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Challenges in Seeking Gender-Based and Reproductive Health Justice: A Case of Rohingya Women and Girls in Bangladesh

Khandaker Farzana Rahman

Abstract

The Rohingya, one of the most persecuted ethnic communities, has been displaced from Myanmar due to state sanctioned atrocities prevailing in the country for the last several decades. With more than half of this population being composed of women and girls, innumerable instances of systematic sexual crime and violence against them perpetrated by Myanmar forces have been reported throughout the years. Simultaneously, deep-rooted gender inequalities, gender related violence and social discrimination among the Rohingya population continue to persist. Being impelled by moral and legal obligations, Bangladesh had to immediately address gender-based violence (GBV) and protect reproductive rights of these Rohingya women living in coastal areas when they sought refuge. However, most of the protections are life-saving and there is lack of full-fledged service to ensure their dignity and access to justice. Against this background, the paper addresses the evaluation of existing mechanisms in addressing sexual violence in Cox's Bazar for the women, as well as the constraints in access to reproductive health justice. The article ends with a number of recommendations regarding the structural and fundamental development required in promoting gender-justice for Rohingya women in camp management. To achieve such objectives, the paper synthesized the available literature with interviews that were conducted with relevant stakeholders in the host communities.

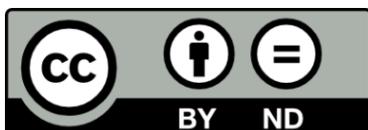
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Department of
Criminology, University
of Dhaka, Bangladesh

kfrahman@du.ac.bd



<https://orcid.org/0000-0002-6144-0056>



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Original Article

INTRODUCTION

The Rohingya community has been considered one of the most persecuted and stateless minority in the contemporary world. For the last few decades, the Rohingya population has embroiled themselves in an exile due to the political and legal sanctions imposed by Myanmar. As per the census conducted in 6 coastal districts by the Bangladesh Bureau of Statistics, it is estimated by the Government of Bangladesh that approximately 303,070 Rohingyas are currently residing in Bangladesh (Reliefweb, 2018). The emergence of violence in Rakhine State beginning since October 2016 has continued for more than a year; and with the incoming upsurge of many more Rohingyas into Cox's Bazar, Bangladesh, the number has reached an estimate of 688,8001 (UN Women, 2018). With 52% of this anguished, traumatized and displaced population being women and young girls (Reliefweb, 2018), these communities persevere to endure in living conditions that lack the minimal basic necessities including food, water, health and hygiene.

The saga of Rohingya tragedy stems from the institutionalized discrimination and brutal forms of ethnic cleansing including massive sexual criminal activities committed against the Rohingya women in Rakhine state, Myanmar (Kipgen, 2014). Extensive documentation and

evidence of the Rohingya crisis by the international organisations revealed that the Myanmar's security forces have systematically and sexually abused Rohingya women and girls over the years. After the stateless Rohingya entered Bangladesh, testimonies were found condemning the state-sanctioned atrocities and instances of brutal sexual abuses that included mutilation, setting them on fire, gang rape, forcible detention following rapes at the military camps.

In this scenario, immediate humanitarian relief, i.e., access to provide basic services was offered by governmental, non-governmental as well as international organisations to Rohingya community. For an example, some 13,500 Rohingya women received services addressing sexual violence victimization upon arriving in Bangladesh after fleeing from Burma (Savage, 2018). Rohingya women, however, in camps are developing health problems, often missing out on assistance from the donors and thus, are exposed to greater risk of sexual abuse and trafficking. The response to gender-based violence (GBV) initiated in Cox's Bazar does not adequately address women's needs. For instance, there are insufficient professionals in sexual health services to address the gender-specific issues that could possibly eliminate the potential health crisis (Sang, 2018). Thus, women's and girls' ability to access to reproductive services in efforts of recovering sexual abuse and trauma faced in Rakhaine is



Original Article

moderately limited. Against this backdrop, the paper aims to explore the available services for reproduction health care for Rohingya women in Bangladesh and the challenges they encounter in accessing the justice against GBV. The article finally suggests some recommendations to gear towards an inclusive sexual health service for the Rohingya women.

LITERATURE REVIEW

The Rohingya community has experienced intolerable and systematic violence against them back in Myanmar (Akhter & Kusakabe, 2014). Rohingya girls and women suffered targeted massacres at the hands of the security forces of Burma. These assaults were gendered in their conception, commission, and effects, amounting to crimes against humanity and genocide. According to the report of Global Justice Center (2018), even pregnant women, girls of five years of age were not spared from being raped, tortured and killed. These classifications illustrate how gender permeates the commission and consequences of international crimes and how such interactions could be integrated into prosecutions, as outlined in the recent Global Justice Center (GJC) brief. As mentioned earlier, Rohingya women and girls having fled from Myanmar due to sexual violence and ethnic cleansing are experiencing severe physical and mental health issues, including unwanted pregnancy, bleeding, infection, trauma, suicidal

thought and malnourishment. For instance, a report by Ferrie (2018) shows that 38% of children and 74% of adults felt sad always, while 4% of the youth have suicidal thoughts.

Furthermore, Rahimian (2019) emphasized on importance of Rohingya issue in context of the ICC's jurisdictions regarding 'Gender'. Because this is the first time in the history of International Criminal Law where charges pertaining to gender-based violence were raised. After her visit to the Rohingya camps in Cox's Bazar, Pramila Patten, representative of the United Nations Secretary-General on Sexual Violence in Conflict, stated to the Security Council that every woman she talked with "had either endured or witnessed sexual violence," including seeing other women "literally being raped to death" (Rahimian, 2019). Similarly, the Myanmar Fact-finding Mission of the OHCHR found that "extensive and corroborated data on brutal gang rapes and other forms of sexual violence against women" is widely prevailing. It could represent an opportunity to develop the courts' jurisprudence on this matter, as well as clarify the understanding of the term 'Gender' in ICC (Rahimian, 2019).

The Myanmar government has repeatedly denied the facts regarding any sexual or gender-based violence committed against men, women and transgender population. Myanmar consistently refused the facts and reports of United Nations organs on



Original Article

sexual violence and genocide occurred by the military. They also stated that the Independent Commission of Enquiry (ICOE) and the Office of the Judge Advocate General in Myanmar had been effective in ensuring accountability though ICE report was criticized by human rights experts. On the other hand, although the International Court of Justice (ICJ) has been more progressive than ICC (International Criminal Court) in Rohingya Genocide Case (Gambia vs. Myanmar), both of them faced obstacles as well as limitation regarding gender justice of Rohingya people (Radhakrishnan, 2020).

After the outcry, the Rohingya women have been disproportionately affected by this crisis in two different ways—one, being the most marginalized, pregnant Rohingya women, lactating or single mothers have crossed the border whose extremely vulnerable conditions have been further exacerbated by the well-established gender discrimination and violence discrimination in the host society. Then, there are also the issues of instability, lack of privacy and rampant security risks in the increasingly overcrowded refugee sites. With 12% of the Rohingya households being female headed, female-headed and single mother households with no male relatives are facing comparatively greater challenges than those with adult males (Vigaud-Walsh, 2018). These households being brutally evicted from their lands are found to be

traumatized by the loss of their loved ones and livelihoods.

The traumatizing experiences paired with loss of access to resources have had the persecuted population forced to seek relief, further escalating their vulnerability. Indications have already surfaced demonstrating that “women and adolescent girls are failing to access coping mechanisms to mitigate the prevalent economic and food insecurity e.g. selling their remaining assets and participating in the illegal drug trade or engaging in transactional sex” (Reliefweb, 2018). It is also for the same reasons that women and children are at additional exposure of being victimised of trafficking, sex slavery, abuse or child and forced marriage. Not to mention, on top of this, child marriage is a wide and common practice among the Rohingya both from a cultural realm and economic aspect.

The factors discussed have had a considerably detrimental impact on Rohingya women’s mobility, leadership potential and decision-making ability that in turn have curbed women’s overall control over resources and thus their own lives. If we are to fully comprehend the reality of this crisis, it is imperative at first, to grasp the extent of these prevailing negative coping strategies, norms, attitudes and behaviours of society.

Until and unless the real or perceived risks to these realities are recognized, the rights violation issues cannot be



Original Article

addressed or mitigated and we will not be able to proceed towards sustainable solutions. This will eventually continue to restrict women from positions of responders, leaders and decision makers. What will persist as a consequence is the inability of women to be able to recover from their victimization and extant miseries.

METHODOLOGY

To understand available responses of addressing reproductive health in the ground in the Rohingya camps, qualitative research has been deemed to be the most appropriate in this case. Semi-Structured Interview and document analysis method are used to get in-depth information to explore the current scenario of women's access to justice for GBV. In accordance with the objectives of the paper, key informant interviews were taken with fifteen women who have experienced sexual violence before and throughout their displacement from Myanmar to Bangladesh. Semi structured interviews, in addition, were conducted with five staff members from women friendly space and GBV entry points. Furthermore, service delivery activities and points were observed for gender responsiveness in every day setting of the humanitarian actors. All of these interviews were conducted between May to July of 2018. In addition, available literatures i.e., books, journals and reports by national and international humanitarian agencies concentrating on the human

rights violation of the Rohingya were studied thoroughly. However, as there is a dearth of literature regarding existing mechanism of reproductive health services for women in the Rohingya camps, the paper mostly relies upon the data from the interviewees regarding the forums of sexual health services and the existing challenges to have the services.

To analyse the data revealed from the interview findings, thematic analysis was adopted to explore the Rohingya women's perspectives, experiences or expectations regarding accessing the reproductive health services. This analysis is useful in this study as it does not require the use of theory to inform analysis (i.e., it can be purely inductive) (Braun and Clarke, 2006). All the data then were categorized into groups and identified by codes manually, including the challenges to access such services in the camps.

FINIDINGS OF THE PAPER

Reproductive Services for addressing GBV for Rohingya women in Cox'sBazar

Reproductive health rights, i.e., sexual health components, including access to sexual and regenerative medical services and capacities, are exorbitantly important for realisation of human rights. Such rights in case of protection from gender-based violence are deeply grounded in core human rights principles. These rights may range



Original Article

from privilege to wellbeing to freedom from being exposed to further abuse. The World Health Organisation (WHO) defines the concept of Reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating the reproductive system to its functions and processes” (WHO, 2020).

However, the wide range of violence experienced by Rohingya women both before and during their course of displacement entailed a mass deployment of sexual and reproductive health capacity and services (Vigaud-Walsh, 2018). However, despite the pervasiveness of gender-based violence exploited as a weapon, humanitarian organisations could not and have not undertaken or enabled a requisite environment that is adequate in response to the gender-based violence committed against Rohingya women.

Though Bangladesh has offered accommodating infrastructure for the incoming Rohingya people, the available forum addressing this unbridled violence and dispensing justice at an initial stage including One Stop Crisis Centre in the nearest government medical centre, GBV entry points, women friendly space (WFS) set up by humanitarian stakeholders and referral pathways are still significantly limited. However, socio-cultural stigmas existing within the Rohingya population pose barriers to access to

reproductive justice in case of camp-residing women.

Among many services, the women friendly space mechanism stands to be one of the most accessed by the Rohingya women. The selected spaces in the camps are not only entry points for information related to reproductive health and comprehensive GBV services, but also serve as a platform for women and girls to gather and to relieve their grief and to acquire livelihood skills which ultimately lead to building their resilience with the changing situation and to rebuild their community networks (Inter Sector Coordination Group, 2018). A report on safe spaces developed by gender-based violence monitoring organs in Cox’s Bazar in October 2017 states,

“Safe spaces can be used for various activities such as, gender-based violence case management, individual or group counselling, psychosocial support, safety planning and risk reduction, skills building, limited scale of recreational activities. Information on critical issues can also be shared in these spaces such as where/how to access humanitarian services and information on sexual and reproductive health, legal rights, childcare, and violence prevention and response. ‘Safe spaces’ promote women’s protection and help to mitigate risk of violence” (Vigaud-Walsh, 2018).

In the camp setting since March 2018, out of 78 safe and accessible entry points for GBV case management



Original Article

services, 52 safe spaces were designated for women and young girls by the UN bodies and other partners in the GBV sub sector (Inter Sector Coordination Group, 2018). National NGOs along with the UN organs are also providing legal aid to persecuted women who are approaching them with GBV cases, especially different kinds of sexual violence they currently experience in camps.

However, it must be mentioned that in reality these spaces are not always used to their full capacities (most often seen empty and used by Rohingya children as play areas instead). In addition, these places also continue to operate in poor quality owing to insufficiently trained personnel responsible for imparting the specific topic-based knowledge to the Rohingyas.

Challenges in Accessing the GBV and Reproductive Services

Even though the approach of creating women centric spaces to encourage not only a sense of collective identity but also a support system for the vulnerable female Rohingya population seems to indicate promising results focused on increased awareness and relief of trauma and counselling. However, the reality remains that the project designed is unable to overcome the obstacles of limited use by the women (particularly due to the cultural practices of the Rohingya women staying more within their homes). Women often feel unwilling to participate in classes/sessions that

discuss issues of gender-based violence which is still considered a stigma within the community, and are disinterested to address the mental trauma or even recognize its effects on the health of individuals.

Based on interviews conducted with Rohingya women, 9 out of 15 mentioned that they did not think they needed to go to the women-only spaces/centres and that they would rather stay at home. The assessment of the responses indicated behaviour that indicates conformity to the larger socio-cultural practices of the Rohingya population where women are more likely to engage in the household with limited movement even within the neighbourhoods' units in the camps at Cox's Bazar.

Despite the women friendly spaces becoming a largely sought-after service among the Rohingya women, sexual and reproductive health in terms of quality services remains grossly inadequate compared to the immense exigencies of this issue. This needs to be noted that the designated spaces do not primarily account for reducing the incidence of violence against Rohingya women in camps. Even though attempts have been made in terms of funding and program establishments to support the survivors, major concerns are largely focused on the discussion in terms of quality as the services take-off at greater scales when implemented in the camps.



Original Article

The inadequacies comprise of a lack of qualified practitioners, non-observance of the fundamental ‘gender-based violence programming principles’ and restricted options for pursuing further care and treatment or referral pathways. Thus, an eclectic, effective and reliable response to GBV is still unavailable in the grounds. Furthermore, there is an imperative need to concentrate on culturally-tuned design to fit the circumstances of the population being victimised of gender-based violence.

Insufficient service points to address gender-based violence

It is not only an issue of ineffective quality of the programs but also of insufficient resource that hinder the service system in camp management. The number of service centres where incidents are to be reported, or a victim may ask for help are quite scanty in relation to the volume of cases reported as well as the size of the population that has migrated into the camps seeking refuge. A few months after the Rohingya influx, in 2018, the designated coordination body for GBV reported that “There are 63 comprehensive safe entry points for GBV case management, including 48 safe spaces for women and girls whereas the sub-sector approximated that an additional 137 entry points are required to effectively reach out to the population” (Vigaud-Walsh, 2018, p.7).

Challenges in managing WFS

It is indisputable that WFS can be a starting point in dealing with gender-related violence cases indicating a crucial role in the lives of Rohingya women victims. But due to the inability of these centres to comply with the safe spaces’ guidance notes, they fall short of serving the core purpose they have been envisioned to meet. One of the UNHCR legal protection officers Md. Ishtiaque comments “Health professionals were employed in the outbreak of the emergency though, to some extent the lack of expert personnel was evident. Moreover, the people who are in work have lack of expertise on the issues of addressing sexual violence”.

Women friendly spaces were primarily intended to maintain confidentiality and to reduce the risk of stigma, though, in several cases, the spaces were also managed and cases were reported by male staff, thereby proving to be ineffective since fewer Rohingya females would seek assistance from male personnel. Out of 15 Rohingya women interviewed who had exposure to these safe spaces, 4 had mentioned that they refrained from visiting the centres for the presence of male case workers.

Numerous organizations are often seen briskly establishing new WFS or similar services without having developed their central capacity and logistics in the field to train staff. It often goes



Original Article

ineffective to some extent, to recruit and train staff just to manage WFS with the very minimum standards. Besides this challenge, there also lies the lack of effective management for these operations which therefore fail to serve their true function of assisting the Rohingya women in humanitarian crisis.

Additionally, without economic empowerment and proper settlement of the Rohingya women, it is unlikely for them to be relieved of the mental trauma of sudden displacement and loss faced throughout the journey and they may thus become potentially victimized in further sexual abuse and trafficking. The WFS though was created with the main objective of offering a sustainable solution, it does not take into consideration the issues of women and girls' employment and empowerment as women are mostly restricted within the camps and are not allowed to work. This is also an issue related to the government enforcement of rules which do not allow the engagement of the Rohingya population in any economic activities.

Case management related constraints

Another core component of WFS interventions is a structured method for helping survivors i.e., a provision of case management. Case management indicates "ensuring that survivors are informed of all the options available to them where the issues and problems facing a survivor and her/his family are

identified and followed up in a coordinated way, eventually providing the survivor with emotional support throughout the process" (Vigaud-Walsh, 2018). In a case of humanitarian urgency, this type of forums is meant for addressing the fundamental needs of survivors to navigate the humanitarian system. Nonetheless, the GBV entry points or WFSs are unable to distinguish between psychosocial or emotional support and case management. While one undertakes counselling and more support in an emotional manner, the other focuses on spreading awareness regarding the cases of violence that requires interaction in legal aspects.

Moreover, none of the provisions see the delivery of long-term psychological counselling which women victims need and seek most in the process of overcoming psycho-social trauma. It is also admitted by one of the respondents namely Raziya as she shares that "Case management mechanisms of such kind of forums does not carry long term supports for a survivor, i.e., they include no further follow-up sittings". Overall, there is little effectiveness in the process and expected results are not ensued.

Limited information about Referral Pathways

The establishment of referral pathways is yet another vital element of interventions. Referral pathways are organisations whereby multi-sectoral care providers can refer survivors to



Original Article

different supporting platforms providing services regarding health (physical and mental), legal, and financial support. In Cox's Bazar, many referral pathways have been instituted, but there prevails a significant dearth of information regarding these establishments by the right-holders. One of the doctors Dr Rashedul Islam appointed by the BRAC, a reputed non-governmental organisation opines, "Information of these services do not reach to the vulnerable population and even if they are accessible, there is not enough stress placed on regular notification of the community regarding the risks of several types of violence addressed by such forums" (Vigaud-Walsh, 2018:14). This therefore, becomes severely problematic when a consequential part of the humanitarian community does not understand how to help, which in turn means that several displaced Rohingya will be deprived from having access to the necessary assistance. Again, Rohingyas who need the service most don't necessarily know about services and the reality unfortunately persists because various referral pathways are not even identified properly, for example those related to trafficking.

Strategic Prohibition of the Bangladesh government

The Government of Bangladesh has been appreciated for its altruistic response to the Rohingya crisis by different national and international media. However, in the span of one

year, after Bangladesh has come to host a mass influx of Rohingya people from Myanmar, the civil society argued that hosting such a large number of Rohingya has affected the already limited resources of the country and has brought in repercussions on the environment and wildlife of the areas used for the creation of camps. Consequently, there has been a gradual shortfall to all of these efforts of the Bangladeshi government in regards of the different supports including reproductive health services of the Rohingya women in particular.

In respect to the humanitarian programs, only 'lifesaving' interventions have been permitted by the government, and even then, several other redundant restrictions have been observed (Vigaud-Walsh, 2018). Since the issue of addressing violence against women is not incorporated within the basic needs approach, this area remains largely disregarded in the major concerns of the government. Consequently, the international and national organs providing humanitarian supports in Cox's Bazar are still unable to prioritise the issue of women's needs and gender-oriented service in its agenda, seeing increased vulnerability of the group with the passage of time and infiltration of groups looking to take advantage of the crisis.

Language Barriers

Due to the language barriers among the Bangladeshi and Rohingya



Original Article

community, humanitarian organisations most often depend on local Bangladeshi people who understand and are fluent in Chittagonian dialect. The language of the Rohingya moreover has no formal script, thus making the community's voice less comprehensible and coherent to the groups working with them at the camps. This situation is further complicated by the Rohingya's high illiteracy rate which estimated at 50 percent of the population without any formal education (Xchange, 2018).

Many counsellors during field visits expressed the inaptitude to effectively assess the trauma documented from interviews with the Rohingya population due to difference in language, reflecting that this barrier hinders the population from having a strong voice of its own to be represented in a global platform. Maryam, a victim accessing the facilities of WFS shares "The staffs are in many cases are so helpful, however all their words to me are not comprehensible to me; similarly, when I spoke about my pains and sufferings, I felt the officials could not completely understanding my concerns or victimization". Thus, there is no doubt that language barriers certainly affect the way Rohingyas are entitled to access the services provided to them.

Increasing rate of child marriage and marriage upon false promise

Child and false marriage is socially and culturally widely pervasive among the

Rohingya population. Legal prohibitions have been made as per the 2014 Bangladesh government notifications disallowing the registrars from conducting unions of Bangladeshi nationals and Rohingya couples as the government speculated such practices could be abused to obtain citizenship. However, despite this restriction, there has been a rise in child marriages and marriages upon false promise. To stress on the latter, false marriages are seen to have a greater chance of leading to trafficking and sexual slavery. Since many Rohingya women have lost their counterparts and their minimum capital of living, they often get married upon false promises made by Bangladeshi people looking to take advantage of their vulnerability.

It has moreover been found in the interviews with the Rohingya women that for being relieved from the "burden-like young girl", many parents allow child marriage in the Rohingya community. Out of 15 respondents, 9 women admitted that their parents arranged their marriages when they have not attained majority. Additionally, in a survey conducted on the 3,000 Rohingya communities living in Cox's Bazar's official camps last year, it was revealed that 94% of women respondents reported that they did not make decisions about their current marriage and 45% were married off as children (UN Women, 2018, p.2). Eventually, these circumstances leave the victims in a state of continued violence, even within the host country



Original Article

and secondary victimization persists through child marriages and false marriages.

Cultural Barriers

The familial unit of the Rohingya is highly patriarchal and most decisions relating to socio-cultural and economic aspects are taken by males in the families. While there has been a geographical shift in the community, the cultural dynamics of the social units of the Rohingya community have been in continuation, even within the camp environment.

One of the barriers women face in the camps when they attempt to seek protection-related services is the need to take permission from male heads of the families. Without the head's permission, their mobility is in most cases, restricted. In addition, cultural norm of purdah, insecurity during movement, the responsibility of household maintenance are the other reasons that prevent women from feeling comfortable to pursue the reproductive health services and protection which have to be accessed outside the individual tents.

Though there are adolescent clubs for Rohingya girls, they are often not taken advantage of by the Rohingya people especially the victim girls, who are not seen coming out of their individual settlements. This is largely to do with the socio-cultural practices of the community paired with perception of

insecurity in the camps. Trafficking cases, for example, were mentioned in the interviews with victim women as one of the reasons for restrictions of movement.

While some organizations have seen solutions to this problem of immobility by going door to door to the victim groups, the issue of unwillingness of the women to seek assistance actively continues. However, in times of such conflict and whenever catering to vulnerable populations, it is more effective and empathetic to design approaches that fit the behaviour and needs of the people being assisted.

Is There a Need for a Call of Reparation for The Rohingya Women Victims of Sexual Violence?

It has been historically witnessed that rape and sexual abuse has been used as a weapon of ethnic cleansing of Rohingya in Myanmar where women have been singled out for rape, imprisonment, torture and execution. In a report focused on the narratives of 21 Rohingya raped victims, it has been found that Myanmar's armed forces efficiently employed rape as a 'calculated tool of terror at exterminating the Rohingya people' (Gelineau, 2017). This is because women's lives and bodies have been perceived for too long as acceptable auxiliary damage in war and as a tool to spread terror.



Original Article

In this context, there is an argument for an internationally led investigation into these crimes so that evidence can be presented before the International Criminal Court while considering the consequence of sexual violence against the Rohingya women, where many rights-based organisations claim to compensate the rape victims. The Convention on the Elimination of all Forms of Discrimination against Women committee also requested that the Myanmar government report on any efforts to provide justice and other reparations to victims of sexual violence, as well as on access to sexual and reproductive health care for Rohingya women and girls (Human Rights Watch, 2018).

Likewise, there have been many international evidence and documentation revealing the need for proper investigation, prosecution, restitution and reparation for sexual violence during war, genocide, armed conflict or ethnic cleansing. According to the Security Council,

“Sexual violence can constitute a crime against humanity or a constitutive act with respect to genocide; further it recalls that rape and other forms of serious sexual violence in armed conflict are war crimes; calls upon member states to comply with their relevant obligations to continue to fight impunity by investigating and prosecuting that subject to their jurisdiction who are responsible for

such crimes” (United Nations Security Council, 2013).

The UN General Assembly (2006) in the Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law urges that victims in human rights violation should be treated with humanity and respect for their dignity and human rights, and appropriate measures should be taken to ensure their safety, physical and psychological well-being and privacy, as well as those of their families. It furthermore contains that,

“Remedies for gross violations of human rights include the victim’s right to the following as provided for under international law: (a) Equal and effective access to justice; (b) Adequate, effective and prompt reparation for harm suffered; (c) Access to relevant information concerning violations and reparation mechanisms” (The UN General Assembly, 2006).

Simultaneously, the Guidance Note of the UN Secretary General on Reparations for Conflict-Related Sexual Violence (2014) provides for adequate reparation for victims of conflict-related sexual violence that entails a combination of different forms of reparations and developing cooperation to support States’ obligation to ensure access to reparations.



Original Article

In reference to the Colombian case, the UN Report of the Secretary-General on conflict-related sexual violence (2018) stated in 2017 that the Columbia national victims' unit registered 24,576 victims of conflict-related sexual violence in the recently developed robust normative framework, where one third of the victims received compensation. In addition, there have been national law promulgated in Kosovo and Croatia that requires for gender-based violence victims during armed conflict to be compensated financially. For example, since 2014, Kosovo recognised the right of survivors to reparations monthly necessarily in monetary compensation. It took three more years for the Verification Commission, the body responsible for reviewing applications, established in April 2017, and another eight months for a budget to be allocated to pay reparations (Halili, 2018). Secondly, in 2015, the Croatian parliament adopted a law recognising rape as a war crime in the Act on the Rights of Victims of Sexual Violence during the Military Aggression against Republic of Croatia in the Homeland War. Set to go into effect in January 2016, the law will compensate war rape survivors with a monthly financial stipend and access to free counselling, as well as legal and medical aid (Freizer, 2016).

Upon considering the above cases and observations by the UN organs, it can be concluded that there are ample resources being developed for

reparation programs through the assistance of national and international human rights offices that aim to provide adequate reparation and dignity to the Rohingya women victims of sexual violence.

CONCLUSION BY WAY OF RECOMMENDATIONS

The blatant persecution and deliberate exclusion from citizenship rights of Rohingyas by Myanmar has been witnessed by the world community. Criticism and political pressure from the international community opt to intervene the violence, massive killings and gender-based crimes that have been committed (Ullah, 2016). However, the Rohingya crisis still requires one of the biggest humanitarian responses, with a UN appeal for \$1.2bn to meet this vulnerable population's most basic needs for 2018 (Oxfam International, 2018).

The article reaffirms that there is no doubt about the fact that Rohingya women had to go through countless terrifying events and their testimonies project that the trauma of rape, torture, and mutilation attached to their fate and experience would haunt them for the rest of their lives. However, years have been already passed since the huge influx came in Bangladesh, now it needs to be one of the major concerns of the humanitarian organs to confirm that their support policies not only concentrate upon life-saving



Original Article

infrastructure and assistance, but also stress on the gender focused needs and demands. It denotes assisting them to recovery the trauma they face and ensuring a social orientation where their participation and decisions would be valued in the longer term.

It has been evident in many precedents that compensations have been urged and secured for the survivors of gender-based violence during armed conflict. However, the issue of compensation for redressing violence has not been widely developed by the home and host countries and the survivors are currently more dependent on the available forums in Cox's bazar. Ironically the mechanisms in the ground are still not proactively addressing the issues of women's needs and rights or hardly putting the women at the centre of service framework or maintaining a follow-up procedure. The paper thus ends by providing major recommendations to the relevant stakeholders in assisting vulnerable Rohingya women to find access to sexual health service in Bangladesh and urges for a reparation policy initiated by the perpetrators of sexual violence in conflict situations to make the prevailing system more gender inclusive.

To the Bangladeshi government

1. To incorporate requisite protection interventions like GBV, capacity building, community engagement through the elimination of barriers

to critical assistance and emendation of lifesaving programming details.

2. To build strong collaboration with national and international stakeholders in providing Rohingya an access to health services and justice.

To the Donors

1. To provide comprehensive and adequate funding for gender-based programs that intend to eradicate root causes of gender inequality including consistent services for gender-based violence.

To the International/local humanitarian agencies

1. To maintain adequately credible quality programs that complies with the core GBV guidance and principles.
2. To maintain follow up of every case related to gender-based violence and assess program commitments through supervision and evaluation of reports.
3. To develop local capacity-building initiatives in addressing reproductive health services, i.e., to include with local actors to in order to generate the understanding of equal partnership of women and men as an option of gender-based violence prevention.
4. To engage more female staffs/case workers with Rohingya language proficiency.



Original Article

To the United Nations organs

1. To create pressure on Myanmar to repatriate, especially to offer restitution and compensation to women victims of sexual violence. There should develop a reparation policy based upon the international legal principles concentrating gender-sensitive and victim-sensitive values at the same time.

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