides Rohingya refugee children with formal and standardized education, as well as allowing children to have secondary education, which was primarily unprovided. 300,000 Rohingya children are attending one of 3,400 learning centers. The Learning Competency Framework Approach covers levels for children aged 4-14 but is mostly informal education (UNICEF 2022). The UNHCR has also established over 600 Community Education Support Groups that promote the importance of education (ReliefWeb, 2023).

Conclusion

In conclusion, the Rohingya crisis has an overall detrimental effect on women and children. Women and children residing in refugee camps

inside Bangladesh face and are often exposed to gender-based violence, various health challenges, and educational barriers. Women and girls are especially vulnerable to gender-based violence, which often leads to both mental and physical health complications. Malnutrition and overall poor conditions, such as lack of care for menstruating and pregnant women within camps, often lead to serious health issues. Education is key to escaping dangers and provides opportunities to break free from the dangers of the camps. However, barriers such as the lack of certification prevent Rohingya children from achieving the basic human right of education. These challenges are hurdles for the future of the Rohingya in regaining stability and peace. The longer the Rohingya remain in hardship, the longer it will burden its neighbors in Southeast Asia, such as Bangladesh, which adds to the gravity of the issue. To overcome these problems, the international community must have a heightened interest in the well-being of the Rohingya and support further research and international action, such as establishing safer WASH facilities and providing certified education for Rohingya women and children.

Bibliography

1. Esveld, B. V. (2019). 'Are We Not Human?' Denial of Education for Rohingya Refugee Children in Bangladesh. Human Rights Watch. Retrieved November 20, 2023, from https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-children-bangladesh
2. Goodman, A., & Mahmood, I. (2019). The Rohingya Refugee Crisis of Bangladesh: Gender-Based Violence and the Humanitarian Response. Open Journal of Political Science, 9(3), 490–501. https://doi.org/10.4236/ojps.2019.93027
3. Joarder, T., Sutradhar, I., Hasan, M. I., & Bulbul, M. M. (2020). A Record Review on the Health Status of Rohingya Refugees in Bangladesh. Cureus. https://doi.org/10.7759/cureus.9753
4. Karin, S., Chowdhury, M. A., Hasnat, M. A., & Tarin, N. J. (2020). Status of Rohingya in Refugee Camps of Bangladesh: A Review Study. OALib, 7(9), 1–24. https://doi.org/10.4236/oalib.1106575
5. Prodip, M. A., & Garnett, J. (2019). Emergency Education for Rohingya Refugee Children in Bangladesh. In Comparative Perspectives on Refugee Youth Education (pp. 191–219). https://doi.org/10.4324/9780429433719-8
6. ReliefWeb. (2018). Bangladesh: 'Not My Country' - The Plight of Rohingya Refugees from Myanmar [EN/BN]. Published August 5, 2018. Retrieved November 21, 2023, from https://reliefweb.int/report/bangladesh/bangladesh-not-my-country-plight-rohingya-refugees-myanmar-enbn
7. ReliefWeb. (2023). Rohingya Refugee

Response in Bangladesh: Education Factsheet - as of 31 December 2022. Published June 6, 2023. Retrieved November 21, 2023, from https://reliefweb.int/report/bangladesh/rohingya-refugee-response-bangladesh-education-factsheet-31-december-2022

8. Riley, A., Akther, Y., Noor, M., Ali, R., & Welton-Mitchell, C. (2020). Systematic human rights violations, traumatic events, daily stressors, and mental health of Rohingya refugees in Bangladesh. Retrieved November 20, 2023, from https://doi.org/10.21203/rs.3.rs-18589/v2
9. Schmelzer, A., Oswald, T., Vandergriff, M., & Cheatham, K. (2021). Violence Against the Rohingya: A Gendered Perspective. Praxis, Tufts University. Retrieved November 21, 2023, from https://sites.tufts.edu/praxis/2021/02/11/violence-against-the-rohingya-a-gendered-perspective/
10. Stoken. (2020). Suffering in Silence: Sexual and Gender-Based Violence against the Rohingya Community and the Importance of a Global Health Response. Journal of Global Health, 10(2). https://doi.org/10.7189/jogh.10.020324
11. U.S. Department of State. (2022). Burma Genocide. Retrieved November 20, 2023, from https://www.state.gov/burma-genocide/
12. UNICEF. (2022). Education Milestone for Rohingya Refugee Children as Myanmar Curriculum Pilot Reaches First 10,000 Children. Retrieved November 20, 2023, from https://www.unicef.org/press-releases/unicef-education-milestone-rohingya-refugee-children-myanmar-curriculum-pilot
13. United Nations. (n.d.). Convention on the Prevention and Punishment of the Crime of Genocide. Retrieved November 21, 2023, from https://www.un.org/en/genocideprevention/documents/Genocide%20Convention-FactSheet-ENG.pdf
14. USA for UNHCR. (2023). Rohingya Refugee Crisis Explained. Retrieved November 20, 2023, from https://www.unrefugees.org/news/rohingya-refugee-crisis-explained/
15. WHO. (2021). Reaching the unreached: Combatting tuberculosis in the Rohingya refugee camps. World Health Organization. Retrieved November 20, 2023, from https://www.who.int/bangladesh/news/detail/01-11-2021-reaching-the-unreached-combatting-tuberculosis-in-the-rohingya-refugee-camps
16. World Vision International. (2019). Infographic: Gender-Based Violence. Retrieved November 21, 2023, from https://www.wvi.org/sites/default/files/2019-07/Infographic_GVB__Final.pdf.Fox,

Vol. I and II, 7th Edition. Quoted in Williams, Walter R. The Rich Heritage of Quakerism. Newberg, OR: Barclay Press, 1987.