**Title Page**

**Article type:** Commentary

**Title:** Rohingya refugee women in Bangladesh: issues, challenges ahead and recommendations.

**Short running title:** Rohingya women in Bangladesh

**Rabeya Yousuf.**

Blood Bank Unit, Faculty of Medicine,

National University of Malaysia,

Cheras, Kuala Lumpur, Malaysia.

H/P: +60193420634

Email: [rabeya@ppukm.ukm.edu.my](mailto:rabeya@ppukm.ukm.edu.my)

**Md Mushtahid Salam**

Department of Social and Preventive Medicine,

Faculty of Medicine, University of Malaya,

Kuala Lumpur, Malaysia.

H/P: +60193420634

Email: mushtahid@gmail.com

**Shaima Akter**

Department of Medicine, Faculty of Medicine,

Chittagong Medical College & Hospital,

Chittagong, Bangladesh.

H/P: +8801682023902

Email: [dr.shaimaakter@gmail.com](mailto:dr.shaimaakter@gmail.com)

**Abdus Salam**

Medical Education Unit, Faculty of Medicine,

Widad University College,

Kuantan, Pahang, Malaysia

H/P: +60199061724

Email: abdussalam.dr@gmail.com

For correspondence:

Dr Abdus Salam

Associate Professor and Head of Medical Education Unit

Faculty of Medicine, Widad University College,

Kuantan, Pahang, Malaysia

We declare that there is no financial or other conflict of interest. The submission is not under consideration for publication in any other journal.

**Rohingya refugee women in Bangladesh: issues, challenges ahead and recommendation**

**Abstract**

Rohingya refugee women and girls are from a vulnerable society taking shelter in Bangladeshfor humanitarian assistance following the serious human rights violations in Myanmar. They are facing a number of challenges such as insecurity, violence, very limited freedom of movement or ability to speak up and influence decisions in their communities. They are most vulnerable to exploitation due to inadequate basic living facilities in the camp causing them to be physically or sexually abused, forced prostitution and human trafficking. Gender-based violence, abandonment by their husbands in the camps, early marriage, teenage pregnancies including lack of safer pregnancy and childbirth are all important issues and challenges faced by them. Access to basic amenities and educational opportunities with special attention about sexual and reproductive health including issues such as gender equality, relationships and conflict management and adequate community health care can help the Rohingya women to overcome the situation.

**Keywords:** Rohingya, refugee women, issues and challenges

**Introduction**

Total number of Rohingya refugee population taking shelter in Bangladesh exceeds over 900,000 and 82% of them arrived since August 2017 for humanitarian assistance following the serious human rights violations in Myanmar (1). Among them, approximately 51% are women and girls (2). Many of the women are alone with their children who are bearing the responsibility of their family (3). It is estimated that 16% of the total number of Rohingya refugee households in Bangladesh are female headed (4). Bangladesh Government has provided shelter and the basic needs such as food and clean water, still life in the camps is complicated, especially for women and girls. The objective of this article was to review the issues, challenges and recommendations to solve the issues.

**Issues and challenges**

The Rohingya are a conservative community, with social and cultural norms that restricts women’s empowerment. Women generally experience barriers to freedom of movement since they reach puberty and access to and control over resources (5). Previous study on 3000 Rohingya refugees showed that a great number of women (94%) did not take part on the decisions about their marriage, and that 45% were married as children. Again, 95% of them reported that the main role of women is cooking; 53% women believed that they should not be allowed to leave the house and 42% of them reported spending an average of 21-24 hours/ day inside their house. Thus their mobility, leadership skill, decision-making capability are all hindered that can have a negative impact on their lives (2). Being grown up in such a situation and displaced from country of origin to a refugee status in different country, their situation becomes terribly challenging.

They face challenges such as insecurity, violence, very limited freedom of movement or ability to speak up and influence decisions in their communities (3). Female-headed and elderly households with no male relatives are exhibiting greater vulnerability than those with adult males. Being alone and heading the family, they need to accomplish a huge number of difficult tasks for their families such as cooking, collecting water, monsoon-proofing their huts, fixing roofs, breastfeeding, chopping and carrying firewood, and collecting rations etc. (6). These single women or single mothers are trying to cope alone in the refugee camps. In doing so, they experience access barriers to humanitarian relief services for food, shelter (2). They are reported of being harassed while performing essential tasks, such as collecting water or using the latrine (7). Difference in spoken language prevent them from getting specific healthcare needs and other humanitarian assistance (8). They face a range of barriers to leaving their shelters due to cultural respect for the practice of purdah, fears around safety, the burden of care work, lack of public lighting, lack of appropriate clothing, feelings of ‘shame’ around using water, sanitation and hygiene (WASH) facilities, and lack of women-only spaces (9).

They are most vulnerable to exploitation due to inadequate basic living facilities in the camp causing them to be physically or sexually abused, or even forced prostitution. They are most vulnerable to human trafficking both inside and outside the country following the pattern of trafficking globally (10). Forced and early marriages are also taking place among them. For many families, it is a coping mechanism that offers protection and economic advancement for young Rohingya women and girls (10). As a negative coping mechanism to ease economic and food insecurity, they are reported to engage in transactional or survival sex, participating in the illegal drug trade, limiting food intake, and selling their remaining assets or humanitarian assistance (11). Illegal sex or drug trade increases the risk of exposure to sexually transmitted infection among the Rohingya women and young girls (8). There are criminal syndicates has been grown up to exploit the women in the refugee camps and trafficking them to Malaysia through unsafe boats. They are actively luring Rohingya women to go to Malaysia from various camps in Bangladesh. They convince women to go to Malaysia to marry Rohingya men in Malaysia and thus to get rid of the poverty they are suffering from in the camp. They even ensure them of getting some kind of work which in turn can help their families too (12).

Gender-based violence, including rape and sexual assault, is the most key concern among the Rohingya refugees although, many victims do not like to report their ordeal out of concerns over safety, confidentiality, shame and stigma (13). Many of the survivors of the serious human rights violations in Myanmar reported sexual violence such as sexual assault, rape, gang‑rape (14). None of the rape survivors received post rape care in Myanmar such as access to urgent interventions, like emergency contraception (120 hours) and prophylaxis against HIV infection (72 hours). The Myanmar government obstructs humanitarian access to much of Rakhine State (15). Many rape cases has resulted in pregnancy leading unsafe abortion (16). Long term psychosocial support to them in addition to the medical treatment is very much essential (7). In a report by UNFPA in August 2018, over 10,000 incidents of gender-based violence were reported since past one year (7). Ignorance about the gender equality and rights makes them vulnerable towards facing domestic violence either from the husband or other family members or from community (17). Rohingya Women and girls enters a vicious cycle of social disease of gender-based violence and leading a life without any access to the fundamental rights due to the consequences of lack of education, low income generation, lack of access to adequate healthcare, increased vulnerability to trafficking and forced prostitution, early marriage, teenage pregnancies and poor quality of living (18). Abandonment by their husbands in the camps is a new emerging issue for the Rohingya women. The husbands are simply leaving their wife and even children either to escape beyond the Rohingya settlements into other parts of Bangladesh, or to get marry another women in the camp. As no marriage registration is necessary, polygamy becomes a common trend in the refugee camp (6).

Safer pregnancy and childbirth is another challenge among the Rohingya refugees, although, maternal health care facility is available in the camp (17). Twenty‑four thousand pregnant and lactating Rohingya women require maternal health‑care support at the camp’s overstretched health‑care facilities (2). They do not willingly want to go the delivery services due to ignorance or prevented to attend the health care facility by their husbands. Furthermore, in the rape cases, fear of stigma and discrimination from the wider community also prevent them to attend the health care facility (17). It is very important to teach them about sexual and reproductive health and well-being and issues such as gender equality, pubertal changes and hygiene, relationships and conflict management (17).

**Recommendation**

Rohingya women and girls have suffered many years of oppression and denial of basic services, should have a basic level of safety and security (15). Policy makers are required to pay special attention to overcome the challenges and ensure optimal care and rehabilitation of them. A strong emphasis should be given on the interactions between the obvious pillars of aid – food, water, health, sanitation, shelter and protection – and the special needs of women, girls, including safer pregnancy and childbirth; the prevention of and response to gender-based violence; and education and life skills for children and youth who will, in all probability, become adults in the camps of Cox’s Bazar (17).

We recommend: i) adequate security by strengthening law enforcement, ii) access to basic amenities and educational opportunities with special attention about sexual and reproductive health including issues such as gender equality, relationships and conflict management; iii) adequate community health care with female trained staff having language proficiency to Rohingya women and girls need to be assured. iv) Skill based training programmes such as sewing, embroidery, preparing handicrafts etc. will allow them to earn to help their family. v) An international involvement and a long term plan for their future rehabilitation and establishment in their own country is very much needed.

**References**

1. UNHCR. BANGLADESH REFUGEE EMERGENCY Population factsheet. 2019. [cited 2019June 19]. Available from: https://data2.unhcr.org/en/documents/download/69954
2. UN Women. Gender Brief on Rohingya Refugee Crisis Response in Bangladesh. UN Women Bangladesh 2017. [cited 2019 January 3]. Available from: https://asiapacific.unwomen.org/en/digital-library/publications/2017/10/gender-brief-on-rohingya-refugee-crisis#view
3. Oxfam. Breaking barriers for Rohingya refugee women. Relief web 2018. [cited 2019 June 19]. Available from: https://reliefweb.int/report/bangladesh/breaking-barriers-rohingya-refugee-women
4. Gaynor T. Rohingya widows worry about their families’ futures. UNHCR 2018. [cited 2019 June 19]. https://www.unhcr.org/news/stories/2018/4/5ad494934/rohingya-widows-worry-families-futures.html
5. Joint Agency Research Report. Rohingya Refugee Response Gender Analysis- Recognizing and responding to gender inequalities. Oxfam, Save the Children, and action against Hunger 2018. [cited 2019 January 3]. Available from: https://reliefweb.int/sites/reliefweb.int/files/resources/rr-rohingya-refugee-response-gender-analysis-010818-en.pdf
6. Nianias H. Our men are leaving us': the Rohingya women facing life alone. The Guardian, 2018. [cited 2019 June 19]. Available from: https://www.theguardian.com/global-development/2018/jun/28/our-men-are-leaving-us-the-rohingya-women-facing-life-alone
7. Learson C. One year on, Rohingya women and girls seek safety – and a chance to heal. UNFPA 2018. [cited 2019 January 2]. Available from: https://www.unfpa.org/news/one-year-rohingya-women-and-girls-seek-safety-%E2%80%93-and-chance-heal
8. Hossain MM, Sultana A, Mazumder H, Munzur-E-Murshid. Sexually transmitted infections among Rohingya refugees in Bangladesh. *The Lancet* *HIV* 2018a; 5(7): PE342. https://doi.org/10.1016/S2352-3018(18)30140-1
9. Sang D. One year on Time to Put Women and Girls at the Heart of the Rohingya Response. Oxfam. 2018. [Cited on 2019 January 2]. Available from: https://www.oxfamamerica.org/static/media/files/bp-one-year-on-rohingya-refugee-women-girls-110918-en.pdf .
10. UN. UN warns of trafficking, sexual abuse in shadow of Rohingya refugee crisis. UN News. 2017a. [Cited on 2019 January 2]. Available from: https://news.un.org/en/story/2017/11/636002-un-warns-trafficking-sexual-abuse-shadow-rohingya-refugee-crisis
11. Gordon E, Lee-Koo K, Jay H. Adolescent Girls in Crisis: Voices of the Rohingya. Plan International, United Kingdom. 2018. [Cited on 2019 July 14]. Available from: https://plan-uk.org/file/plan-uk-voices-of-the-rohingya-reportpdf/download?token=BSl1dYzS
12. Uttom S, Rozario RR, Marriage in Malaysia lures Rohingya women. 2019. UCA news.com. [Cited on 2019 July 14]. Available from: https://www.ucanews.com/news/marriage-in-malaysia-lures-rohingya-women/84563
13. UN. Horrific accounts of sexual violence against Rohingya ‘just tip of the iceberg’ – UN agency. UN News 2017b. [Cited on 2019 January 2]. Available from: https://news.un.org/en/story/2017/09/567342-horrific-accounts-sexual-violence-against-rohingya-just-tip-iceberg-un-agency
14. Inter-agency Working Group on Reproductive Health in Crises (IAWG). Women and Girls Critically Underserved in the Rohingya Humanitarian Response. Reliefweb 2018. [Cited on 2019 January 2]. Available from: https://reliefweb.int/report/bangladesh/women-and-girls-critically-underserved-rohingya-humanitarian-response
15. Human Rights Watch. “All my body was pain”. Sexual violence against Rohingya women and girls in Burma. HRW.org. 2017. [Cited on 2019 January 2]. Available from: https://www.hrw.org/report/2017/11/16/all-my-body-was-pain/sexual-violence-against-rohingya-women-and-girls-burma
16. MÉDECINS SANS FRONTIÈRES (MSF). Three questions about sexual violence against Rohingya refugees. MSF 2018. [Cited on 2019 January 2]. Available from: https://www.msf.org/bangladesh-three-questions-about-sexual-violence-against-rohingya-refugees.
17. Torkelsson A. The Plight of Women & Young People in the Rohingya Refugee Crisis. Inter press service (IPS). 2018. [Cited on 2019 January 2]. Available from: http://www.ipsnews.net/2018/08/plight-women-young-people-rohingya-refugee-crisis/
18. Hossain MM, Sultana A, Das A. Gender-based violence among Rohingya refugees in Bangladesh: A public health challenge. *Indian Journal of Medical Ethics.* 2018b.. DOI:10.20529/IJME.2018.045