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Rohingya children drawing pictures of what they witnessed in Myanmar © Anna Dubuis/DFID



‘How will my life be?’: Psychosocial well-being among Rohingya and Bangladeshi adolescents in Cox’s Bazar

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Overview

Psychosocial well-being for Rohingya and Bangladeshi adolescents in Cox’s Bazar, Bangladesh remains fraught. In addition to collectively carrying the trauma of displacement and statelessness, the Rohingya face daily environmental stressors including difficulty in obtaining basic needs, congested living arrangements, limited privacy, perceived insecurity and a lack of livelihood opportunities which have adverse effects on well-being (Riley et al., 2017). UNHCR (2019) notes that one-third of refugee families have at least one protection vulnerability requiring specialised attention, and while significant progress has been made by the humanitarian response in addressing vulnerabilities, the 2020 Joint Response Plan for the Rohingya Crisis (ISCG et al., 2020) highlights that the need for scaled-up psychosocial support services for boys and girls under 18, ‘remains urgent’ (p. 57).

Negative coping mechanisms due to poverty and lack of livelihood prospects also plague the current and future well-being of Bangladeshi adolescents residing in host communities, comprising child labour for boys – including hazardous work – and child marriage for girls; as well as a perceived deterioration in the security environment (ISCG et al., 2019 and 2020). Notwithstanding progress in amplifying community-based protection programmes and improving the uptake of dedicated services, stronger community buy-in will be needed to ensure that gaps are addressed.

Drawing on data from the Gender and Adolescence: Global Evidence (GAGE) study nested within the larger Cox’s Bazar Panel Study,² this policy brief discusses the psychosocial risks facing adolescent girls and boys from Rohingya refugee and Bangladeshi host communities. It concludes with recommendations to accelerate progress towards addressing critical protection gaps for adolescents as the Rohingya crisis becomes more protracted.

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² The Cox’s Bazar Panel Survey (OBPS) is a partnership between the Yale Macmillan Center Program on Refugees, Forced Displacement, and Humanitarian Responses (Yale Macmillan PRFDHR), the Gender & Adolescence: Global Evidence (GAGE) programme, and the Poverty and Equity Global Practice (GPVDR) of the World Bank.

Methodology and conceptual framing

This brief draws on mixed-methods data collected in 2019 as part of the GAGE longitudinal research programme. In Bangladesh, GAGE partnered with researchers from Yale University and the World Bank to implement the Cox’s Bazar Panel Survey (CBPS) (CBPS, 2019; World Bank, 2019) with 2,280 adolescent girls and boys and their caregivers. The quantitative survey was complemented by in-depth qualitative research across 3 camps³ and 2 host communities in the Ukhia and Teknaf upazilas (sub-districts) with a sub-sample of 149 Rohingya and Bangladeshi adolescents, their families and communities, using interactive tools with individuals and groups. Our sample included two cohorts – younger adolescents (10–12 years) and older adolescents (15–19 years). In line with the 2030 Agenda’s commitment to ‘leave no one behind’, we also included adolescents with disabilities, and adolescent girls and boys who married as children (see Table 1). We also carried out key informant interviews with service providers and programme and policy actors.

Our analysis followed the GAGE conceptual framework, see Figure 1 (GAGE consortium, 2019), which focuses on adolescents’ multidimensional capabilities. This brief focuses on one of the six GAGE capability domains: psychosocial well-being, including adolescent emotional resilience, parental emotional support, social connectedness with peers and access to psychosocial services. The framework recognises that adolescents’ capability outcomes are highly dependent on contextual realities at household, community and state levels, which also determine the change strategies (such as promoting community norm change; empowering girls; and engaging with boys and men) that can be employed to improve adolescents’ outcomes.

Scope and scale of the challenge: key findings

Psychosocial distress

After the mass Rohingya refugee influx into Bangladesh, UNHCR, UNICEF and child protection partners conducted a qualitative assessment of Rohingya caregivers. They found that 50% of respondents confirmed seeing signs of distress and emotional change in their children’s behaviour, most often associated with memories of violence when fleeing Myanmar, separation from family members, fear of forced return and exposure to sexual violence (OCHA, 2018). A subsequent assessment conducted by the International Organization for Migration (IOM) found that 74% of adult respondents and 50% of child respondents mentioned feeling ‘*always sad*’ (IOM, 2018).

The GAGE survey, using the General Health Questionnaire (GHQ-12) (an internationally validated measure of mental disorders and distress), found that 14% of adolescents in our sample experience psychological distress. However, while there are only minor differences between adolescents living in camps and those in host communities, there are important gender and age differences. For example, older adolescents are nearly twice as likely as younger adolescents to experience psychological distress (20% vs 10%), while adolescent boys are 46% more likely to experience psychological distress than girls.

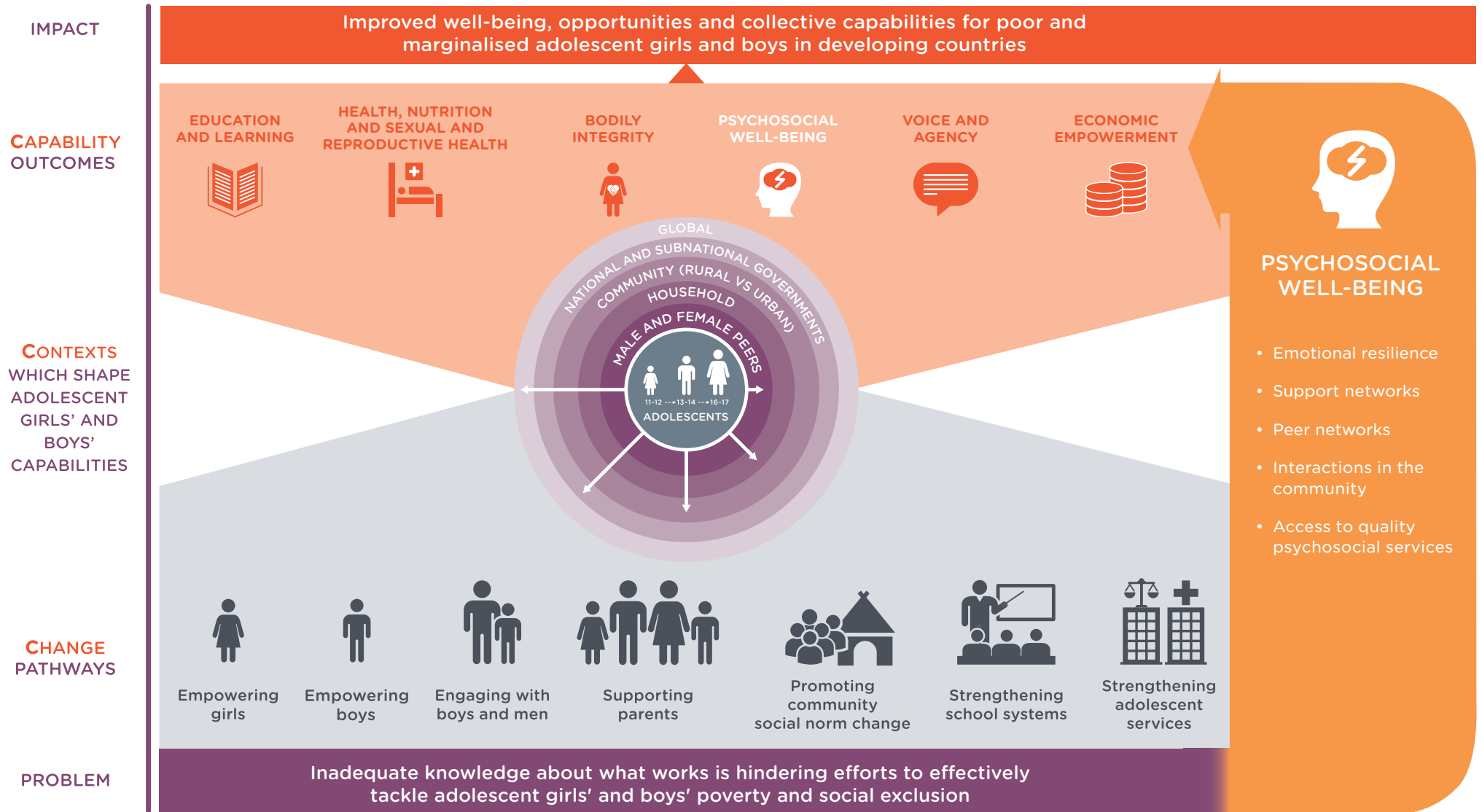
Our qualitative data highlights that across locations, major sources of psychological distress for adolescent boys are financial in nature. The multidimensional poverty faced by both Rohingya and Bangladeshi households impacts all other capability domains for adolescents – from education to health to relationships. Older adolescent boys are expected to earn income for their household (Akhter and Kusakabe, 2014); the few opportunities available to do so exacerbate their feelings of stress. A 15-year-old Rohingya boy from Camp A talked of his fear of not providing for his family: ‘*If suddenly my home is*

Table 1: Mixed-methods research sample

| | Quantitative fieldwork | | Qualitative fieldwork | |
|--------------------------------------|------------------------|--------------------|-----------------------|--------------------|
| | Fieldwork sites | No. of respondents | Fieldwork sites | No. of respondents |
| Refugee camps | 32 | 1,209 | 3 | 112 |
| Host communities in Teknaf and Ukhia | 57 | 1,071 | 2 | 37 |
| Total | 89 | 2,280 | 5 | 149 |

³ We have anonymised the camp names to protect the privacy of study participants, and refer to them here as Camps A, B and C.

Figure 1: GAGE '3 Cs' conceptual framework



I worry about the house, about money and about illness, when I become sick ... My brother should be married off and my sister should be given in marriage. I am anxious about how I can manage all that. Where will I get money?

(An 18-year-old boy in Camp A)

destroyed then I have to bring bamboo [to] repair it. I have to earn money to manage that expense. An 18-year-old in Camp A echoed that sentiment: *'I worry about the house, about money and about illness, when I become sick ... How will my life be? My brother should be married off and my sister should be given in marriage. I am anxious about how I can manage all that. Where will I get money?'*

Although equally burdened by financial constraints, older boys in host communities frequently noted how lack of money hampered their educational prospects in particular. A 16-year-old boy from Ukhia explained, *'I worry about my studies ... I can't go to school if there is no money in my family ... last month I broke my leg and I couldn't go to school, and couldn't afford proper medical treatment.'* By contrast, older Rohingya adolescents did not cite lack of education as a major cause of stress – perhaps because 99% do not currently have access to formal schooling and most have probably directed their energies towards finding work.

While the quantitative findings suggest that girls are at lower risk of psychological distress, our qualitative data highlights that many adolescent girls have limited emotional resilience and sources of support. One 16-year-old adolescent girl from Camp B bemoaned girls'

lack of freedoms: *'We eat our food and sit in front of the house, sleeping, do the housework. [We can't communicate with friends as we wish], we stay at home and cook while crying.'*

Among girls, reports of tension and stress were also mostly linked to finances. Many unmarried Rohingya girls from poor families were worried about their marriage prospects (see Box 1), while Bangladeshi girls in host communities mostly worried about poverty preventing access to education. As a 12-year-old girl from Ukhia lamented, *'My father escaped, leaving us all. My mother works in others' houses as a maid and because she works, people call her "beggar" or "worker". I worry about money. I cannot buy books, pens ... A few days ago I couldn't go to school due to a lack of shoes.'*

Our qualitative findings reveal that many adolescents, irrespective of age, gender and location, face distress over food. As a 10-year-old girl from Ukhia said, *'I can't eat ... I can't get money at the time of going to school and I cannot eat food properly.'* Our quantitative survey findings underscore this, finding that 27% of adolescents report feeling hungry because they have not had enough food to eat in the last four weeks. This is substantially higher in camps, where 40% of adolescents report feeling hungry, compared to 20% in host communities.

Emotional support from adults

Our qualitative research across locations found that most adolescents have trusting relationships with their parents, who are their primary sources of help and support. Analysing gender, age and geographic differences, our findings show that parental support impacts different aspects of adolescent psychosocial well-being. In general, quantitative surveys show that adolescents are more likely to speak with their mothers than their fathers on a range of topics including education, future work, marriage, bullying and religion.

Box 1: Psychosocial distress among married girls

Our survey revealed that across locations, married girls are 150% more likely to feel psychological distress compared to older unmarried girls (37% and 15% respectively). Married girls complained about their husbands not acknowledging their needs or those of their children, coupled with a lack of reliable household income. A 17-year-old married girl from Teknaf explained, *'He always gambles, he doesn't listen to anyone. He spends all the money for this. We don't get food ... We have to starve. My children don't get food.'*

Perhaps reflecting limited avenues for redress or deeply entrenched social norms, our qualitative data suggests that many married girls are resigned to the power dynamics within marriage, as a focus group participant in Camp B noted: *'I really can't go anywhere. I stay at home most of the time and if I step foot out of the house, my husband raises his hands against me.'* Married girls are also isolated socially due to gender norms that limit their mobility, with childcare responsibilities further binding them to the home. As a 17-year-old married girl in Camp A lamented, *'I have no good news to share.'*

Outside the family, our survey reveals that married girls are 31% less likely to have a friend they trust, and 65% less likely to leave their camp block or host community, when compared to unmarried older Rohingya and Bangladeshi girls.



Rohingya women and girls taking part in a gender-based violence programme in Cox's Bazar © European Union/Mallika Panorat

In the camps, Rohingya boys mentioned parents helping to fix problems, such as when they fall victim to gossip and bullying – except when badmouthing relates to girls: *'they will batter me if they see me speaking to girls on the mobile,'* explained a 15-year-old boy from Camp A. Quantitative surveys show that 36% of adolescents talk to their mothers and 27% talk to their fathers about bullying. Although some older boys mentioned relying on extended family for monetary or emotional support, most respondents mentioned parents in the first instance.

Qualitative findings among Rohingya girls are mixed. Some reported reaching out to their parents for emotional support, as a 15-year-old from Camp C noted: *'after all the work, I feel relief when I talk to my mother, I feel peace when I lie down with my mother because she is mother.'* Others reported being scared to discuss private matters with parents, preferring a more distant relationship, as an 11-year-old (also Camp C) explained: *'I can't share [sadness, distress, tension] with my mother. So, I share it with my friends ... parents scold me.'*

Across host communities, boys and girls alike reported sharing worries and successes with parents, but preferring to share laughter and fun with friends. Our survey found that 88% of adolescents discuss their education with their

mothers and 78% discuss education with their fathers. As a 13-year-old girl in Teknaf said, *'When I get a good result [in school] I share it with my mom, and any good news or funny case I share with my friends.'* As most adolescents' worry about lack of money and face multiple material, parents seek to communicate the challenges to their adolescents. As one female focus group participant in Ukhia said, *'They [adolescents] tell their parents their sadness. We make them understand that they are children of poor people. If they do bad things, people will say bad things about them ... we won't be able to get them married. Always be good because people praise good children. Thus we make them feel at peace.'*

► I can't share [sadness, distress, tension] with my mother. So, I share it with my friends ... parents scold me.

(An 11-year-old girl from Camp C)

▮ I don't do anything the whole day. I cook rice and cook other things and eat. And when I don't feel good I go to the house beside ours and talk to their daughter.

(A 15-year-old girl in Camp A)

Social support from peers

Across locations, friends are important to adolescents, providing support and moments of carefree fun. Almost two-thirds (65%) of adolescents had visited a place they felt safe with their friends at least once a week. There were minimal differences between locations but important gender and age distinctions, with boys more likely to do so than girls (83% compared to 48%), and the younger cohort more likely compared to the older cohort (76% compared to 49%). Overall, 82% of adolescents report having at least one friend they can trust. While our quantitative data does not find significant differences by gender, age or location, our qualitative findings suggest that older girls are particularly at risk of social isolation, due to restrictive social norms. Casual rather than deeper friendships are more common among older girls, as a 15-year-old in Camp A explained, *'I don't do anything the whole day. I cook rice*

and cook other things and eat. And when I don't feel good I go to the house beside ours and talk to their daughter.'

Adolescent boys are not subject to the same restrictions on mobility, so spend more time with friends, who were described as a source of support by boys in our sample – people they could rely on and share secrets with. They help each other study (younger boys primarily), play games together, and walk around together to gossip and talk about girls. Some – mostly older boys – also reported relying on friends to borrow money when needed to cover basic needs, if their parents could not afford them.

Community involvement

Overall, 32% of Rohingya and Bangladeshi adolescents in our sample reported belonging to community groups, with important differences by location, gender and age. 44% of Rohingya boys and 38% of girls participate in groups, which marks a 50% higher likelihood of community participation compared to host community adolescents. In host communities, boys are more likely than girls to participate in community groups (32% compared to 23%). Across camps and host communities, participation is also disproportionately weighted towards younger cohorts, who are over three times as likely to participate than older cohorts, likely due to older cohort boys' strong focus on finding income-generating opportunities, and older cohort girls facing severe mobility restrictions.



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Social norms limiting girls' mobility as soon as they enter puberty mean that their involvement in community life is curtailed, as one older girl in a focus group in Camp B commented: *'No [we are not allowed to go to camp meetings]. We are also not allowed to go to block meetings.'* Though many local and international humanitarian agencies have set gender quotas for Rohingya camp volunteers to promote women's involvement in community life, social norms present challenges for implementing such schemes, particularly for adolescent girls and young women, as gender biases intersect with age hierarchies. Moreover, in some cases, efforts to improve gender representation have met with resistance, including 'threats of violence against women volunteers and their families' (WRC, 2019).

Policy and programming implications

Our findings highlight the urgent need for policy and programming that enhance the psychosocial well-being of Rohingya adolescents in camps and Bangladeshis in host communities. Key priorities include the following:

1 Invest in cost-effective psychosocial support services for adolescent girls and boys, and their parents/caregivers.

As the psychosocial well-being of Rohingya and host community adolescents remains fraught, and formal schooling for grade 6–9 students will only start in 2020, it is vital to enhance investments in peer-to-peer approaches and community mentors through non-formal education platforms. Specialist case management services to identify particularly distressed adolescent girls and boys also need to be strengthened, including referral pathways to adequately funded mental health and psychosocial support services. Designing parent-adolescent support groups to encourage positive communication will also increase adolescent support systems and foster well-being.

▶ No [we are not allowed to go to camp meetings]. We are also not allowed to go to block meetings.

(An older girl in Camp B)

2 Increase the meaningful and safe participation of adolescents in community structures

in camps and host communities by strengthening outreach to families, religious and community leaders to increase buy-in for adolescent empowerment programmes.

Additional investment in more adolescent-friendly spaces for young people to socialise and learn new skills, especially vocational skills, needs to be prioritised. Safe-space programming should prioritise already-married adolescent girls, working with families, husbands and community leaders to reach them. To recruit more adolescent girls in camp volunteering schemes, and retain female volunteers, we recommend: (1) that girls report to female supervisors only; (2) awareness-raising with family members; and (3) providing volunteering opportunities in close proximity to girls' homes. There should also be boy-only spaces, with opportunities to develop vocational skills, especially for older boys who face a dearth of educational opportunities but are also at high risk of peer violence.

3 Design tailored psychosocial and mental health interventions for Rohingya adolescents and train mental health and psychosocial staff accordingly.

Encouraging the use of Chittagonian or Rohingya language, matching the gender of mental health and psychosocial workers with that of beneficiaries, understanding culturally relevant issues of confidentiality and privacy, and acknowledging cultural perceptions of distress and well-being will be critical to address unmet needs of young people.⁴

⁴ See Tay et al., 2019 for additional guidance for MHPSS workers.

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