



The lives they lead: Exploring the capabilities of Bangladeshi and Rohingya adolescents in Cox's Bazar, Bangladesh

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Overview

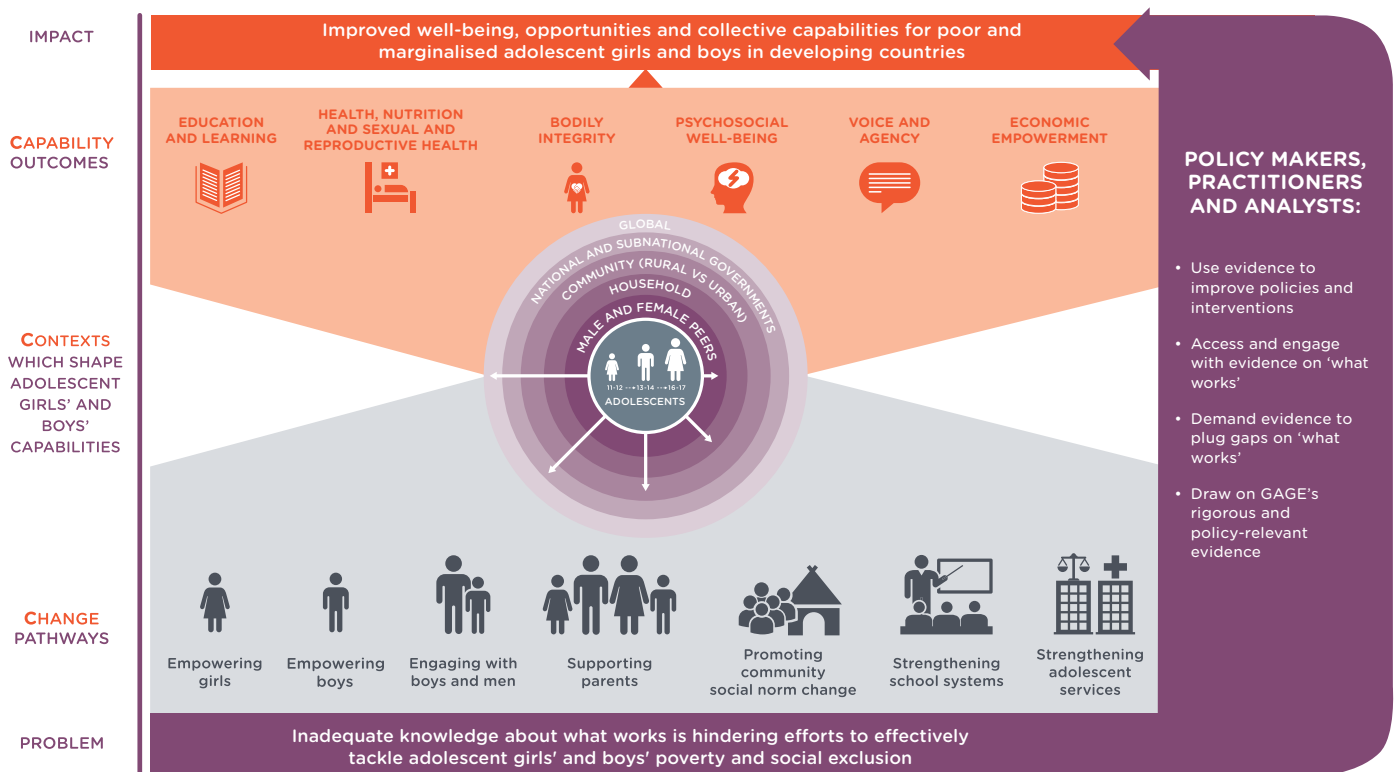
Since August 2017, more than 700,000 Rohingya crossed the border into Bangladesh, joining another half million that made similar journeys in previous years to escape decades of systematic discrimination and human rights violations in Myanmar (Human Rights Council, 2018, ISCG, 2017). The nearly three-quarters of a million refugees who arrived in the autumn of 2017 – over half of whom were children under the age of 18 – have predominantly settled into 32 camps located in two flood-prone sub-districts of Cox's Bazar, which is situated in Chittagong Division along Bangladesh's border with Myanmar (ISCG et al., 2019; UNHCR, 2019). These two sub-districts (Ukhia and Teknaf) now have populations that are 76% and 29% refugees respectively (ACAPS, 2018).

Rohingya refugees are confined to camps, prohibited not only from attending local schools but from using government curriculum, are not allowed to work or build permanent houses and have limited access to the internet (HRW, 2019). The Joint Response Plan (JRP) of the UN and government of Bangladesh (ISCG et al., 2019) notes that with no access to their own livelihoods, 'the refugee population remains 100% reliant on food assistance' (p. 33).

While large-scale national surveys such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) provide some evidence about Bangladeshi adolescents living in host communities, there is little known about adolescent Rohingya refugees because the Rohingya have been stateless – and uncaptured – in Myanmar for decades due to systematic discrimination and marginalisation. To date, there have only been a few small-scale assessments, including one aimed at child marriage and sexual and reproductive health (Ainul et al., 2018) and one aimed at adolescent girls more broadly (Plan and GPS, 2018).

This brief draws on mixed-methods data collected in 2019 as part of the Gender and Adolescence: Global Evidence (GAGE) programme – a unique longitudinal mixed-methods research and impact evaluation study that is focusing on

Figure 1: GAGE conceptual framework



Source: GAGE consortium, 2019 forthcoming

what works to support the development of adolescents' capabilities during the second decade of life (10–19 years) (GAGE consortium, 2019 forthcoming). In Cox's Bazar, GAGE partnered with researchers from Yale University and the World Bank to implement the Cox's Bazar Panel Survey (CBPS) in order to provide accurate data to humanitarian and government stakeholders involved in the response to the influx of refugees.

Following the GAGE conceptual framework, see Figure 1, (GAGE consortium, 2019 forthcoming), we present brief headline findings across six core capability domains: education and learning, health and nutrition, bodily integrity and freedom from age- and gender-based violence, psychosocial well-being, voice and agency, and economic empowerment and social protection. Future rounds of data collection will explore the experiences of adolescents in refugee and host communities over time.

Methodology

In Cox's Bazar, GAGE baseline data collection was conducted in host communities and camps between May and October 2019. Table 1 shows the breakdown of the quantitative survey sample, which includes 2,059 adolescent girls and boys and their caregivers, nested within the broader Cox's Bazar Panel Survey.¹ Complementary in-depth qualitative research was carried out with a sub-sample of 149 adolescents, their families and their communities, using a variety of interactive individual and group in-depth qualitative approaches. Our sample included two cohorts – younger adolescents (10–12 years) and older adolescents (15–17 years) – and, in line with the 2030 Agenda's commitment to 'leave no one behind', included adolescents with disabilities and adolescent girls and boys married as children.

Table 1: Mixed methods research sample

	Quantitative fieldwork		Qualitative fieldwork	
	Fieldwork sites	No. of respondents	Fieldwork sites	No. of respondents
Refugee camps	32	933	3	112
Host communities in Teknaf and Ukhiya	57	1126	2	37
Total	89	2059	5	149

¹ See Mobarak, M. (2019) *Trauma and Mental Health among Rohingya Refugees from Myanmar and Host Communities in Bangladesh*. Fact sheet. New Haven, United States: Innovations for Poverty Action.

Case study: Child labour

I was born in Bangladesh and moved into camp A when it was a small camp, before the mass influx of 2017. When I was 11 years old my father went to Malaysia, [and the following year my elder sister and I] were given away to someone in Dhaka. My mother gave us away to do jobs at someone's house. [She] told us that she was greatly suffering to provide us food, so she told us to work for others and earn money. ...[The members of the family] used to beat us a lot. We used to sweep floors, clean utensils but [they beat us all the time ... We were there for two months. They didn't even let us talk to my mother. My mother was worried because she couldn't contact us, so she intimidated the man and said she would call the police. Finally the man handed us to our mother, he brought us home.... Then when I was 14 my sister, sister-in-law and neighbours forced me to marry. The head majhi of our block arranged the marriage so my mother had nothing to do. [My husband] doesn't look after me or our child.... He is a very bad person, he used to take drugs and beat me all the time.

17-year-old married girl, Camp A



Education and learning

While enrolment in first grade is almost universal at the national level, in Cox's Bazar only 73% of boys and 69% of girls enroll in school on time. Refugee children across all camps are prohibited from attending local schools (including private schools and those run by NGOs). Understanding how learning opportunities for host community children have been impacted by the influx will be key as the crisis protracts. In our data from host communities, 80.5% of females and 65.5% of males are currently enrolled in formal schooling. The lower enrolment rates among boys likely reflects that boys commonly drop out of school to earn money for the household (see next section). This notwithstanding, the adolescents in our sample show high educational aspirations (grade 10 in camps and grade 12 in host).

The refusal of both the Myanmar and Bangladesh governments to allow their curriculums to be used by the Rohingya means the Rohingya have no access to formal education (Hammond and Milko, 2019).² UNICEF was recently granted permission by the government of Bangladesh to use a customised curriculum for children under the age of 15 (UNICEF, 2019), and by mid-2019, there were over 2,000 learning centres providing informal education to nearly 200,000 children between the ages of 4 and 14 (ibid.). Reflecting this policy change, our data suggests that 70% of non-formal schooling in camps is NGO-run. The perception among the Rohingya, however, is that learning centres are spaces for recreation rather than quality teaching. The father of an 18-year-old married boy in Camp A complained that, *'[Teachers'] duty is only to provide biscuits'* while conversations during a focus group discussion (FGD) in Camp A, criticised the informality of the learning centre education: *'There is no use of school here. They just waste time. They just come and go.'* Moreover, learning centres do not cater to older adolescents, as a 17-year-old boy in

Camp A explained, *'I am now a young adult and it looks ugly if I study with the children.'* All forms of informal education are heavily weighted towards young adolescents, with 68% of young adolescents in our camp sample enrolled in informal education compared to only 15% of older adolescents.

In addition, both religious and private education are on the rise, for those who are able to afford it. Our survey findings indicate that 12% of informal schooling in camps is private tutoring and 14% is religious. As participants in a women's FGD in Camp B noted: *'We have to send the children of above 10 years to a private [Rohingya] tutor. They teach in their houses. They take 300/400 taka monthly. Those who don't have money can't send their child.'* Many children and adolescents attend *madrasas* within the camps – yet girls are prohibited from attending once they 'grow up', typically occurring anywhere from 10 to 12 years of age. As a Bangladeshi NGO manager working in Camp A explained, conservative gender norms preclude adolescent girls' continued education: *'After the first menstrual flow a girl [is] captive in home by her family ... They don't have permission to come to school or the centre. In a word, girls stay at home as prisoners.'*

Overall, girls in our camp sample were 35% less likely to be engaged in informal educational learning compared to boys, echoing gender divides carried over from Myanmar's Rakhine State, the place of origin of the Rohingya refugees in Bangladesh (PLAN and GPS, 2018). Some girls conform to these gender norms and suppress any personal aspirations: *'I don't have any wish because I am a girl'* (15-year-old girl, Camp A). Others, however, are more cognisant about the longer-term costs of being deprived of an education: *'I want to study another five years if I am alive ... If I had education I could have a job like you. [Instead] I have to clean others' cooking pan and pots. If you gave me the chance to study, I could write like you'* (15-year-old girl, Camp C).

² Under UN guidelines, refugee children are supposed to be taught either the curriculum of their home country or that of their host country (UNHCR, 2015).



Economic empowerment and child labour

At the time of Bangladesh's last Child Labour Survey in 2013, approximately 14% of children between the ages of 5 and 17 were working, almost exclusively in the informal sector (BBS and ILO, 2015). UNDP (2018) reports that Cox's Bazar has had historically high levels of child labour. In our sample, 32% of adolescent boys from host communities worked for money in the last 12 months, compared to 7% of girls. Our qualitative research found that in Cox's Bazar host communities, adolescent boys are overwhelmingly seen as an earning source within the family since they can collect fuel, work as shop assistants, pull rickshaws and assist in fisheries work. This vision has been heightened by the new and increased employment opportunities brought about by the Rohingya influx. An NGO staff member explained, *'[T]he presence of boys [in school] is very low. They are basically in NGOs working in the camps.'*

There appears to have been no research to date regarding Rohingya children and work. UNICEF (2018) observes that they are highly vulnerable to child labour, in part because their parents are prohibited from taking on formal work, but also because of the dearth of educational opportunities. For this reason, Rohingya child labour in host communities is on the rise (Save the Children et al., 2018). This was confirmed by our survey data, which found that up to 26% of Rohingya adolescent boys had worked for a wage in the past year compared with only 3% of girls.

Research with adolescent girls has found they would welcome the opportunity to generate their own incomes (Plan and GPS, 2018; Ainul et al., 2018) especially as they see some older women volunteering and working in the camps, in contrast to the gender-segregated labour market of Myanmar. An 18-year old girl highlighted, *'Here women can go out but in Burma you will be thrown out from society. Burma is the country of man but Bangladesh is a country of women.'* That said, skills-building programmes dedicated

After the first menstrual flow a girl [is] captive at home by her family.

(A Bangladeshi NGO manager working in Camp A)

to adolescents are very limited. Only 0.6% of our sample benefited from an economic skills-building programme and only 2% from a programme that provides employment for youth.



Bodily integrity and freedom from violence

Bangladesh has one of the world's highest rates of child marriage. Over one-fifth of girls are married before the age of 15 and nearly three-fifths are married by 18 (Girls Not Brides, 2019). In the Chittagong Division of Bangladesh, 28% of girls aged 15–19 are already married and adolescent girls in Chittagong are more likely to marry a significantly older man than their peers in other regions of the country (BBS and UNICEF, 2015).

The prevalence of child marriage among Rohingya refugees living in Bangladesh is not known. In the sample of one study (Plan and GPS, 2018), 22% of girls aged 15–19 were already married. Ainul et al. (2018) report that the incidence is climbing, due to increased household vulnerability, and that marriages are not only increasingly informal but that polygamy is on the rise. Among our camp sample, 11.7 % of the female 15–17-year-old cohort were already married compared to only 2.4% in host. Girls are unsurprisingly at greater risk of marriage than their male peers, with 6.2% of older males in camps married before age 18, and almost no males in host married before 18.

In line with the broader literature on high rates of intimate partner violence among both host (NIPORT et al., 2016) and Rohingya refugee communities (Tay, 2018; ISCG et al., 2019; Ainul et al., 2018), our qualitative research

Case study: Child marriage

When I was a child, my mother died [and] we had to face a lot of problems. We were in great sorrow... I and my siblings had to suffer a lot.... We have come here from another country [so] where will we get money from? If any brother of ours stayed abroad then he could send money for us. We don't have any relatives. So who will give us anything? And my father got me married with an old man. My husband [hardly] lives with me. Neighbours can tell you. He stays here five days in a month. I was 16 when I was married off. But here we can't get married at [that] age. So I told that my age [was] 18. So, head majhi and moktar told us to write 18 years, as I don't have mother. [I have no money and my husband doesn't give me anything]. He is not that kind of husband. If my father had money he wouldn't give me this old husband.

I would like to work but my husband doesn't let me go anywhere. He won't let me go out. Sometimes I go out when there is a quarrel here. He says that if I go out people will see me [and] sometimes he hits me. What will we say? Can we badmouth men or beat them up? They beat us. [When I am sick] I go to the doctor alone when he is not at home [because] he says that, 'If you are ill at night you should die. You can't do anything without my permission. You won't be able to go to heaven after death.'

18-year-old girl, Camp B

found that many married adolescent girls are at significant risk of gender-based and sexual violence. For example, as a female NGO worker in Camp C noted: *'[Girls] feel shy to report. If you say about underage marriage, [or] sexual intercourse [below 18]... will be named as rape. These things are not reported.'* Married adolescent girls also echoed this sense of powerlessness: as an 18-year-old married girl from a host community noted: *'[My husband] beats me up... Whom do I tell about all of this? How will he get punished?'*

Our qualitative research also underscored that among unmarried girls, sexual harassment constitutes a significant risk. For example, a 12-year-old girl from Camp B explained: *'If girls went out to fetch water, boys used to do a lot of things ... Parents used to beat up the girls as a result ... Society sees girls are to blame, of course.'* In the same vein, a father in a host community FGD noted that preventing a daughter's sexual harassment is a matter of family honour: *'If someone eve teases my daughter I'll be disgraced. That's why a father or brother goes along with her.'* This high rate of sexual harassment in camp and host perhaps is partially to explain why in our quantitative data 83% of males report visiting a place they feel safe with friends once a week compared to 48% of females.

In terms of peer violence, the survey findings suggested very high rates of risk with 53% of adolescents reporting peer violence. The qualitative research underscored that many adolescents, especially the younger cohort, experience violence from peers on a regular basis. In the case of girls, competition at water points is often a trigger: as a 17-year-old boy from Camp C noted: *'They quarrel with each other every day while fetching water ... When any girl takes more water than the other, discord begins there ... One pulls the hair of the other.'* In the case of boys, many reported physical fighting with peers, often when moving outside their immediate neighbourhoods. An 11-year-old boy from Camp B explained the problem as follows: *'When we fight, we throw stones at the other boys ... they beat us in their area.'* Another 10-year-old boy from Camp C highlighted the problems of gangs and gun violence. *'Local gangsters beat us up ... Here in [a village adjacent to the camp], they kill our people from our block by shooting ... When they need money, they come here and cause a nuisance. Sometimes they kidnap boys and girls of our age and ask for a ransom from their parents.'*



Psychosocial well-being

Bangladesh has a high burden of mental health disorders (up to 23% in children and up to 31% in adults) – and very limited capacity to address them (Hossain et al., 2014). An evidence review produced by GAGE found

My worry is I don't have my father. I have to take care of my siblings. How will I take care of them? I don't have any job.

(A 19-year-old adolescent boy from Camp B)

that among adolescents, girls almost uniformly report more symptoms of depression and anxiety than boys, in part due to restrictions on their mobility and decision-making, their experiences of sexual harassment and their concerns about child marriage (Stavropoulou et al., 2017).

The JRP (ISCG et al., 2019) notes that many Rohingya refugees have witnessed and experienced extreme brutality – and face additional stress born of poverty and uncertainty. Tay et al. (2018) report that at least 50% of Rohingya children are always sad, tense or nervous, and that older girls are far less likely to report being happy than younger girls.

Our quantitative data suggests that 14% of adolescents suffer from psychological distress, as measured through the General Health Questionnaire-12 (GHQ-12)³ with significant differences between older adolescents (20%) and younger adolescents (10%). Our qualitative findings suggest that this may be in part because of the high levels of responsibility that many older adolescents are shouldering. As an 18-year-old married girl from Camp B noted for example: *'We didn't have [a] mother. So we always had to do everything on our own. We didn't have food to eat. We didn't have any work. Now the rent of this house is 150 taka ... They come thrice daily ... to take the rent. How will we eat and how will we pay the rent?'* Surprisingly, and in contrast to the literature, boys reported significantly higher levels of mental distress than adolescent girls. Our qualitative research suggests that this may be in part because of the high pressures placed on boys to contribute to household livelihoods and the very limited opportunities they have to meet their families' survival needs. As a 19-year-old adolescent boy from Camp B noted, *'My worry is I don't have my father. I have to take care of my siblings. How will I take care of them? I don't have any job... [in Myanmar] I had cows and goats. I couldn't bring anything here. I feel sad about that.'* A number of adolescent boys also highlighted the responsibility that they feel around financing their sisters' weddings and the stress associated with this in times of such economic hardship. As a 17-year-old boy from Camp C noted: *'We need lots of money for my sister's wedding ... I worry about my house and my sisters who are unmarried ... My worries are all about money.'*

³ The GHQ-12 was developed as a screening instrument to detect individuals who suffer from anxiety, depression and social withdrawal (Jackson, 2007). We utilise the commonly used cut-off of 3 or higher as an indication of psychological distress.



Health

Driven by the country's high rate of child marriage, adolescent pregnancy is a significant concern in Bangladesh – especially given rates of malnutrition in girls (Akhter and Sondhya, 2013). BBS and UNICEF (2015) report that in Chittagong, 21% of young women aged 20–24 had given birth before the age of 18.

In terms of knowledge about sexual and reproductive health, Ainul et al. (2018) observe that many see contraception as prohibited by religious law; others believe that it causes infertility. In the camps, our qualitative data found respondents knowledgeable on pregnancy, yet had limited sexual and reproductive health knowledge, particularly around contraception. As a health service provider explained, *'We give [adolescents] a little idea about contraception, not in details. We do not provide information on pregnancy or family planning. If we get a case [of adolescent pregnancy], we directly refer it to a hospital. We do explain what would happen to them if they get into an intimate relationship, but we don't teach them what actions should be taken.'*

Ninety-six percent of older adolescents in our quantitative sample have access to information about puberty. Girls in our camp sample seem to learn about puberty via their mothers, elder sisters or close friends once they reach it. An 18-year-old married girl explained, *'I got to know everything about menstruation after my first menstruation.'* Girls receive sanitary pads via NGOs operating in the camps, though provision seems to be unequally distributed in the camp sites, with some girls being provided hygiene kits and others complaining that, *'It's been 8–9 months that they have stopped providing [soap and sanitary pads]'* (FGD of older girls).

The lure of drug use and trade is drawing adolescents from both host and camp communities and is a growing cause of concern among adolescent boys in particular, especially in the context of a lack of educational opportunities (UNICEF, 2019). As a host community NGO programme officer explained, *'The biggest issue in here is the drug addiction. You will find "Yaba" in every household here. Teknaf especially and adolescent boys are doing this. And they are doing all sorts of illegal works. To them, Yaba is an easy money income source.'*



Voice and agency

The voice and agency of Bangladeshi girls is tightly constrained by conservative gender norms that emphasise the importance of marriage and motherhood (Camellia et al., 2012). The voice and agency of Rohingya

We are not even allowed to go out, forget about becoming [a] doctor, [or a] teacher.

(A 16-year-old girl)

refugee girls is perhaps even more limited than that of their Bangladeshi peers. ACAPS (2019) reports that due to the practice of *pardah* (which dictates that after puberty girls and women must not be seen except by their husbands and close male relatives), they are excluded from broader community life and cannot even form or participate in informal support groups.

Our research found that adolescent mobility is prescribed by age and gender. During daylight hours, many young Rohingya adolescents are able to visit their relatives in the immediate vicinity, as well as attend learning centres and/or *madrassas*, do chores outdoors and spend their spare time with their friends. Rohingya girls, however, are 65% less likely (28% vs. 80%) to leave their camp blocks compared to boys; and Bangladeshi girls are 31% less likely (52% vs. 76%) to leave their host communities compared to boys. In both camps and host communities, 95% of adolescents in our sample felt safe walking in their camp blocks or communities during the day, a figure which plummets for night-time (26% and 33% in camps and host communities respectively). In camps, adolescents mentioned the poor lighting and fear of kidnapping and violence after dark. There are rumours of children missing and families forced to pay ransom money. In a camp FGD, older adolescent boys stated that *'local and Burmese people are involved in these evil works.'*

Qualitative data suggests that everything changes for girls once they 'grow up', which means either reaching puberty, or simply appearing grown. 'Grown' girls can barely go out, and when they do they have to cover their bodies and faces, wear gloves and carry umbrellas – an obligatory accessory at the onset of menarche to further shield themselves. As an 11-year-old refugee girl explained, *'We aren't allowed to go anywhere. We are not allowed to go out of home. People would see us!'* In an FGD, older girls told us that all they can do is stay home and *'cook while crying.'* While some girls legitimise their mobility restrictions as social and religious norms, others are conscious of their constraints. One 16-year-old girl said, *'We are not even allowed to go out, forget about becoming [a] doctor, [or a] teacher.'*

In the case of married adolescent girls, they reported very little opportunity to impact household decisions and decisions about their own lives. As an 18-year-old refugee

girl from Camp A noted, *'My husband takes all decisions. Why wouldn't I listen to him? I must listen to him if I have to stay with him. Women in our country don't give their opinion on anything.'* Only in female-headed households do adolescents have the ability to voice opinions and influence decisions, if they are the eldest among siblings. Aside from specific cases or arbitrations, community decisions are taken by elders in the camps.

I want to study another five years if I am alive ... If I had education I could have a job like you. [Instead] I have to clean others' cooking pan and pots. If you gave me the chance to study, I could write like you.

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

Summary

Two and a half years in, the prospect of protracted displacement for the Rohingya is a looming reality. Given that Rohingya refugees in Bangladesh remain entirely dependent on aid (ISCG et al., 2019), a medium- to long-term vision is needed lest there be a lost generation of adolescents in Cox's Bazar. Stemming from our findings, major sources of worry and distress for adolescents centre around education, the lack of skills building and livelihood opportunities, early pregnancy, child marriage, gender-based violence and a lack of safe spaces to build social networks. The GAGE data, along with the broader OBPS data, is a valuable source of information to design evidence-based interventions and policy, and we call for cross-sectoral partnership in the humanitarian response for Rohingya and Bangladeshi adolescents to address these challenges.



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