

EMPOWERING ROHINGYA WOMEN FOR A SUSTAINABLE REFUGEE CAMP

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Abstract

A refugee crisis is one of the major global problems that the world is facing today. Over the few last decades, discrimination and cruel behavior has resulted in the mass displacement of Rohingya from Rakhine state of Myanmar, with substantial numbers fleeing to neighboring countries and beyond, including Bangladesh. As the Myanmar government refuses to give Rohingya any citizenship rights, the vast majority of Rohingya have no legal documentation which is effectively making them stateless. Most of the fleeing population is young women and children. The Rohingya women residing in the Bangladeshi camps do not have access to clean water, drinking water, proper latrines and sanitation facilities which are obstacles towards development and acceptable public health. Rapid breeding of Rohingya babies is one of the major challenges in the camps. STIs are present in a high percentage among Rohingya. Gender-based violence is frequently reported by Rohingya girls and women, which is also a reason STIs are increasing.

In keeping in mind, the current status of Rohingya women, some post conflict reconstructive measures have been put forward for a sustainable camp. These include women empowerment in safe spaces, life skills training, psycho-social support, women's participation, decision-making and leadership. The male and female Rohingya refugees should be brought together as a group as part of capacity building.

If women are empowered, a sustainable society can be expected as women play a dual role in the society, both as bread-winner in case of single women and family member.

Keywords: Rohingya, women empowerment, sustainability, post conflict management, gender

I. Introduction

A refugee crisis is one of the major global problems that the world is facing today. According to UNHCR Refugee Protection Law 1951 convention, refugees are the people whose existence is threatened of being oppressed due to reasons of racial discrimination, religion, different nationality, membership of a particular social group or political opinion” (Nicholson & Cumin, 2017, p.133). The intensity and challenges become more critical when it impacts the socio-economic status of a developing country. Over the last decades, discrimination and cruel behavior has resulted in the mass displacement of Rohingya from and within Myanmar, with substantial numbers fleeing to neighboring countries and beyond, including Bangladesh (Tay & Ventevogel, 2018, p.22). Rohingya are an ethnic minority group who were living in the western Rakhine state of Myanmar (Tay & Ventevogel, 2018, p.22). Rohingya introduce themselves as a distinct ethnic group with their own language and culture and claim a well-established connection to Rakhine State (Seppo, Corliss, & Gigauri, 2019, p.35). However, the Myanmar government refuses to give Rohingya any citizenship rights. As a result, the vast majority of Rohingya have no legal documentation which is effectively making them stateless. Myanmar Government denies Rohingyas rights because they are not considered to belong in Myanmar. The main issue under contention is the citizenship and rights of Rohingya, as well as minority more generally in Myanmar. Since 2012 ethnic conflict between Rakhine and Rohingya, have increased across the country (Seppo, Corliss, & Gigauri, 2019, p.35). This ethnic conflict dates back at least several decades and its roots can be found as far as the in the 18th century.

Around 723,000 Rohingya refugees have fled from Myanmar to Bangladesh in 2017. According to UNHCR report, now the total population of Rohingya refugee in Bangladesh has risen at 9, 05,000 who are residing in approximately twenty-seven camps in Bangladesh (Seppo, Corliss, & Gigauri, 2019, p.33). This includes about 52 percent of Rohingya refugee women and young girls (Rohingya refugee response gender analysis, 2018, p.12). As Bangladesh is a developing country of more than 147 million citizens, the Rohingya refugee crisis is threatening towards both the host country and migrant population for the humanitarian issue. The Rohingya migration issue has become one of the challenging issues for Bangladesh due to Bangladesh being a developing country, its overpopulation and limited land capacity to shelter refugees. Presumably, the most vulnerable group of the communities in any conflict is the women and children. The massive number of migrants who migrated to this fragile and

affected area are women and children. Among the number of young girls and women most arrived in the state of pregnancy while many became pregnant after arriving in the camps in Bangladesh. The increasing number of birth rate and rapid breeding is not only a threat to the population of Bangladesh but most importantly the frequent pregnancy is a threat to the girls and women's lives. Most teenage girls are married at an early age and get pregnant within a short span of time, thus, throughout their lives till late 20's most families are seen to have more than 5-6 children. Besides rapid breeding, the flimsy camp environment is also a threat to the girls and women population due to inaccessibility to adequate hygiene facilities.

Although international NGO's along with Bangladesh government trying to facilitate all the basic needs, there are still some major issues which have not been addressed yet. Rohingya refugees are a conservative community who have strong cultural and social beliefs that create obstacle towards women empowerment (Rohingya Refugee Response Gender Analysis, 2018, p.18). Gender should be used as a strength for understanding conflict. Women need to recognize as a distinct category with specific vulnerabilities. It is important to acknowledge the suffering of women. With this recognition, women can be empowered to contribute to sustainable transition, recovery, and peace-building.

This paper is categorized into 4 different sections. This paper firstly starts by explaining the socio-economic model of the Centre for Disease Control (CDC) to prevent future conflict. Secondly, it discusses what specific conflict situations women are facing now through mental trauma from conflict and living in the refugee camp, scarcity of resources, prevalence of Human Immunodeficiency Virus (HIV) and the prevalence of gender-based violence in refugee camps of Cox's Bazar. Lastly, this paper provides recommendations on post-conflict reconstruction through the conceptual framework and Gender-based approach to reconstruction after the conflict, and it ends with a concluding remark.

II. Socio-economic Model CDC

The Social-Ecological Model: A Framework for Prevention



Fig 1: Social-Ecological Model addressed by the Centre for Disease Control CDC

According to the socio-economic model of the Centre for Disease Control (CDC), violence should be stopped before it begins. For understanding prevention, the factors that influence violence should be understood. CDC uses a four-step social and ecological model to understand violence in a more effective manner. The effect of potential prevention strategies can also be seen. The model looks at the relation between an individual, relationship, community, and societal factors. It gives a guideline of the types of factors that put people at risk for violence or protect them from experiencing or committing violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention.

1. Individual

The individual which belongs to the first level looks at the biological and socio-economic historical factors that increase the probability of acting as a victim or initiator of violence. Some of these socio-economic factors are age, education, income, usage of substance, or a history of abuse. Intervention strategies at individual level supports attitudes, beliefs, and behaviors that stop violence. Focused approaches may include education and life skills training.

2. Relationship

The second level looks at close relationships that may increase the chances of risk of experiencing violence as a victim or perpetrator. A person's inner circle has peers, partners and family members who influences their behavior and contributes to their experience. Prevention strategies at this level may include parenting or family-focused prevention programs, and

mentoring and peer programs designed to decrease misunderstanding, initiate problem-solving skills, and promote healthy relationships.

3. Community

The third level looks at the surroundings, such as schools, places of work, and places where the individual lives, in which social relationships take place and looks at the characteristics of these surrounding settings that are associated with becoming victims or supporters of violence. Prevention strategies at this level impact the social and physical environment – for example, by reducing social separation, improving financial and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings.

4. Societal

The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or stopped. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

III. Conflict Prevalence-Specific Situation Now

1. Mental trauma from conflict and living in a refugee camp

During the ethnic conflict, as a minority group in Myanmar, Rohingya population have suffered from physical violence and basic human rights violation. According to UN Human Rights Council report of July 2015, a wide range of rights violations including deprivation of nationality, severe restrictions on freedom of movement, threats to life and security, rejection of rights to health and education, forced labor, sexual violence and limitations to political rights has been documented (Eleanor & Chatzaky, 2018). In the brutal campaign against Rohingya in Myanmar, attackers burnt their homes, robbed, beat them to death and gang raped Rohingya women (Durandowustl, 2019). This situation made Rohingya population flee violence in Myanmar and settled in overcrowded camps in Bangladesh. Lack of hope and loss of identity, are increasing the tendency of committing suicide among Rohingya refugee (UN Women, 2018). Moreover, stressful living conditions in the camp and limited opportunities are also

causing mental trauma to Rohingya population. Rohingya women are the worst sufferer of mental health and psychological abuse due to domestic violence in the refugee camp. As Rohingya women have limited access to education and employment in refugee the camp, they are more vulnerable.

2. Scarcity of Resources:

The Rohingya women residing in the camps do not have access to clean water, drinking water, proper latrines and sanitation facilities which are obstacles towards development. There is a major problem of water scarcity in Rohingya refugee camps in Bangladesh and it is challenging to ensure water resources for this huge refugee population. Some of the refugee camps are relying on canals and temporary water dams, which dries up for three months in a year starting from April. The primary source of water in refugee camps is tube wells. However, as there are no certain gaps between each tube wells and there are latrines nearby to the tube wells, so water is getting contaminated (Rahman, 2019). As a result, there are outbreaks of many water borne diseases such as cholera and Hepatitis E. Women are inclined to do household works, so they are more vulnerable to these diseases. Moreover, there is a lack of sanitation facilities available in the camp for women. Although there are separate washrooms for women, it does not have lighting, no privacy and it's quite far from their shelters. Thus, female refugees often deny taking food, as this can lead them to use the washroom (Sachi, 2018). The practice of reducing the food intake by the girls and women is also very common and the pregnant women are the most helpless in this situation. Besides, numerous women after the post-birth period are endangered to different diseases and challenges due to lack of water, privacy, and inaccessibility to the proper sanitation facilities (Sachi, 2018).

3. Population Boom:

Rapid breeding is termed by many scholars and reporters as 'numerous reproduction'. Rapid breeding of Rohingya babies is one of the major challenges that Bangladesh is facing in the camps. The culture of taking multiple babies is present among the Rohingya women. It is reported that the Rohingya population consists number of the women and children. The women prone to take more babies have less access to health care centers and medications which results in degradation of their health and the babies too. According to the Needs and Population Monitoring Report, approximately 4.9 percent of the total Rohingya population in Bangladesh

(867,673) are pregnant women or 42,516 women. It is estimated that 15 percent will have a miscarriage, meaning there will be an estimated 4,015 live births per month or 48,184 live births in 2018. Save the Children runs a network of nine community health posts in Cox's Bazar. Staffed by experienced doctors, nurses and midwives, each facility see about 70 people a day, many of whom are expectant or new mothers, as well as people presenting with conditions like skin disease, fever, and malnutrition” (Save the children, 2018). The frequent delivery of babies’ results in the degradation of the health of the women population leading to numerous health hazard issues related to their reproductive system, malnutrition, miscarriages and even death. Although the National and International organizations are undertaking measures to lessen the health hazard of the pregnant women in the camps, however, the outcome of their effort is not successful if proper knowledge about the negative impact of population boom on women’s health is not being shared by all the Rohingya population including men, women and local leaders.

4. Prevalence of Human Immunodeficiency Virus (HIV)

Not much is known about the baseline health status and health behavior of Rohingya population, 83 cases of HIV-infected Rohingya are known, with many more possibly undiagnosed cases. The situation needs to be seen for transmission regarding sexually transmitted infections (STIs).

STIs are present in a high percentage among Rohingya. Gender-based violence is frequently reported by Rohingya girls and women, which is a reason STIs are increasing. The absence of basic living amenities during complex humanitarian crises makes girls and women vulnerable to exploitation and exposure to STIs proved by recent reports of increased prostitution among the Rohingya population. The prevalence of HIV is 1.1% among the injection drug users in Bangladesh, which is much higher than among the commercial sex workers. Cox's Bazar is a place where drug-trafficking is very high. The people living there and refugee population are at high risk of drug abuse. As a result, there is a high risk of HIV and other STIs. The diagnosis and treatment of STIs are not high class in Bangladesh. There is a gap in finding out and managing the HIV cases within Bangladesh which makes refugees more vulnerable once infected. The spectrum of STIs affects the lifespan and quality of life among the infected individuals and their families. More importantly, they serve as potential sources of infections within their intimate partners and children. The economic burden of STIs is enormous, and it

is becoming more severe in this time of statelessness. To prevent the above-mentioned crises, extensive behavioral change communication programs should be launched to make Rohingya population aware about the STIs and allied preventive measures, such as provision of social protection to vulnerable women and children, promotion of barrier methods of contraception among sexually active women, and strengthening of legal measures against drug abuse and forced prostitution in Cox's Bazar district. The health-care providers should be given training to identify and to treat the infected people. Last but not least, all the stakeholders should recognize STIs as a priority because of the health and socioeconomic consequences. (Hossain et al., 2018).

5. Prevalence of gender-based violence in refugee camps of Cox's Bazar

There are 13 Safe Spaces for Women and Girls (SSWG) at the refugee camps in Cox's Bazar. These are the places of recreation for women and adolescent girls for the meet-up and to gain information for support services, including health care, psycho-social support, and counseling as well as case management for survivors of gender-based violence. These places are where the females can relax and pass time. There are also vocational training centers for learning handicraft and tailoring. Rohingya women cannot move freely without the fear of being harassed. It is very uncommon for Rohingya women to have jobs and many are uneducated due to a lack of opportunity. Safe Space helps adolescent girls to keep away from marriage. Child marriage is a big problem in the Rohingya community. There are more than 50% of girls married under the age of 18. The increased child marriages are due to poverty. Families feel that they have one less mouth to feed when a girl is married off. Girls start attracting attention when they reach puberty and start getting a lot of proposals. The women and girls are still prone to a lot of violence in the camps. Gender-based violence, child marriages, and trafficking are some of the very real risks that women and girls face in the crowded camps. Till date, 490 girls and 12,386 Rohingya refugees (75% of them female) have received support on issues related to gender-based violence in the camps through initiatives by the Safe Spaces. The Rohingya men are often roaming around because they can't work and as a result, they are frustrated and take it out on their wives. The women unfortunately do not have any idea of what gender-based violence is and they do not know what to do. In the beginning of these incidents the women were silent and were not sharing their stories. There is a

counseling room in a discreet corner of the Safe Space for Women and Girls where women who have or are experiencing gender-based violence can get help.

IV. Post Conflict Reconstruction

After a conflict, the society and surrounding should be rebuilt on a soft and hard infrastructure. Individual reconstruction intervention may focus on either or both these aspects. When thinking of broad-based reconstruction, over-all, and a holistic approach should be taken and integrated linkages should be present among interventions. Our research paper focuses on individual reconstruction intervention first, which will lead to over-all societal intervention. In terms of policy being implemented into the post-conflict reconstruction (PCR) intervention, positive and negative consequences should be realized before going further. A novel conceptual framework from Sakalasuriya et al. is adopted as a theory for our approach in post-conflict reconstruction for Rohingya refugee women in Bangladesh. Analysis of consequences before a PCR intervention, linking the consequences to context, intervention and long term outcomes will be seen in this paper. (Sakalasuriya et al., 2018)

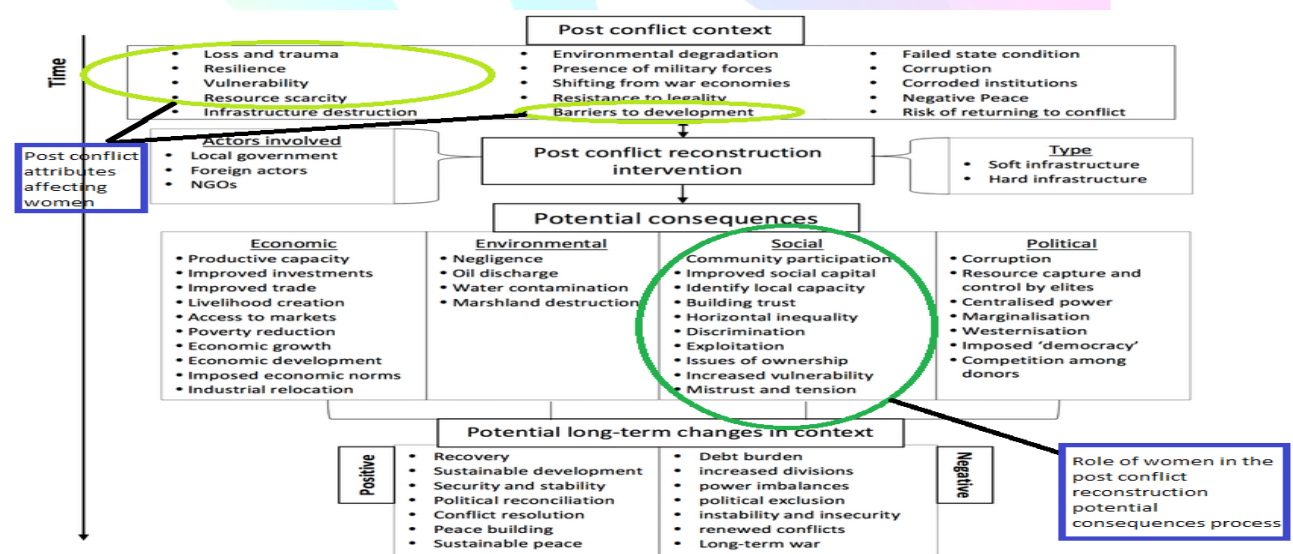


Fig 2: Conceptual Framework with aspects highlighted in regards to women in post conflict construction

Conflicts can bring along economic, social and political damages in communities. Conflicts like the refugee crisis can build survivors who face challenges in rebuilding lives while

maintaining a greater level of resilience. Post-conflict attributes affecting specifically women include loss and trauma, resilience, vulnerability, resource scarcity and barriers to development. In our research paper, we will focus on these aspects affecting Rohingya refugee women. Post-conflict reconstruction should include community participation from women, making women participate as improved social capital, identify how they can work as improved local capacity, building trust using them in society as well as in family. Refugee women can be used to reduce horizontal inequality, discrimination, exploitation, issues in ownership, vulnerability and mistrust and tension.

V. Gender-based approach to reconstruction after conflict-what has already been seen in terms of Afghanistan-an example

The Ministry of Women's Affairs of Afghanistan collaborated with other ministries of the government to put in gender perspectives in policies and plans. Enough budgets were allocated to empower the women affected by war. A concerned person was appointed in the position of a senior gender adviser in the United Nations Assistance Mission in Afghanistan, in consultation with the Ministry of Women's Affairs. Strict implementation of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which is a key means of realizing women's human rights, including by strengthening reporting capacity was looked into. The Afghan inter-agency gender network was strengthened. Both men and women were engaged to address change and develop capacity and understand and actively support women's empowerment for economic and social development. Consideration was taken in terms of cultural sensitivity and historical awareness in designing reconstruction programs and to efforts by locals to increase mutual respect towards universal human rights, norms and values. Thought was given towards gender advisory capacity and sensitivity training for staff in all peace missions and processes. Understanding of reconciliation process as a huge part of peace-building was given importance. Justice was ensured to be visible. A long term strategic perspective was done with short term solutions and quick fixes so that local communities are supported to ensure sustained social transformation which supported gender equality. (UNDEAWES, 2003)

VI. How females can participate in terms of Post Conflict Reconstruction

Gender should be used as a strength for understanding conflict, but the issues, of how complex they are should be addressed to avoid reductionist analyses and solutions: many conflicts have much in common, but each reflects a specific situation which deserves closer inspection. The specialist should be recruited and time needs to be devoted, to establish the criteria which are general and applicable to a vast majority of women and those which are specific to each particular situation, a focus on refugee camps in case of Rohingya refugees. A certain number of recurring damage indexes need to be established for each conflict area, in our case the Cox's Bazar refugee camps of Bangladesh. There should be aware that the information collected may not be transferable to another conflict zone, for example from a war zone to a refugee camp. The parameters include age/age linked social category, position in the family, origin (including tribal and religious), marital and social (or caste) status.

Information collected should be on specific context needs, Rohingya refugees in our case. Rural or urban backgrounds, nomad or sedentary habitat, varying levels of education and adherence to traditions all need to be taken into account, especially in the setting up of workable health and empowerment training programs for women.

Different types of categories of women like widows, single women, and single mothers need to be recognized as a distinct category with specific vulnerabilities. Non-governmental organizations planning aid should be aware of the history of women's rights in the country where they are putting forward solutions have to be custom made to meet different women's expectations (especially in the field of contraception, abortion, and HIV/AIDS prevention.) that do not necessarily apply as widely to countries that have never had such facilities before. Thus, the term "Muslim women" is not acceptable as an umbrella notion to cover the needs of, Afghan, Algerian, Azerbaijani, Bosnian and Iraqi women and now Rohingya in the same way.

The tools for understanding a problem also provide the key to finding an efficient solution. Choosing local agents and collaborators require rigorous planning to avoid waste through corruption, such as the colossal losses within Afghanistan and Afghan refugee camps in Pakistan and the Cox's Bazar Bangladeshi middle-men supplying Rohingya women to tourists. This means taking into consideration how local interfaces are truly perceived by the population one is seeking to help, especially if these agents are returnees. The return to normalcy, which

is the aim of humanitarian assistance, does not automatically entail the re-establishment of the previous status quo, especially if this entails the return of warlords and the traditional forms of patriarchal domination where women's rights and dignity are denied and crushed. For solutions to conflicts to be sustainable, there must be a striving towards grassroots ownership. Traditionally-respected groups such as older women, educated women and widows can be brought into these processes. The sustainable transition from relief to development requires better and more consistent co-ordination, co-operation, and planning across a range of disciplines and actors (agencies, NGOs, national Governments, local groups, and Governments). Participatory approaches should be applied wherever possible, and at every level: ensuring that women policy-planners are present at every stage of reconstruction projects, involving men in health and education projects. It is important to acknowledge and accommodate the rhythm of local processes and change, however slow. Whilst it is essential to acknowledge the suffering of women, it appears equally important to value and recognize women's experience as civilian fighters on the home front, peace-brokers, and negotiators. With this recognition, women can be empowered to contribute to sustainable transition, recovery, and peace-building. (UNDEAWES, 2003)

VII. Gender-based approach to reconstruction after conflict-what is being done in terms of female Rohingya refugees in Bangladesh?

Gender-mainstreaming, according to UN Women is the gender equality and women's empowerment mandate which is universally agreed on by Member States and encompasses all areas of peace, development and human rights. The mandates on gender equality derive from the United Nations Charter, which unequivocally reaffirmed the equal rights of men and women. (UN Women, 1995)

Gender mainstreaming should be prioritized at a very early phase of post-conflict reconstruction process. There should be group participation of both men and women for post conflict reconstruction. All aspects of gender mainstreaming should work as a group. Good gender analysis of conflict and post-conflict reconstruction is undertaken in the field. The Rohingya women have been studied and monitored since the huge entry into Bangladesh from Myanmar in 2015.

1. Women Empowerment in safe spaces

Among all the challenges that women are facing in the congested camps that still lack adequate WASH facilities and health services, UN Women is working towards empowering Rohingya women and girls through life-skills training and supportive services. The services that are being provided through the Multi-Purpose Women's Centres in Camp 18 in Balukhali as of January 2018. Close to 70 women and girls visit the center daily to receive various services, or just to get away from their crowded living quarters and find peace and comfort. So far, the center has supported over 15,000 women and girls of all ages through various services. Women and girls receive information and referral services for health and psychosocial support, learn about nutrition, health and sanitation, and other essential life-saving matters.

2. Life-skills training

The Women's Centre also serves as a skills training center. Over 420 women and adolescent girls have completed the two-month tailoring training course taught by an experienced Rohingya instructor since February 2018. Although there are challenges in terms of finding steady customers, about half of the women and girls who learned to tailor at the Women's Centre have started to earn some money to support their families through orders from friends and neighbors. The Women's Centre has sewing machines available for women who have completed the training to come and use for free for their income-generation activities.

3. Psycho-social support

At the Women's Centre, women can bring forward their problems related to gender-based violence and receive general counseling. They are referred to a more specialized gender-based violence consultation offered by other organizations if needed. So far 867 women and adolescent girls have been helped by the health counselor at the Women's Centre.

4. Supporting women's participation and leadership

The Women's Centre supports Rohingya women and girls voice their needs and concerns and help them be heard by the camp leaders and humanitarian agencies. There are 21 Community Outreach Volunteers, who reach out to women in areas surrounding the Women's Centre through door-to-door visits. They make them aware of services available to them and also listen to problems that they are facing. Some of the commonly heard concerns are insufficient food

and shelter, shortage of safe drinking water, and the need for items such as umbrellas and burka (UN Women, 2018).

VIII. Gender-based approach to reconstruction after conflict-what needs to be done in terms of female Rohingya refugees in Bangladesh?

The male and female Rohingya refugees should be brought together as a group as part of capacity building. Their thought processes should be streamlined with main population of Bangladesh. They should be made aware that they can only stay if they are co-operative with the authorities. Female empowerment should be started after training of the mind-set of the females. There is an understanding that Rohingya Muslims are strict religion abiding Muslims. They do not take birth control due to religious beliefs even after repeated counseling by trained doctors. They should be made aware of the consequences of unplanned child-bearing as the restricted housing will be even more crowded due to extreme high child-birth. The refugee camps can be given more legitimization through providing resources, training, and awareness, but then of course, the refugee women have to co-operate with all stakeholders. There should be sustainable set-up of the camp with business set-up in such a way that the camp is a self-sustainable. The policy followed by BRAC, the largest NGO in the world of empowering women can be adhered to. The Rohingya women can be given training on sewing and the big shops can source from their needlework and make them self-sufficient. The educated females from the refugees can be selected for teacher's training and directed to run schools. If the refugee females are engaged in work, they can hope for a better quality of life. Post-conflict reconstruction of Rohingya refugees requires team-work of both the refugees and the concerned authorities.

IX. Conclusion

The policymakers should ensure that ethnic conflicts are under control. If there is no refugee movement, then addressing reconstruction after a conflict is required. According to the socio-economic model, action across multiple steps of the model is required for women empowerment. If women are empowered, a sustainable society can be expected as women play

a dual role in the society, both as bread-winner in case of single women and family member. The women can be given ownership and responsibility of making and looking after sustainable fish farms and cattle farms for survival.

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