

# ADOLESCENT ROHINGYA GIRLS IN BANGLADESH: ONE YEAR ON

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## INTRODUCTION

The August 2017 outbreak of violence in Rakhine state in Myanmar (Burma) led to the mass forced displacement of Rohingya Muslim populations throughout the region. The majority sought refuge across the border in camps established in and around Cox's Bazar in Bangladesh which, at the time of writing, has a population close to one million. It is estimated that 52 per cent of the displaced population are women and girls; 55-60 per cent are children; 4 per cent of the population are child headed households; and 67 per cent of the estimated 58,700 pregnant women have no access to gynaecological or obstetrical health care.

Access to clean water and hygiene facilities, food security, safe shelters, education and healthcare (including mental healthcare) are all desperately needed across the refugee population.

However, these conditions within the camp have a unique impact upon adolescent girls. Adolescent girls face particular barriers to their access to services, resources and livelihood opportunities which, in turn, heightens their vulnerability to violence.

Drawing on research conducted with adolescent girls and their communities in Bangladesh in April 2018, this policy brief explores how adolescent girls within two age brackets (aged 10-14 and 15-19) understand the unique impact the crisis has upon them, and how they have responded to the challenges they face. The brief seeks to amplify girls' voices and presents their views on the ongoing crisis.

## MAIN FINDINGS

1. *Adolescent girls experience severe restrictions on their freedom of movement. This limits their access to services and resources. It also denies them the opportunity to develop support networks and friendships - leaving them with little they can do to lift their spirits and help them cope with the current situation.*
2. *Adolescent girls identify education as critical to their current and future protection and well-being. While some adolescent girls attend school, there is little evidence that girls over aged 15 have access to formal education.*
3. *Adolescent girls spoke at length about the challenges caused by the camp conditions, most notably the heat of the shelters, the congestion in the camps leading to increased health and protection risks, and lack of access to water and sanitation.*
4. *The research suggests that adolescent girls are aware of health services, yet such services are not meeting their needs. There is an urgent request for more information about sexual and reproductive health rights and menstrual hygiene management issues. Programme responses must account for the levels of emotional and physical trauma, particularly sexual violence related trauma, that many adolescent girls are experiencing.*

We came to Bangladesh by crossing the river. We saw many dead bodies on each road. Rakhines tortured us very much.

ADOLESCENT GIRL, 13 YEARS

## EXPERIENCES OF VIOLENCE

While most girls feel substantially safer in Bangladesh than they did in Myanmar, fear of violence among girls within the refugee community persists.

Many girls have been exposed to severe forms of **sexual violence** in Myanmar before and during their movement to Bangladesh. One adolescent girl interviewed outlined how a friend was killed following a sexual assault in Myanmar and other community members detailed sexual violence as part of the spike in violence that forced them to leave. Whilst the research did not seek specific information from adolescent girls on sexual violence in the camps, both civil society representatives and community leaders raised the need to strengthen prevention and response services, particularly clinical management of rape and counselling services.

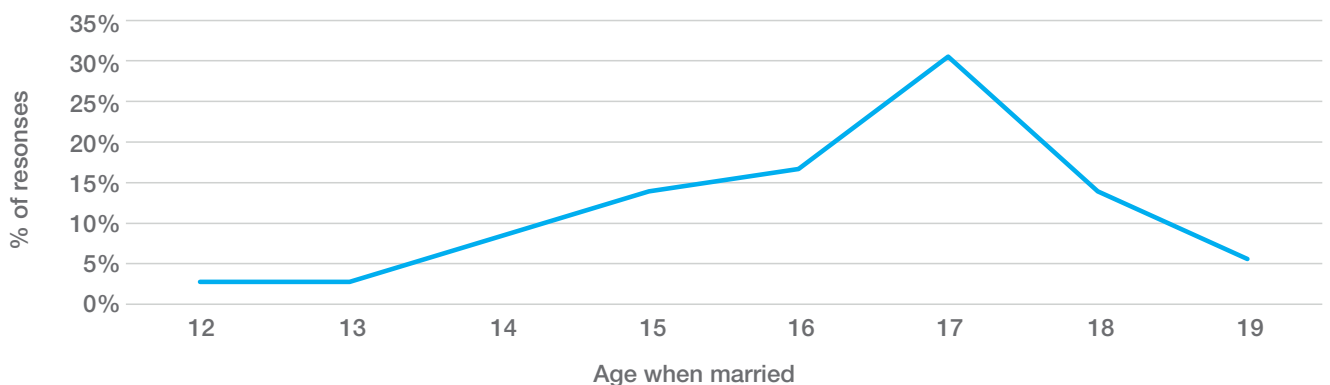
Adolescent girls themselves noted concerns about their **physical safety** within the community. The need for some adolescent girls to travel long distances to access services, collect water and firewood,

the reported lack of adolescent friendly sexual and reproductive health (SRH) services, and problems with the camp design and infrastructure are all highlighted by adolescent girls as areas of insecurity in their lives.

**Child, early and forced marriage (CEFM)** severely impacts the health and well-being of adolescent girls, with early pregnancy putting girls at risk of fistula and maternal death and limiting educational and livelihood opportunities. Of the girls surveyed for this research, one (of 151) girl aged between 10-14 reported being married, while 33 (of the 149) girls aged between 15-19 were - or had been - married. In the latter category, this places the rate at 22 per cent. CEFM is also closely linked to early pregnancy, with 70 per cent of those that reported having been married having at least one child.

Among girls who reported **physical violence** and mistreatment, the majority of incidents occurred within the household. Close to one in four adolescent girls aged between 10-14 (24 per cent) and close to one in ten adolescent girls aged 15-19 (9 per cent) reported being hit or beaten in the past month, with 87 per cent of those cases occurring in the home. For younger adolescent girls the perpetrators of this violence were overwhelmingly parents (at 74 per cent). In the case of older adolescent girls, the perpetrator was more likely to be either a current or ex-husband.

How old were you when you got married? (n=34)



I cannot go outside the house. I have to always stay in the house and in this heat. These are the major problems that I am currently facing.

ADOLESCENT GIRL, 18

## RESTRICTED FREEDOM OF MOVEMENT

Adolescent girls experience severe restrictions on their freedom of movement. This limits their access to services and resources. It also denies them the opportunity to develop support networks and friendships - leaving them with little they can do to lift their spirits and help them cope. Cultural factors and concerns about security mean that older girls in particular are often confined to their households.

Parents say honour is more important than education that is why they do not allow children to go to school at that age.

COMMUNITY LEADER

Adolescent girls are interested in study. If we were allowed to, all of us would have studied.

ADOLESCENT GIRL, 18 YEARS

My mother is not allowing me to go. I have to listen to my mother. My mother used to say, "Girls do not need to study more. They need to perform the household chores." That is why she does not allow me to go to school.

ADOLESCENT GIRL, 12 YEARS

I want to do a job after completing my education and work for the welfare of this community.

ADOLESCENT GIRL, 12 YEARS

I want to do business, but I need my husband's permission to do so.

ADOLESCENT GIRL, 18 YEARS

I used to feed my parents by sewing carpets. I fed my parents by earning money through embroidering clothes and making frames. My father and a brother died when I was young. I have a brother who cultivated the farmlands of others. We are only allowed to cook foods here.

ADOLESCENT GIRL, 18 YEARS

## LIMITED ACCESS TO EDUCATION

Girls of all ages expressed a passion for study and a disappointment that, in many cases, their current situation prevents them from attending school. While many also had limited access to education in Myanmar, there are a number of unique factors that limit access to education in Bangladesh. In particular limitations within the camp on providing secondary education mean that only 1% of girls aged 15-19 years surveyed were attending any form of schooling. Additional barriers such as a lack of female teachers, security concerns, care responsibilities and household duties, negative parental and community attitudes towards girls' education and the limitations placed on adolescent girls' movement all combine to limit access to education for adolescent girls.

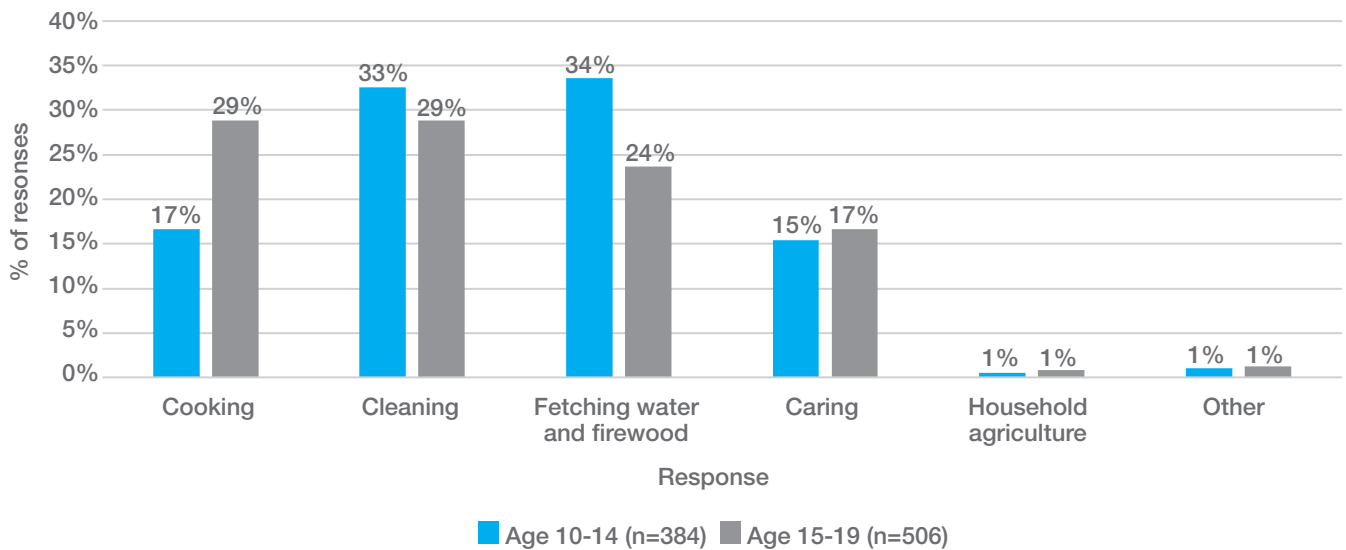
The experience of education is distinctly gendered, with boys reporting that they were able to attend schooling until the end of secondary education in Rakhine state. Boys' attendance at school is viewed as a decision for them, while girls' access to schooling is more significantly controlled by parents and heavily influenced by gender norms around freedom of movement.

## ECONOMIC INSECURITY AND LIVELIHOODS

There are limited economic and livelihood opportunities available within the camp and fewer still that are accessible to adolescent girls. Adolescent girls identified sewing clothes or stitching as the primary livelihood opportunity and this is further reflected in adolescent girls' desire to strengthen skills in this area.

It is also evident that households within the camp rely on the unpaid household and care labour of adolescent girls who are often responsible for caring for younger siblings and disabled family members, as well cooking meals and, particularly in the case of younger adolescent girls, for collecting water and firewood. Several adolescent girls highlighted their care responsibilities and household duties as barriers to accessing education and engaging in recreational activities.

## What do you do at home?



## FOOD INSECURITY

Whilst adolescent girls consistently spoke of an improvement in their access to quality food since their initial arrival in the camp, many still list not having enough to eat as a major challenge. This is especially the case among unaccompanied adolescent girls or those not living with their immediate family.

Importantly, adolescent girls also highlighted the need for food distribution and programmes to consider the safety of adolescent girls; considering collection points, time of day and days of the week for collection. Many of those involved in focus group discussions stated that they are responsible for taking the token and collecting food rations from distribution points.

## HEALTHCARE

While girls are aware of the health services available to them and are actively seeking out and accessing health care services, distance or lack of transport to healthcare facilities, cost factors, and the limited availability of medicine create barriers to healthcare. Of particular note is that very few girls report having access to mental health services.

Additionally, many girls expressed a desire to learn more about **sexual and reproductive health and rights (SRHR)** but were sometimes prevented from asking questions about it by mothers or older relatives. They suggested both female family members and NGOs as their preferred source of information.

## CAMP CONDITIONS

Overwhelmingly, adolescent girls describe their experience of the camp and its conditions as stifling. Shelters are described as hot, which is particularly difficult for adolescent girls who are often not allowed to leave them. Camps and shelters are also overcrowded. This increases health and security risks, inhibits humanitarian access, and intensifies the pressure on girls due to both stress and the additional household chores, which result from the overcrowded conditions. Insufficient lighting in the camps is a further factor in girls' security concerns.

**Access to clean water** was one of the major challenges that adolescent girls face in the camps. This included concerns regarding access, location and the need to walk up and down hills, scarcity, the poor design of the tube-wells including the speed at which they operated, and the impact this had upon their capacity to bathe. In the early rush to access water as the crisis developed, poorly installed tube-wells have led to high rates of water contamination.

## RESILIENCE AND COPING MECHANISMS

Despite substantial and multiple insecurities, adolescent girls have developed coping mechanisms and strategies which help them to navigate the crisis and support others to do the same.

**Positive outlook and faith:** While some were sad and felt they could not cope, many girls remained positive and expressed hopes for the future. This optimism can in itself constitute an effective coping mechanism. Many also had faith or a belief in fate, which helped them manage the difficulties they face. A number of girls said they console themselves with the difficult circumstances they face by telling themselves "*it is the will of God*" (adolescent girl 11 years).

“I want to go to school, to read lots of books.  
I want to play.”

ADOLESCENT GIRL, 10 YEARS

**Resilience and agency:** While few girls believe they have the ability to shape even their own lives, they demonstrated strength through the ability to support, guide and influence others. Significantly, a number of girls mentioned their ability to teach others, including to read and write, as their greatest achievement or greatest skill and as a way they help their community. Moreover, some cited the work they did including sewing and agricultural work in the home or farm (in Myanmar) as a contribution to supporting their families and communities.

## ENGAGEMENT WITH THE HUMANITARIAN COMMUNITY

This research has found that the unique vulnerabilities of adolescent girls and their ability to effect change is often overlooked: girls are seldom consulted about their needs and experiences by the humanitarian community, and even less frequently called upon to inform programmatic interventions or provide insights about their broader communities and the road ahead.

## CONCLUSION

Despite the difficulties that they face, adolescent girls demonstrate great resilience, and display the attributes – of courage, insightfulness, generosity of spirit, and kindness – that their communities need as they navigate the crisis. It is, therefore, of fundamental importance to the security and well-being of adolescent Rohingya girls that their specific vulnerabilities and needs are addressed, and that their capacity, knowledge and experience informs policy and programmatic interventions. This will not only enhance the effectiveness of these programs in meeting the needs of adolescent Rohingya girls but will also support the girls in contributing to the security and resilience of the wider community.

## RECOMMENDATIONS FOR PRACTITIONERS, DONORS AND POLICYMAKERS

### Girls' participation in decision-making

Promote, establish and fully resource the systematic participation of adolescent girls in all decisions that affect their lives to ensure that their diverse needs and fundamental human rights are met: this means they must be included in the design, implementation and evaluation processes of programmes. During times of crisis, the impacts, risks and coping mechanisms of women, girls, men and boys may differ. It is therefore imperative that they all have equitable input, meaningful participation and active leadership in designing and implementing response programmes. Particularly given girls' limited freedom of movement, it is necessary that special efforts are made to reach out to ensure their ideas inform programmatic interventions and that their specific needs can be attended to. Organisations must be proactive in including adolescent girls at every stage of the process to capture their diversity: they are not a homogenous group. This should include:

- Integrating a gender and power analysis into needs assessments, ensuring that the voices and perspectives of adolescent girls have been heeded.
- Ensuring that consultation and participation methodology is adapted, based on the age range of the adolescent girls and on other intersecting characteristics such as restrictions on mobility and marital status; appropriate child safeguarding and informed consent procedures must be followed during all consultation and participation processes.
- Ensuring that both humanitarian and development interventions in protracted crises set clear targets and include specific indicators in programme monitoring and evaluation frameworks that assess the outcome of the programme for adolescent girls, and, wherever possible, allow girls to participate in the design, data collection and/or analysis.
- Designing, funding, and implementing age and gender responsive programming specifically tailored to build adolescent girls' leadership skills in order to support their meaningful participation in decision-making and planning throughout all stages of humanitarian interventions and peace processes.

### Challenging discrimination

Ensure targeted and comprehensive context-specific interventions that focus on identifying, challenging, and addressing gender-based discriminatory attitudes and harmful norms; these attitudes are the root factors and drivers of human rights violations experienced by adolescent girls. Adolescent girls are resilient and hopeful, yet their potential cannot be realised without other structural and community factors being addressed to prevent discrimination against them.

Adolescent girls repeatedly reported that their opportunities are limited because of factors such as restricted movement.

- Programmers and funders must support initiatives that build family and community support for autonomous decision-making for adolescent girls, as well as promote the recognition of adolescent girls' rights. This involves supporting attitudinal and behaviour change so that communities and duty bearers are encouraged to recognise and support girls' rights, including access to safe, quality and inclusive education, autonomous decision-making on when and if to marry or have children, and freedom of movement.
- Positive parenting skills sessions not only for young mothers and fathers, but also for parents of adolescent girls, could help shift the harmful social norms that perpetuate violence and negative coping mechanisms.
- To reach the most marginalised, programmers should also recognise that adolescent girls and women can play a part as 'an entry point' to members of the Rohingya community, especially the more vulnerable and those with limited ability to leave their household – to facilitate information sharing and enable access to services and support.
- At a broader level, all humanitarian and development actors working in crisis settings should mainstream gender and age considerations across strategies, policies and campaigns, including by setting targets for outcomes for adolescent girls.

### **Inclusive education**

Ensure the urgent provision and access of high quality, safe, and inclusive education. Adolescent girls identified education as critical to their current and future protection and well-being. It is well recognised that education in emergencies provides physical, psychosocial, and cognitive protection that can sustain and save lives.

- Programmers and funders must support equal and full access to education by advocating to governments and other duty bearers, as well as adjusting humanitarian interventions, so they create an enabling environment for girls to take up education opportunities, including skills training.
- Organisations should work with families and communities to address issues of restricted mobility (for example, by providing childcare for adolescent mothers), tackling security and infrastructure concerns, as well as addressing community attitudes about the value of girls' education.
- Education systems need to be flexible, with informal, mobile and outreach services to meet the needs

of those with time constraints, or who require accelerated learning. Life-skills and vocational education may be more appropriate for older girls (15-19), to address the economic insecurity and boredom they describe.

- Recruitment and training of teaching staff, especially of female teachers, should be a priority.
- Peace building, human rights, social cohesion and psychosocial counselling initiatives should be integrated into the curriculum.

### **Management of refugee camps**

Planning and management of refugee camps must consider the unique needs and circumstances of adolescent girls in developing infrastructure, recognising how this will vary by context and cultural norms. Adolescent girls spoke at length about the challenges caused by the camp conditions, most notably the heat of the shelters, the congestion in the camps leading to increased health and protection risks, and lack of access to water and sanitation.

- Initial rapid needs assessment and any analysis conducted thereafter must incorporate gender and inclusion dimensions into the exercise. Several resources exist, such as the Inter-Agency Standing Committee's Gender Handbook for Humanitarian Action and Adolescent girls and Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
- Camp planners should always anticipate and develop ways in which to guard against the effects of cramped camp conditions, including increased health and security risks, and decreased ability to effectively and efficiently provide services and protection.
- Safety of adolescent girls should be a central consideration in camp planning, and organisations should conduct safety audits with girls to identify the high-risk areas and develop strategies for making routes safer.

### **Appropriate healthcare**

Ensure gender-responsive and youth and child-friendly healthcare services and facilities are available and relevant to the specific needs of adolescent girls, especially in relation to SRH services and psychosocial support. The research suggests that adolescent girls are aware of health services, yet such services are not meeting their needs. There is an urgent need for more information about sexual and reproductive health rights and menstrual health management issues. Programme response must also take into account the levels of emotional and physical trauma, particularly sexual violence related trauma, that many adolescent girls are experiencing.

- SRH services: this means comprehensive sexuality education, and effective care and treatment for pregnant adolescents and young mothers including mother-and-child nutrition services. Provision must recognise the cultural sensitivity and diversity in the context, and consult with families, communities and young men and boys, as well as adolescent girls themselves, in the design of programmes to ensure high levels of acceptance and mitigate risks of stigma.
- Psychosocial support: should involve both a formal response, including gender-responsive, youth and child friendly psychosocial care, provided by professionals trained in trauma and sexual violence response, as well as opportunities that encourage self-expression in adolescent girl- friendly safe spaces, in a manner in which they are comfortable engaging.

### **Protection from violence**

Immediately take all necessary and available measures to prevent and respond to the risk and perpetration of gender-based violence, including sexual exploitation and abuse, faced by adolescent girls. Programmers and funders must urgently address the levels of and fear of violence facing girls and women, in terms of both prevention and response.

- Programming is needed which directly targets community members to raise awareness and encourage critical reflection on harmful practices, as well as courses for adolescent boys and girls including gender rights components.
- Specialised protection programmes for adolescent girls should include access to age-appropriate 'safe spaces', accessible to girls and enabling them to socialise and share issues amongst peers. This is particularly important given the restrictions on movement, often due to fear of violence in public spaces.
- Health and psychosocial services must be able to respond to incidents of violence against girls in an unbiased, non-judgemental and holistic manner to help girls heal and move on with their lives.

## **ENDNOTES**

- 1 ISCG. 31 Dec 2017. "Situation Report: Rohingya Refugee Crisis." p.2. [https://reliefweb.int/sites/reliefweb.int/files/resources/171231\\_weekly\\_iscg\\_sitrep\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171231_weekly_iscg_sitrep_final.pdf)
- 2 ISCG. 31 Dec 2017. "Situation Report: Rohingya Refugee Crisis." p.6. [https://reliefweb.int/sites/reliefweb.int/files/resources/171231\\_weekly\\_iscg\\_sitrep\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/171231_weekly_iscg_sitrep_final.pdf)
- 3 See ISCG. March 2018. "Joint Response Plan For Rohingya Humanitarian Crisis, March -December 2018". <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>
- 4 See Wheeler, Skye. 2017. "All of my body was pain: Sexual violence against women and girls in Burma." Human Rights Watch. [https://www.hrw.org/sites/default/files/report\\_pdf/burma1117\\_web\\_1.pdf](https://www.hrw.org/sites/default/files/report_pdf/burma1117_web_1.pdf)
- 5 ISCG. March 2018. "Joint Response Plan For Rohingya Humanitarian Crisis, March -December 2018." p.14. <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>

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