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Gender-based violence among Rohingya refugees in Bangladesh: A public health challenge

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On August 25, 2017, the military and paramilitary forces of Myanmar launched "clearance operations" against the Rohingya population in Rakhine state of Myanmar (1). In the resulting humanitarian crisis, a Médecins Sans Frontières (MSF) report estimated that the number of deaths crossed 9000 within the first 31 days of these "operations"(1). In addition to mass murder, other atrocities including burning down of residences, torture, rape, kidnapping continued to be practised on the Rohingya living in Myanmar (2). Those who could escape, braved great risks to cross the border between Bangladesh and Myanmar to seek refuge in Cox's Bazar district of Bangladesh (2). Currently, the number of refugees living in temporary camps has crossed one million, and local and international agencies are attempting to support them with basic living amenities and medical care. Their physical and mental health status is a global concern calling for immediate action (3, 4). The magnitude of violence has been much higher among the adolescent girls and women of reproductive age (2).

An MSF estimate revealed that at least 2.6% of women and girls have died due to sexual violence (2). In addition, the survivors of gang-rape reported days of trauma living with swollen and torn genitals throughout their journey to Bangladesh. Most of the victims lacked access to urgent interventions like emergency contraception (within 120 hours) and prophylaxis against HIV infection (within 72 hours) and so on, because of stigma and the inability to meet healthcare costs (5). The wide range of gender-based abuse of the Rohingya requires special attention from both healthcare professionals and policymakers for several reasons such as: adverse reproductive, sexual and mental health outcomes; inadequacy of data leading to poorly planned redressal programmes; their refugee status and difference in spoken language leading to poor recognition of specific healthcare needs (6); vulnerability of refugee women to sexual abuse and exploitation (7).

The current focus of public health and aid agencies has been on treating physical trauma, infectious diseases like diarrhoea, hepatitis, vector-borne diseases like malaria, dengue and immunising against polio, diphtheria, cholera, measles and rubella (8), all of which is improving the overall health of refugees. However, little attention is paid to the victims of gender-based violence and their urgent need for security and access to basic amenities. Another ethical issue is how the ongoing approaches justify the way they take care of the victims of gender-based violence. Fundamental questions such as how the magnitude of gender-based trauma is measured; and whether the victims of such violence receive care equal to that of other patients determine the discourse of violation of distributive justice whereas discrepancies in providing continuum of care affects procedural justice. With obvious consequences like being deprived of education, low wages in the labour market, lack of access to healthcare, increased vulnerability to trafficking and forced prostitution, early marriage, teenage pregnancies and poor quality of living, a vicious cycle is created for a Rohingya girl who suffers from the untreated social disease of gender-based violence, thus cutting at the roots of her fundamental rights.

To overcome these challenges and ensure optimal care and rehabilitation we recommend: (a) extensive research on the magnitude, determinants and risks of gender-based violence among Rohingya refugees (b) sensitisation, training of community healthcare providers, community leaders and youth (c) establishment of a referral system that provides survivors access to specialist healthcare providers (d) Addressing socioeconomic vulnerabilities and providing safe spaces (adequate living amenities, educational and employment opportunities) to Rohingya women and girls (e) strengthening law enforcement and (f) collaborations between local and global organisations for multi-pronged action against gender-based violence.

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