**Gender Based Trauma in Rohingya Crisis and Ethical Dilemmas of Public Health Practice**

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**Abstract:**

*Since August 2017, more than a million Rohingya have fled to Bangladesh seeking refuge from their past habitat Myanmar. They experienced severe violence- both physical and psychological which was much higher in magnitude among the girls and women. The severity of gender-based violence continues to rise even after reaching Bangladesh which is evident in reports informing child trafficking and forced prostitution. Ongoing public health efforts to treat the Rohingya and prevent future diseases leave the issue of gender-based violence unaddressed. This scenario creates a serious of ethical dilemmas including impaired autonomy, inappropriate beneficence, lack of justice and unprotected human rights for the Rohingya girls and women. Without compromising the existing measures, policy makers and practitioners should recognize the burden of gender-based violence, assess the types and extent of the same and adopt evidence-based approaches to treat and prevent the cases of such violence as well as overcome the ethical concerns.*

## Introduction

In 25 August 2017, Military and paramilitary forces of Myanmar launched ‘clearance operations’ against Rohingya population in the Rakhine State of Myanmar (1,2). An estimation by *Médecins Sans Frontières* (MSF) reported that the number of deaths crossed 9000 within the first 31 days of this humanitarian crisis (1). In addition to mass murder, other crimes against humanity including physical torture, rape and other forms of sexual torture, kidnapping etc. continued to happen to Rohingya living in Myanmar (3). Residences were burnt and thousands of Rohingya became victims of extreme violence. Those who could escape from such mass atrocities, tried to cross the border between Bangladesh and Myanmar to seek refuge at Cox’s Bazaar district of Bangladesh. Many of them faced danger on the way, many people drown in the river and despite all these difficulties and nearly half a million Rohingya reached Bangladesh within September 2017 (3,4). Since then, the number of refugees has been increasing every day and local as well as international agencies are facilitating them with basic living amenities and medical care. Now, more than a million Rohingya are living in these refugee camps in Bangladesh and their physical and mental health status is a global concern for immediate action (5,6). The magnitude of violence was much higher among the adolescent girls and women at reproductive age (3). In this article we highlight the problem of gender-based violence and ethical concerns in the context of Rohingya crisis.

## Gender-based Violence among Rohingya

Incidences of rapping girls and women in front of their families, kidnapping and killing them brutally after sexually abusing them- were witnessed and reported by the Rohingya refugees (3). Those who fled to Bangladesh cannot lead normal married or social life (3). The families as well as the communities could not do much to foster happiness to these girls and women who experienced horrible acts of violence in their lives. In addition to the physical trauma, psychosocial abnormalities affect their health and wellbeing. The spectrum of gender based violence results adverse reproductive health outcomes, sexually transmitted diseases and mental health disorders (7). Their vulnerable status and health conditions are poorly recognized and managed by the healthcare professionals for several reasons- their language is different than the local language; most of them are illiterate, therefore, they cannot communicate in a English or any other second language; and the stigma encompassing physical and psychological violence makes it harder to express the real scenario to the caregivers (8). Further, the girls and women who are already vulnerable by their past illness and exposure to violence- are more prone to become victims of child trafficking and forced prostitution (9). Moreover, there is no baseline study to understand the intimate partner violence and the status of women empowerment as well as gender equity among the Rohingya population. Therefore, different dimensions of gender based violence are affecting the lives of half a million girls and women which remains beyond assessment and management by the public health workforce. There are very few reports that inform about the problem but there is no study or report that highlights the magnitude of these issues and facilitate the policy makers to protecting the individuals and preventing further violence which not only affect the victims but also their families and the future of all.

## Ethical Concerns in Public Health Practice

Such-which challenges the se without compromising initiatives in improving other dimensions of health and wellbeing Current focus of public health agencies and other allied institutions is on treating physical trauma, infectious diseases like diarrhoea, hepatitis, vector borne diseases like malaria, dengue and immunizing against polio, diphtheria, cholera, measles and rubella (10). These efforts are improving the overall health of Rohingya and little attention is given to the girls and women who are victims of gender based violence (11). It is immensely necessary to understand the ethical violation of their autonomy which is compromised due to lack of security and access to basic amenities (12). Another ethical issue is how the ongoing approaches justify the way they take care of the victims of gender based violence (13). Fundamental questions like how the magnitude of gender-based trauma is measured or do the victims of such violence receive equal care alike other patients determine the discourse of violating the distributive justice whereas discrepancies in providing continuum of care affects the procedural justice (14). These gaps facilitate those involved in unethical practices of girl trafficking and forced prostitution. Furthermore, as per the community-based perceptions in patriarchal social structure, early marriage of girl child is often considered as a mean of social protection, which again affects the fundamentals of autonomy of the girl (15). Therefore, such structural violence is often imposed by the social institutions which makes the situation more complex to deal with (16). With obvious consequences like being deprived of education, low wages in the labour market, lack of access to healthcare, teenage pregnancy and poor quality of living- create a vicious cycle for a Rohingya girl who suffers from the untreated social disease of gender-based violence which is not addressed with utmost possible ethical considerations (17). Sociocultural norms to such a serious public health concern, persistent gender inequality, lack of choices to the individuals and the communities, unavailability of required support, absence of affordable and accessible care, post-conflict structural systems of socioeconomic protection and lack of institutional accountability fails to protect the fundamental human rights (18,19).

## Recommendations

To overcome the ethical concerns discussed above and ensure optimal care to the victims, adoption of evidence-based strategies in measuring the problems and mitigating the challenges in addressing them is required (20,21). Assessing the problem requires extensive yet quick formative research with utmost consideration of ethics of research that predominantly applies to the subjects belonging to vulnerable population like refugees, women and girl child, and people with lack of access (22, 23). However, findings of the past, present and future researches are subject to be translated in to context-specific practices which is the key to improve the scenario. In a conflict-prone area with resource-constrains and lack of specific protocols and policies to serve the population demands, translational holistic approaches would be challenging to implement (24). Therefore, a multipronged ethically optimized approach involving local and global providers to mobilize their collective resources to ensure a holistic wellbeing of Rohingya population is required. The policy makers and the institutional providers should be sensitized about the facts and enhance their competencies accordingly to safeguard the ethical considerations. Diverse services can adopt common ethical grounds in reducing the gender discrimination in all the transactions, minimizing the prejudice and stigma to the violence and overcoming cultural negativities (25). Increasing the participation of the victims and protecting their privacy and confidentiality can prevent from further exposure to violence (26). Also, the planners should adopt standard guidelines to minimize the errors in care and maximize the convergence and overall quality of the services. Furthermore, the health system of Bangladesh should come forward along with other regional and global public health agencies to ensure the medicolegal protection of the victims. Moreover, futuristic approaches should be considered to strengthen the systems in addressing the gender-based violence in Rohingya which would provide meaningful insights in resolving similar post-migration crises in South Asian countries (27,28).

## Conclusion

A critical humanitarian crisis requires urgent attention to the local, regional and global communities to protect their lives and foster a harmonized and healthier future and Rohingya crisis is no exception to that. Within the existing social and health-related hazards faced by the Rohingya, gender-based violence has created a set of ethical dilemmas in assessing and managing the same. Least is known about the real magnitude of the problem and handful efforts are taken to solve the same which breaches the ethical boundaries further and affects their lives in many ways. The status and sufferings of girl and women in the socio-political paradigms demand protective approaches to be designed and implemented. Though there are challenges to do so, the consequences of not doing the same can result numerous population-based problems and subsequent hazards which imply greater burden to all. Realizing the severity and the willingness to prevent the unbearable crises in the future are essential to take right approaches in the right time in the right way without compromising remaining public health priorities. Therefore, the ethicists and public health leaders should play active roles in bringing all the players and their respective resources in resolving the ethical, medical, psychological, legal, economic, social and all other problems among the Rohingya girls and women that they have been facing for the historical gender-based maldistribution of power which has become more severe in the darkest hours of the state of statelessness.

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