ADOLESCENT GIRLS IN CRISIS:
VOICES OF THE ROHINGYA

Ismatara, 15.
(©Plan International)

DESPITE THE DIFFICULTIES THEY FACE, THESE ADOLESCENT GIRLS DEMONSTRATE GREAT RESILIENCE, AND DISPLAY THE ATTRIBUTES — OF COURAGE, INSIGHTFULNESS, GENEROSITY OF SPIRIT AND KINDNESS — THAT THEIR COMMUNITIES NEED IN THIS PROTRACTED CRISIS. IT IS OF FUNDAMENTAL IMPORTANCE TO THE SECURITY AND WELL-BEING OF ADOLESCENT ROHINGYA GIRLS THAT THEIR SPECIFIC VULNERABILITIES AND NEEDS ARE ADDRESSED, AND THEIR VOICES AND EXPERIENCES INFORM POLICY AND PROGRAMMATIC INTERVENTIONS.

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ACRONYMS

CEFM   Child Early and Forced Marriage
FGD   Focus Group Discussion
GBV   Gender-Based Violence
KII   Key Informant Interview
NGO   Non-Government Organisation
MHM   Menstrual Hygiene Management
SRHR   Sexual and Reproductive Health and Rights

EXECUTIVE SUMMARY

Gulzar, 10, finds being in the camp difficult.
(©Mahmud / Map / Plan International)

The Rohingya have been persecuted in Myanmar for decades. Over the years many left the country but in August 2017 the crisis escalated after an outbreak of violence in Rakhine state – almost a million Rohingya were forced to flee Myanmar and now live in refugee camps in Cox's Bazar in neighbouring Bangladesh.[1]

While the Rohingya community overall continues to face multiple forms of insecurity, adolescent girls are affected by this protracted crisis in ways that are different from adolescent boys and women, and in ways that are often overlooked. This is the first report to focus specifically upon displaced adolescent Rohingya girls in Bangladesh. It explores how adolescent girls within two age brackets (10-14 and 15-19) understand the unique impact the crisis has upon them, and how they have responded to the challenges they face. The report seeks to amplify girls' voices and their perceptions of the crisis and presents their views on how the humanitarian sector might respond.

Drawing on data from research conducted with adolescent girls and their communities in Bangladesh in April 2018, it is evident that the following issues are core concerns for adolescent girls:

Girl carries bowl of washing on her head in Balukhali camp.
(©Mahmud / Map / Plan International)

KEY FINDINGS

FREEDOM OF MOVEMENT

Adolescent girls experience severe restrictions on their freedom of movement. This limits their access to services and resources. It also denies them the opportunity to develop support networks and friendships – leaving them with little they can do to lift their spirits and help them cope with the current situation. Cultural factors and concerns about security mean that older girls in particular are often confined to their households. Rohingya communities fragmented when they were forced to flee Myanmar: families now live among people they did not know before. This has resulted in increased security concerns and greater restrictions on freedom of movement for adolescent girls.

LIMITED ACCESS TO EDUCATION

Girls of all ages expressed a passion for study and a disappointment that, in many cases, their current situation prevents them from attending school – although many had limited access to education in Myanmar also. Access to education not only helps empower girls by increasing knowledge and furthering opportunities for future employment and greater security, it can also provide other means of support through contact with teachers and peer networks. A number of factors limit access to education. They include a lack of opportunities to learn, few female teachers, language issues, security concerns, care responsibilities and household duties, negative attitudes towards girls' education and, in particular, limited freedom of movement.

CAMP CONDITIONS

Overwhelmingly, adolescent girls describe their experience of the camp and its conditions as stifling. Shelters are described as sweltering, which is particularly difficult for adolescent girls who are often not allowed to leave them. Camps and shelters are also overcrowded. This increases health and security risks, inhibits the ability of humanitarian actors to effectively and efficiently provide services and protection, and increases the pressure on girls, due to both stress and the additional household chores which result from the overcrowded conditions. Insufficient lighting in the camps is a further factor in girls' security concerns.

Girl collects water at Balukhali camp.
(©Mahmud / Map / Plan International)
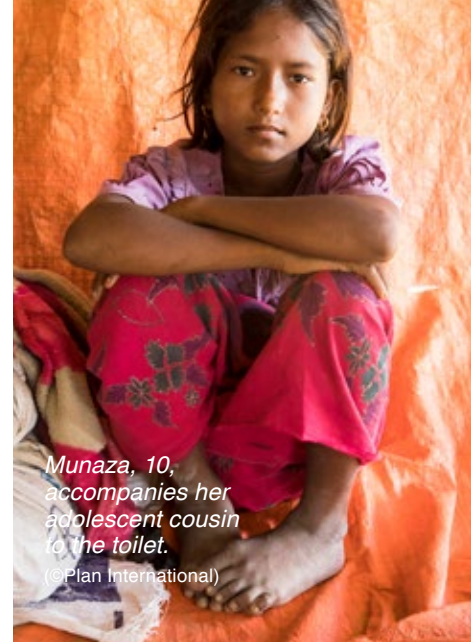
Munaza, 10, accompanies her adolescent cousin to the toilet.
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ACCESS TO CLEAN WATER AND HYGIENE FACILITIES

Girls repeatedly reported that access to clean water was one of the major challenges that they faced in the camps. Their concerns ranged around issues of access, location and the need to walk up and down hills, scarcity, the poor design of the tube-wells including the speed at which they operated, and the impact this had upon their capacity to bathe. In the early rush to access water as the crisis developed, poorly installed tube-wells have led to high rates of water contamination.[2] As the monsoon season approaches, the temporary shelters will become untenable and the likely destruction of the makeshift sanitation facilities threatens to contaminate water and spread disease.

FOOD INSECURITY

Whilst adolescent girls consistently spoke of an improvement in their access to quality food since their initial arrival in the camp, many still list not having enough to eat as the biggest challenge they currently face. This is especially the case among unaccompanied adolescent girls or those not living with their immediate family and can particularly affect pregnant adolescent girls.

HEALTHCARE

While girls are aware of the health services available to them and are actively seeking out and accessing health care services, distance or lack of transport to healthcare facilities, cost factors, and the limited availability of medicine create barriers to healthcare. Of particular note is that very few girls report having access to mental health services. Additionally, many girls expressed a desire to learn more about sexual and reproductive health but were sometimes prevented from asking questions about it by mothers or older relatives.

FEAR OF VIOLENCE

While most girls say they feel substantially safer in Bangladesh than they did in Myanmar, nevertheless fear of violence among girls and within the community persists. This fear impedes the realisation of girls' rights, further limiting their freedom of movement and their access to education.

The research has also identified some positive factors that enhance the capacity of these girls to navigate the crisis:

FAMILY AND PEER NETWORKS

Adolescent girls highlighted the importance of family and peer networks, where they still exist, to provide support and comfort as well as help when facing security threats. These support networks are not available to all as many families have been split up or its members killed during the recent violence in Myanmar.

POSITIVE OUTLOOK AND FAITH

While some were sad and felt they could not cope, many girls remained positive and expressed hopes for the future. Many also had faith or a belief in fate which helped them manage the difficulties they face.

RESILIENCE AND AGENCY

While few girls believe they have the ability to shape even their own lives, they nevertheless demonstrated agency, capacity and the desire to help their communities, through the ability to support, guide and influence others. Importantly, girls also showed an understanding of and the ability to articulate what would be required to improve their futures.

INCREASED SAFETY

While girls continue to face various insecurities, including physical violence, and a continuing fear of violence, overwhelmingly, adolescent girls feel more secure now in Bangladesh than they did in Rakhine state – the main reason being the absence of military and police forces.

CONCLUSION AND RECOMMENDATIONS

Adolescent girls are able both to articulate their needs and also have the ability, with the right support, to overcome the adverse conditions they live under and to contribute to their families and communities. Humanitarian agencies, governments, donors and individual family and community members must heed them and help them to do so. Girls should not be hidden at home but enabled to live as full and valued members of their communities.

These recommendations are based on the stated priorities of the adolescent girls in this research study:

01 Promote, establish and fully resource the systematic participation of adolescent girls in all decisions that affect their lives: this means they must be included in the design, implementation and evaluation processes of humanitarian programmes and their needs must be considered in the planning and management of camp infrastructure.

02 Ensure targeted and comprehensive interventions that focus on identifying, challenging, and addressing gender-based discriminatory attitudes and behaviour: these attitudes are the key drivers of the human rights violations experienced by adolescent girls.

03 Ensure the urgent provision of and access to high quality, safe, and inclusive education.

04 Ensure gender-responsive and youth and child-friendly healthcare services and facilities are available and relevant to adolescent girls, especially in relation to SRHR services and psychosocial support.

05 Take all necessary measures to prevent all gender-based violence, including sexual exploitation and abuse, faced by adolescent girls.

1. INTRODUCTION

Understanding the ways in which adolescent Rohingya girls in the Bangladesh refugee camps experience and navigate the current crisis provides a foundation for the humanitarian sector to partner with them in addressing their concerns and increasing their capacities. The following report seeks to promote this understanding, focusing not just on the areas of concern for adolescent girls, but also on the positive ways in which they respond to their circumstances and strive to support their communities.

1.1 THE ROHINGYA CRISIS

The August 2017 outbreak of violence in Rakhine state in Myanmar (Burma) led to the mass and forced displacement of minority Rohingya Muslim populations throughout the region. A majority sought refuge across the border in camps established in and around Cox's Bazar in Bangladesh. They joined an estimated 303,070 Rohingya who had already settled in the area following previous outbreaks of violence in 2012.[3,4] Since August 2017, a further 693,000 Rohingya have travelled the 60 kilometres by foot or boat across the border to Bangladesh.[5]

FIGURE 1: ROHINGYA REFUGEE SITES IN BANGLADESH
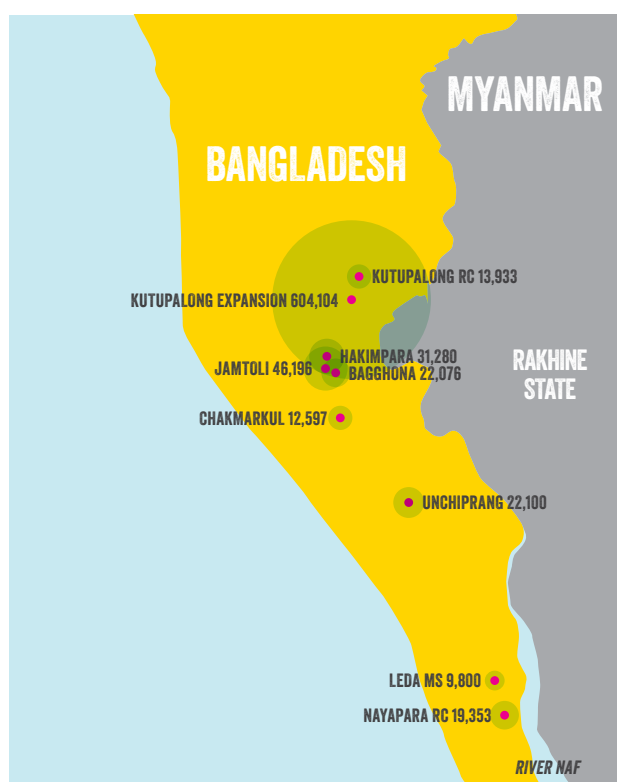
Source: Inter Sector Co-ordination Group
RC = refugee camps
Figures are for refugees in camps as at 12 April 2018

The current violence in Rakhine state is the latest episode in a history of persecution against the Rohingya Muslim people that dates back at least to Myanmar's independence in 1948.[6] In this most recent episode, Myanmar security forces responded to a series of attacks on police and military outposts by the Arakan Rohingya Salvation Army.[7] The United Nations High Commissioner for Human Rights has described the response as a "textbook example of ethnic cleansing."[8] This claim was made based on accounts of extrajudicial and mass killings, widespread and systematic use of sexual and gender-based violence, the burning of homes and villages, and the confiscation of land and property.[9]

Estimates suggest that in excess of 11,393 people died in the first 31 days of the crisis in Rakhine state, including over 1,247 children under the age of five.[10] In light of these accounts, the UN High Commissioner asked global audiences, "can anyone rule out that elements of genocide may be present?"[11]

Although the rate of arrival has slowed, traumatised and injured Rohingya continue to arrive into Cox's Bazar with few belongings and requiring emergency assistance.[12] New arrivals between January and the start of May 2018 amount to 8,441 people[13] and the total population of the Rohingya refugee camp in Cox's Bazar at the time of writing is close to one million.[14] It is estimated that:

- 52 per cent of the displaced population are women and girls
- 55-60 percent are children
- four per cent of the population are child headed households
- 67 per cent of the estimated 58,700 pregnant women have no access to gynaecological or obstetrical health care.[15]

Since arriving in the camps in Bangladesh, Rohingya have struggled to have their basic needs and rights met. Access to clean water and hygiene facilities, food security, the provision of safe shelters, education and healthcare (including mental healthcare) are all desperately needed across the refugee population. Moreover, the rapid growth of the camps has placed strains upon the makeshift shelters as well as the natural environment with forest and land resources experiencing rapid degradation.[16] As a result, the upcoming 2018 monsoon season threatens to generate landslides, flash flooding and outbreaks of disease.

However, the Rohingya are traditionally a gender-segregated community and these conditions have a particular impact upon women and girls. They experience severe restrictions on their movements: limiting their access to services, resources and livelihood opportunities and heightening their vulnerability to violence. As will be demonstrated throughout the report, it is adolescent girls who are most affected. They face, and have faced, gender-based violence, including physical attacks, sexual violence, family violence, forced prostitution, child early and forced marriage, and human trafficking.[17]

Efforts at a political and diplomatic resolution to this crisis are ongoing. To date, there is no realistic prospect for Rohingya to have a guaranteed safe return to Myanmar.[18] The humanitarian crisis remains urgent: a negative impact upon the lives of Rohingya seems unavoidable.

Ismatara, 15, takes part in a menstrual health management session run by Plan International.
(©Plan International)

1.2 RESEARCH QUESTIONS AND GOALS

This report focuses upon the experiences, voices, challenges and opportunities of adolescent Rohingya girls enduring this crisis. It is designed to understand how the humanitarian sector can better listen to, learn from, and partner with adolescent girls who face inter-connected insecurities and seeks to answer three major questions:

01 How do adolescent girls understand and experience insecurity?

02 How do adolescent girls navigate insecurity?

03 What are their needs and what opportunities exist to support adolescent girls in protracted crisis situations?

In asking these three questions, the goal of this research is to amplify the voices of adolescent girls. It seeks to present findings on the issues of significance to them, to better understand their coping mechanisms in response to the crisis, to identify how they support their families and communities, and to understand their priorities for their short and long-term futures.

Finally, the report translates the research findings into recommendations for donors, practitioners and policy-makers.

1.3 RESEARCH HYPOTHESES

This research project tests several interconnected hypotheses, which have been developed based upon existing desk research and comparable case studies:

• The research hypothesises that adolescent girls experience crises in ways that are unique and different from other members of their community.

• That adolescent girls develop coping mechanisms, strategies and capacities that can positively shape their own security and contribute to their communities.

• The research is seeking to test a claim that adolescent girls have agency (i.e. knowledge, capacities and skills) to understand and shape their lives and surroundings.

However, as demonstrated in the literature review below, the voices of adolescent girls are rarely or inconsistently reflected in the understanding, priorities and programming of the humanitarian sector. Therefore, the research explores the reasons for this oversight and provides points of intervention for adolescent girls' voices to be heard.

1.4 METHODOLOGY

In order to test these hypotheses, through the use of survey data, key informant interviews and focus group discussions (outlined below), the project places the voices of adolescent girls at the centre of its methodology. This approach allows adolescent girls a safe space to speak about their lives, individually or in groups of their peers. In doing so, it makes adolescents authoritative in discussions regarding their own welfare and in understanding their social, political and economic contexts. It therefore seeks to place adolescent girls as both the source of knowledge *and* the primary analyst of their lives and experiences.

To achieve this, the methodology adopted in this research has five features:

01 It uses a grounded theory approach,[19] which draws upon the voices and experiences of adolescent girls to establish the knowledge base for this project, recognising that they are best positioned to express their needs, priorities and experiences.

02 It adopts a feminist methodology,[20] which positions the advancement of the rights and empowerment of girls as central to the research process.

03 It is adolescent-centred in its efforts to amplify and validate the knowledge of young people.

04 Where the data permits, the research adopts an intersectional approach[21] that recognises diversity in the adolescent experience of crisis. In so doing, it identifies where experiences are consistent across adolescent girls, and where and why some experiences may vary.

05 Finally, the research uses a rights-based approach with a focus upon the rights of the child. In particular, this report highlights Article 12 of the *UN Convention on the Rights of the Child* (1989) that speaks of children's right to have their voices heard in decisions regarding them.

FIGURE 2: FIVE INFLUENCES ON THE RESEARCH METHODOLOGY

INTER-SECTIONAL APPROACH

RIGHTS-BASED APPROACH

ADOLESCENT-CENTRED

FIVE INFLUENCES

GROUNDED THEORY

FEMINIST THEORY
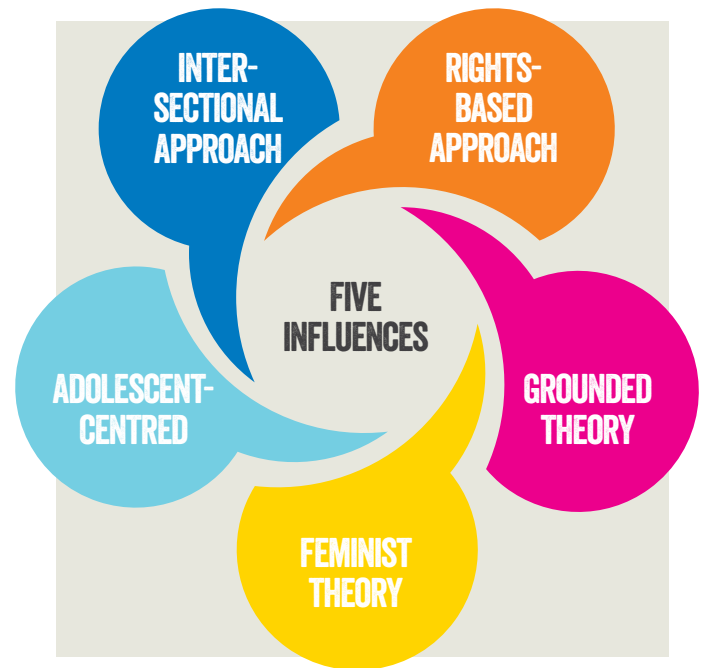
1.5 DATA COLLECTION

This report draws from data collected in March and April of 2018 in Balukhali camp in Cox's Bazar, Bangladesh. Monash GPS, Plan International and ActionAid Bangladesh worked together to design the data collection tools and collect data.

During data collection and analysis, adolescent girls and adolescent boys were divided into two age brackets: 10-14 and 15-19 years of age. The purpose of this was to further analyse the intersection of age and gender in the experiences of adolescents. This is particularly important for issues such as sexual and reproductive health rights (SRHR), child early and forced marriage (CEFM), access to education, and adolescent pregnancy, where the experiences of each age bracket may be significantly different and age dependent.

Multiple data collection tools were adopted to ensure their age-appropriateness, allow for the data to be cross-referenced, and provide participants with sufficient opportunity to share their experiences and thoughts. A number of these tools had been developed and tested by Monash GPS and Plan International in prior consultations in South Sudan but were contextualised to fit the dimensions of the Rohingya crisis.[22] The tools were designed to cover topics that had been identified in the secondary literature as being of most concern to either young people or women and girls. However, open-ended questions gave adolescent girls opportunities to raise issues of concern to them.

Quantitative Research

A mixed method approach to data collection was adopted. While this is predominantly a qualitative research project, we used a quantitative household survey with adolescent girls in order to cross-reference findings in interviews and focus group discussions. A total of 300 surveys were conducted with adolescent girls.

As outlined in Table 1, surveys were conducted with 149 girls aged 10-14 and 151 girls aged 15-19. Within those groups, an overwhelming majority of the adolescent girls surveyed had been in the camp for less than a year. Moreover, one in five girls in the older bracket were married (two were divorced) and 16 per cent had experienced pregnancy. Roughly the same number of girls in both age groups (that is around 28 per cent) reported a major injury or illness in the past year.

TABLE 1: NUMBER OF RESPONDENTS TO SURVEY BY AGE GROUP AND CHARACTERISTICS

	AGE GROUPS		
RESPONDENTS	**10-14YRS**	**15-19YRS**	**TOTAL**
Number of Respondents	151	149	300
Camp resident for < one year	97%	95%	96%
Ever married	1%	21%	11%
Ever Pregnant	0%	16%	8%
Suffered major injury or illness in past year	28%	28%	28%
One or both parents deceased	17%	39%	24%

Percentages relate to each age group, with the final column demonstrating the overall percentage.

The adolescent girls selected for the survey came from different blocks of the camp. Data collectors went door-to-door to undertake the surveys, choosing a different block each day for ten days. This process was supported by the local block volunteer. The findings of this survey are reflected in the quantitative data presented in this report.

Qualitative Research

A total of 10 single sex focus group discussions (FGDs) of six to ten participants were conducted for the research.

As outlined in Table 2, six were with adolescent girls, two were with adolescent boys, and one each with male and female parents and guardians. Two of the focus group discussions (with adolescent girls 10-14 and 15-19 years of age) took place in the women-friendly spaces and therefore these girls were already known to the humanitarian community. The remaining FGDs took place in community-based sites (such as the block volunteer's or a participant's home). These participants were randomly selected. The relationship between FGD participation and access to women-friendly spaces for some participants has been recognised in the research findings.

The purpose of these discussions was to provide greater contextual depth, allow open-ended questions and answers, and free-flowing discussions to take place. The FGDs allowed consensus-building around responses to certain issues or, alternatively, highlighted differences of views and experiences. The inclusion of single-sex FGDs with adolescent boys had three purposes: to cross-reference responses with accounts of the experiences of adolescent girls; to determine similarities and differences in the experiences of girls and boys; and as part of an inclusive, community approach to data collection.

A total of 24 key informant interviews (KIIs) were conducted with adolescent girls, community or block leaders, members of civil society organisations and non-governmental organisations who are operating in the camp (see Table 2). These interviews produced greater contextual depth, allowed follow-up questions to be asked, and provided opportunities for respondents to speak freely.

Research participants were only involved in one of the data collection types: focus group participants were different from the survey participants and the interviewees.

TABLE 2: NUMBER OF KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS BY LOCATION

DATA TYPE	AGE 10-14	AGES 15-19	AGES 20-49	AGES 50+	AGE N/A	TOTALS
Focus Group Discussion – Adolescent						
Female	3	3				6
Male	1	1				2
Focus Group Discussion – Parents & Guardians						
Female			1			1
Male				1		1
Key Informant Interview						
Female adolescent	8 *	8**				16
Male adolescent						
Community Leader			3	1		4
NGO			3		1	4

*Breakdown of Ages: *10, 11, 11, 12, 12, 14, 14 & ** 15, 15, 16, 17, 18, 18, 18*

Sample Questions

The survey consisted of six modules, which covered the following topics:

01 DEMOGRAPHIC INFORMATION

02 EXPERIENCE, AGENCY AND CAPACITY

03 EDUCATION

04 HEALTH

05 ECONOMIC AND FOOD SECURITY

06 CHILD PROTECTION AND WELL-BEING

The questions and topics of the KIIs and FGDs were shaped to reflect the respondent group. Questions to adolescents sought to encourage responses regarding their own experiences and the experiences of their peer group on topics including education, household and family experiences, engagement with the humanitarian community, experiences of violence, and economic and food security. Girls were encouraged to speak openly and freely about their fears and hopes for the present and the future, and what changes they wanted to see in their community. Girls were also encouraged to speak of their own strength, and recall instances where they were proud of their achievements or felt they had positively contributed to their family and community. Adult respondents were asked about their knowledge of the experiences of adolescent girls and asked to describe their attitudes towards issues such as CEFM, girls' education and roles in the household. This data provided important cultural context and helped to corroborate or challenge the views of adolescents.

Girl prepares meal in her tent in Balukhali camp, Cox's Bazar.
(©Plan International)

1.6 DATA ANALYSIS

Data analysis was undertaken by a research team based at Monash University's Gender, Peace and Security research centre (Monash GPS). This team worked in partnership with Plan International HQ, Plan International Australia and Plan International Bangladesh to design the research questions, methodology, and hypotheses. Following data collection, the researchers analysed the data and prepared the research findings and report.

It is important to note that this research project is not designed to establish prevalence with regards to any particular issue, or to provide either a quantitative-based or objective account of adolescent girls' experiences. Consistent with the methodology, the goal of the data analysis has been to draw out and amplify the voices of adolescent girls in the research findings. Consequently, the findings in this project are subjective and, moreover, underscore the fact that adolescent girls are not a homogenous group and do not have a single view or set of experiences in crisis contexts.

However, the project does highlight areas of commonalty and difference, which provides a rich understanding of how adolescent girls experience crisis. In this sense, the project uses the quantitative survey findings to provide an account of the broad experiences of adolescent girls. It further uses the qualitative research to contextualise the issues raised in the survey in the lives and experiences of adolescent girls.

1.7 RESEARCH ETHICS

Close attention was paid to the ethical concerns of working with adolescent girls. In conducting the data collection, priority was given to the creation of safe spaces for adolescent girls within focus groups discussions. There was a strong emphasis, with regards to engagement with adolescent girls, for data collectors to be young (preferably under the age of 30) and female to generate a sense of comfort and understanding. Data collectors were also fluent in the local language which allowed for meaningful engagement with adolescent girls and the collection of detailed information. Data collectors were attentive to issues that might trigger distress and received training on ethics and child protection. The data collection tools were designed to limit the likelihood of exposing girls to discomfort. Referral mechanisms were in place for those who experienced distress and required follow-up support and these were shared with data collectors.

The relevant ethical protocols for both Plan International and Monash University were followed. All data collectors were working under Plan International's Child Safeguarding Policy and the research scope and data analysis had the approval of the Monash University's Human Research Ethics Committee. Principles of confidentiality, anonymity and informed consent were applied, with parents being asked for consent for girls' participation and girls subsequently asked for their assent.

Shajeda, 19, with her 9-month old baby.
(©Plan Internationa)

1.8 LIMITATIONS OF THE DATA

There were substantial limitations to data collection. Access to adolescent girls within the camp in Bangladesh is challenging. Many adolescent girls do not interact directly with humanitarian services and – due to cultural practices and safety concerns – are largely confined to their shelters. This posed challenges in accessing respondents, particularly the most marginalised adolescent girls. Efforts were made to include a cross-section of adolescent girls in the data collection processes but this was not always possible. Consequently, the research findings may not be fully representative of the most marginalised girls, which includes those with disabilities, those who have been orphaned or travelled to Bangladesh unaccompanied by parents, those suffering major illness, or who are pregnant and/or have parenting/caring responsibilities.

In addition, data collection tools were first designed in English, then translated in to Bangla before data collection was conducted verbally in the Rohingya language. The data was transcribed in Bangla and findings were translated back into English before analysis. This creates opportunities for both questions and responses to lose some nuance or meaning.

1.9 LITERATURE REVIEW

This report seeks to bridge knowledge gaps in our understanding of the impact of protracted crises on civilians by linking together the crisis context with an understanding of the unique experiences of adolescent girls. In doing so, it draws upon existing reports and research programmes within the sector that examine the role of gender and age upon those living in a crisis context.

1.9.1 A Focus Upon Adolescent Girls

There is widespread recognition of the role that gender plays in determining the experiences of those affected by crisis.[23] Increasingly there have been efforts across the breadth of international humanitarian action to disaggregate data and findings by sex, and – as importantly – to deploy that data for the purposes of gender-sensitive programming.[24] To this end, the United Nations Office for the Co-ordination of Humanitarian Affairs (UNOCHA) encourages both a "meaningful gender analysis, including the collection of sex and age disaggregated data" and "gender responsive information products that capture the differential impacts [of crisis] on women and men of all ages and backgrounds."[25]Similarly,

the *2018 Joint Response Plan for Rohingya Humanitarian Crisis* notes that "[f]rom an age, gender and diversity perspective, better provision of information and services to all refugees is needed. Their voices should be heard clearly in programming and decisions affecting their well-being."[26]Consequently, there is an emerging body of research and programming analysis which examines and engages the gendered experiences of crisis.[27] This reporting brings to the fore gendered experiences of vulnerability, violence and access to survival resources in times of crisis for women and girls.

In addition, there has been an emerging consideration of age. This is particularly highlighted in child protection and the work of child-focussed agencies, though it is yet to proliferate across most humanitarian standards. Efforts to mainstream an age-based analysis brings into focus the unique experiences and inflated vulnerability of the very young and very old in crisis contexts.[28] For example, in the case of young people, it highlights their over-representation among communities displaced by conflict and crisis.[29] The UNHCR notes that over half of the 65.6 million forcibly displaced people worldwide are under the age of 18, placing stress upon their access to education and healthcare and increasing their vulnerability to trafficking and other forms of violence.[30]This is certainly demonstrated in the case under consideration here, where children constitute an estimated 55-60 per cent of the Rohingya who have been forcibly displaced.[31]

It should also be noted that there is emerging research within the sector that focuses specifically upon adolescent girls. In particular, the Women's Refugee Commission (WRC) has undertaken initiatives to influence programming for adolescent girls around issues including displacement, CEFM, SRHR and disability.[32] Similarly, the Population Council has undertaken reporting and thematic reviews focusing on adolescent girls, though this is not specific to the crisis context.[33] The UNFPA has also produced a number of reports examining adolescent marriage, pregnancy and motherhood[34] as well as the impact of disaster and conflict upon adolescent girls.[35]Finally, Plan International has undertaken numerous studies which focus upon young people and, particularly, adolescent girls. These include studies on adolescent girls in disaster and climate change, safety in urban centres, sexual and reproductive health rights and adolescent girls' needs in humanitarian settings.[36] The growth in focus upon adolescent girls builds an evidence base around the unique vulnerabilities and issues that they face, as well as providing the

sector with a layered and deeper understanding of the impact of crisis upon civilian populations.

However, while we are seeing a focus upon age and gender – and encouragingly some focused research on adolescent girls themselves – the sector still has some way to go in ensuring comprehensive engagement with the experiences of adolescent girls.[37] While the rhetoric is often in place, the attending methodology, analysis and findings remain superficial.[38] General crisis reporting, where sex-disaggregated data and analysis exists, often conflates 'women and girls' or 'young people'. Similarly, age disaggregated data may speak broadly of children, adolescents or youth, and data may not be disaggregated by sex. While these broad categorisations may serve different needs, this can obscure the sometimes stark variations in experience and capacity that both age and gender bring to different civilian constituencies. It is clear that there is still a need for further examination of the intersections between gender and age, particularly in the crisis context.

1.9.2 Reporting on Adolescent Girls in the Rohingya Crisis

This is the first report to focus specifically upon adolescent Rohingya girls in the camps in Bangladesh. Since the escalation of the crisis in August 2017, there has been a spate of publications by organisations working in the humanitarian sector that detail the experiences and needs of displaced communities. It is important to note that most of this reporting does recognise the need for a gender and age analysis by either mainstreaming a gender and age consideration throughout their reporting or identifying uniquely relevant issues. However, this is done with varying levels of depth and methodological rigour. There is no sustained engagement with issues facing adolescent girls in the general sector reporting, the gender-focused or child-focused reporting. This report seeks to fill that gap.

In terms of crisis-wide reporting, the most comprehensive accounts are provided by the Inter-Sector Coordination Group who lead the global humanitarian response. Their recent *2018 Joint Response Plan for Rohingya Humanitarian Crisis* provides sex and age disaggregated data with some focus upon areas where adolescent girls experience unique or heightened vulnerabilities.[39] Supporting this reporting, the Inter-Sector Coordination Group has published a gender equality and social inclusion profile which provides further in-depth gender analysis and identifies adolescent girls as a separate and unique grouping

in several areas of concern.[40]Collectively, this reporting provides useful data and an important starting point for considering the experiences of adolescent girls in this crisis. Elsewhere, the sector's general crisis reporting offers varying levels of engagement with adolescent girls. In some cases, adolescent girls are discussed within the framing of 'women and girls' or 'boys and girls'. While this acknowledges the unique experiences of different groups within the community, the lack of age or gender distinction results in general reporting that often overlooks issues specific to adolescent girls.[41] In contrast to this, the 2017 multi-agency *Rapid Protection Assessment* included focus group discussions with adolescent boys and girls in their data collection process and subsequently provides several accounts of the specific needs and issues facing adolescent girls in relation to their physical safety, freedom of movement, and how the humanitarian community could better address their needs.[42]

There have been several gender-focused reports produced over the past eighteen months:

• UN Women have provided gender briefs on the crisis, highlighting the unique impact of the crisis upon women and girls, and providing recommendations for humanitarian actors. While noting that adolescent girls can be among particularly vulnerable groups of women and girls, it does not provide detailed analysis or focused consideration of this age group.[43]

• In October 2017 Care Bangladesh similarly published a rapid gender analysis which did include a focus group discussion with adolescent girls in its data collection. However its findings were not specific to adolescent girls except to highlight that they were the group of women and girls most vulnerable to sexual violence.[44]

• The Interagency Working Group on Reproductive Health in Crisis have produced a briefing paper highlighting the urgent need to strengthen the sexual and reproductive health rights of Rohingya women and girls around the issues of post-violence care for rape and other forms of sexual violence, reproductive health care and sexually transmitted infections. This report particularly notes that "Adolescent girls have been neglected in the response and adolescent boys have been almost entirely overlooked – both need urgent access to [reproductive health] services."[45]

• UNFPA has provided monthly situation reports on their response since November 2017. Their work has focused upon the provisioning of sexual and reproductive health rights, and prevention and response to gender-based violence. However,

their programmes (like the establishment of safe spaces, discussed below) lack a particular focus on adolescent girls.

• UNICEF has undertaken several studies and published programme reporting on the current crisis. Their focus has been upon addressing severe acute malnutrition, providing vaccinations, access to safe drinking water, psychosocial support and emergency non-formal education to children under the age of 18. Their programming and reporting acknowledges gender differences between boys and girls and highlights where adolescent girls may need specific targeting for interventions, particularly around education, sexual and reproductive health, and protection from violence.[46]

• Save the Children provides reporting on its response to the crisis which, like UNICEF, focuses upon food, health, shelter, child protection and emergency education. Like UNFPA, its reporting provides only one programming reference targeted at adolescent girls, which is the creation of eight adolescent girl-friendly spaces among the 86 child-friendly spaces in the camps.[47]

• In February 2018, World Vision, Save the Children and Plan International published *Childhood Interrupted: Children's Voices from the Rohingya Refugee Crisis* which provides a comprehensive, child-focused account of children's experiences and needs. Using a participatory methodology, the report offers a fictional narrative of children's lives in the refugee camps before providing more reporting on their experiences.

While much of the reporting has focused upon the urgent needs in the camps in Bangladesh, there has also been recent human rights reporting on the violence in Myanmar. Recognising both age and gender-based experiences, this reporting draws upon testimonies from Rohingya who have since fled Rakhine state. Save the Children's 2017 *Horrors I will never forget* presents a collection of testimonies of children, both boys and girls, who witnessed and experienced violence in Myanmar.[48]The testimonies presented in this report – which include the age of the children providing the testimony – demonstrate the gendered nature of much of the violence that children speak about. Also, in 2017, Human Rights Watch has published a report that focused exclusively on sexual violence against Rohingya women and girls in Myanmar which includes interviews with women and girls who survived and witnessed sexual violence. This report describes the extent and brutality of the violence experienced by women and girls, but findings are not categorised according to age, with no distinction given between 'women' and 'girls'.[49]

Much of this reporting provides a foundation from which the sector can give greater consideration to the unique experiences of adolescent girls. This report furthers that opportunity by building on this nascent research to provide an in-depth and detailed account of experiences of adolescent Rohingya girls in ongoing crisis in Bangladesh.

Solema, 12, with her brother Kamal in Balukhali camp.
(©Mahmud / Map / Plan Internationa)

1.9.3 The Protracted Crisis Context

While August 2017 marks a rapid escalation of the current crisis, this report nonetheless places the Rohingya crisis within the protracted crisis context. Historically, Rohingya people have experienced discrimination and violence in Rakhine state for decades, with periodic violence causing episodes of forced displacement. Furthermore, the extent of the crisis in Rakhine– and the lack of a political solution so far– suggests the crisis will continue into the future. For these reasons, the Rohingya crisis fits the protracted crisis typography where multiple crises layer upon, and interconnect with one another over a sustained period of time. The longevity of crises often reflect and reinforce poor governance and public administration structures, degraded or unsustainable livelihood systems, and intervention (or lack thereof) by external actors including states, international organisations and the humanitarian sector.[50] In this case, it has been accelerated by ethnic cleansings and inter-communal violence.

The protracted crisis context uniquely impacts adolescent girls in a number of ways:

01 First, for adolescent girls, the crisis can last throughout their formative years. Ongoing disruption to nutrition, education, and/or knowledge building around issues such as sexual and reproductive health can have life-long effects.[51]

02 Second, the longevity of the crisis increases their vulnerabilities in unique ways. For instance, protracted economic and physical insecurity can make girls especially vulnerable to trafficking, sexual exploitation and child early and forced marriage.[52]

03 Third, the layering of multiple crises requires an understanding of the exacerbating and intersectional effects that uniquely impact adolescent girls. These patterns need to be identified and understood in programmatic responses.

As outlined in the methodology section above, this report does not only examine the issues facing adolescent Rohingya girls in Bangladesh, it explicitly seeks their views and their understanding of the situation they are in. Such an approach enables the narrative of the crisis to be constructed primarily by adolescent girls themselves. As suggested above, adolescent girls often do not see the crisis or their own situation in the same way as adults or sector professionals. This methodology encourages us to think outside traditional thematic approaches and priorities and allows adolescent girls to express their experiences and needs themselves. It provides an entry point to focus upon adolescent girls as a unique and significant demographic in the crisis context.

2. RESEARCH FINDINGS

This section of the report presents the research findings and is structured around the three research questions outlined in section 1.2.

First, the report details the core sites of insecurity that have been identified by Rohingya adolescent girls.

Second, a cross-sectional analysis of these issues is undertaken to identify the sites and themes of resilience shown by adolescent girls: in particular, this section looks at the positive and negative coping mechanisms they have adopted as they navigate their way through the current crisis. It also highlights the capacities they have developed to shape the security and well-being of themselves and their communities.

These research findings then provide the basis for the recommendations and conclusions drawn in section 3.

2.1 SITES OF INSECURITY

2.1.1 Experiences of Violence

We came to Bangladesh by crossing the river. We saw many dead bodies on each road. Rakhines tortured us very much.

ADOLESCENT GIRL, 13

I feel good at camp. In Burma the army used to throw people into rivers cutting them into pieces.

ADOLESCENT GIRL, 12

We were afraid of the police and military in Burma. We did not feel safe there because they beat us and penalized us if we used to move in the night time. But we are not afraid here.

ADOLESCENT GIRL, 16

Everything was on fire around us. They threw girls on that fire.

PARENT

Adolescent girls detailed the extreme levels of violence they experienced prior to arrival in Bangladesh; both in their home villages in Rakhine state and during flight. Several of those interviewed spoke of the deaths and torture of parents, siblings, and other family members with others detailing the burning and destruction of their homes and belongings:

They burnt my house in Burma, killing my siblings. To save my own life I have fled to Bangladesh.

ADOLESCENT GIRL, 19

The detailing of this violence by adolescent girls is consistent with the independent human rights reporting that has emerged from Rakhine state.[53] For example, Save the Children's 2017 report, *Horrors I will never Forget* records similar accounts to those presented here of children witnessing and experiencing extreme levels of violence.[54]

Overwhelmingly adolescent girls report feeling more physically secure in Bangladesh than they did in Rakhine state, with the main reason being the absence of military and police forces. Several of those interviewed detailed the deliberate targeting of adolescent girls attending school in Myanmar:

I used to go to school in Myanmar. But the torture of Military compelled me to leave school.

ADOLESCENT GIRL, 13

They also outlined violence perpetrated in response to their practice of religion and highlighted spikes in violence in response to external shows of religiosity.

Gender-based Violence

One my female friend was killed by a [...] boy after doing bad things to her.

ADOLESCENT GIRL, 18

They captured the girls in Burma so that we felt fear.

ADOLESCENT GIRL, 18

I have seen girls to get marry forcefully in Burma. After that they fled from there.

ADOLESCENT GIRL, 18

Military burn houses. They take the husband to one side and do whatever they want with the wife by taking her the other side. They torture them the whole night. Some died. They are not ashamed of anyone.

PARENT

Gender based violence, including sexual violence, as well as domestic violence and child early and forced marriage (CEFM) persists in the lives of adolescent girls in Rakhine state in Myanmar: both as a result of the conflict and the presence of the military, and due to endemic gender inequality.

After fleeing their homes and arriving in Bangladesh, adolescent girls face difficult camp conditions (see below) that contribute to the ongoing risks of gender-based violence including intimate partner violence and child early and forced marriage (CEFM).

Sexual Violence

Many girls have been exposed to severe forms of sexual violence in Myanmar, before and during flight.[55] One adolescent girl interviewed outlined how a friend was killed following a sexual assault in the community in Myanmar and other community members detailed sexual violence as part of the spike in violence that forced them to leave Myanmar.

The perpetration and threat of sexual violence by the military in Rakhine state has been described as a significant driver of mass forced displacement.[56] A report from the special representative of the Secretary General on conflict related sexual violence highlights a pattern of widespread and systematic sexual violence that was used as a tool for dehumanisation and for shaming the community.[57]

Whilst specific information on sexual violence in the camps, and perceptions of safety related to the risk of sexual violence was not captured in the research, both civil society representatives and

community leaders raised the need to strengthen prevention and response services; particularly clinical management of rape and counselling services. Adolescent girls themselves retained some concerns about their safety within the community, as detailed in figure 4. The need for some adolescent girls to travel long distances to access services, their role in household labour such as collecting water and firewood, the reported lack of adolescent friendly SRHR services and problems with the camp design and infrastructure are all highlighted by adolescent girls as areas of insecurity in their lives and should be considered when determining risks related to sexual violence within the camps.

Child Early and Forced Marriage

According to 2015 statistics, the proportion of women and girls who are married between the ages 15-19 is two and a half times that of men (13 per cent versus 5 per cent), and Rakhine State has the lowest median age of marriage for women at 20.3 years.[58]The rate of marriage among this age group was slightly higher in the survey conducted for this report. Of the girls surveyed, only one (of 151) girl aged between 10-14 reported being

married, while 33 (of the 149) girls aged between 15-19 were – or had been – married. In the latter category, this places the rate at 22 per cent. CEFM is also closely linked to early pregnancy, with 70% of those that reported either currently or previously being married having at least one child.

CEFM severely impacts the health and well-being of adolescent girls, with early pregnancy putting girls at risk of fistula and maternal death, and limiting educational and livelihood opportunities. Indeed, of those surveyed who stated they were, or had previously been, married the rate of attendance at school was zero.

It is difficult to determine whether rates of CEFM have changed for adolescent girls since fleeing Myanmar. Adolescent girls were reluctant to discuss it in the context of their lives in Bangladesh, although one older adolescent girl expressed her fear that the limited opportunities available to her in the camp would lead to her being forced in to marriage:

"My parents will force me to get married. I have nothing to do. They could not do it in Burma but can do it here."

ADOLESCENT GIRL, 18.

FIGURE 3: AGE AT THE TIME OF MARRIAGE

HOW OLD WERE YOU WHEN YOU GOT MARRIED? (N=35)
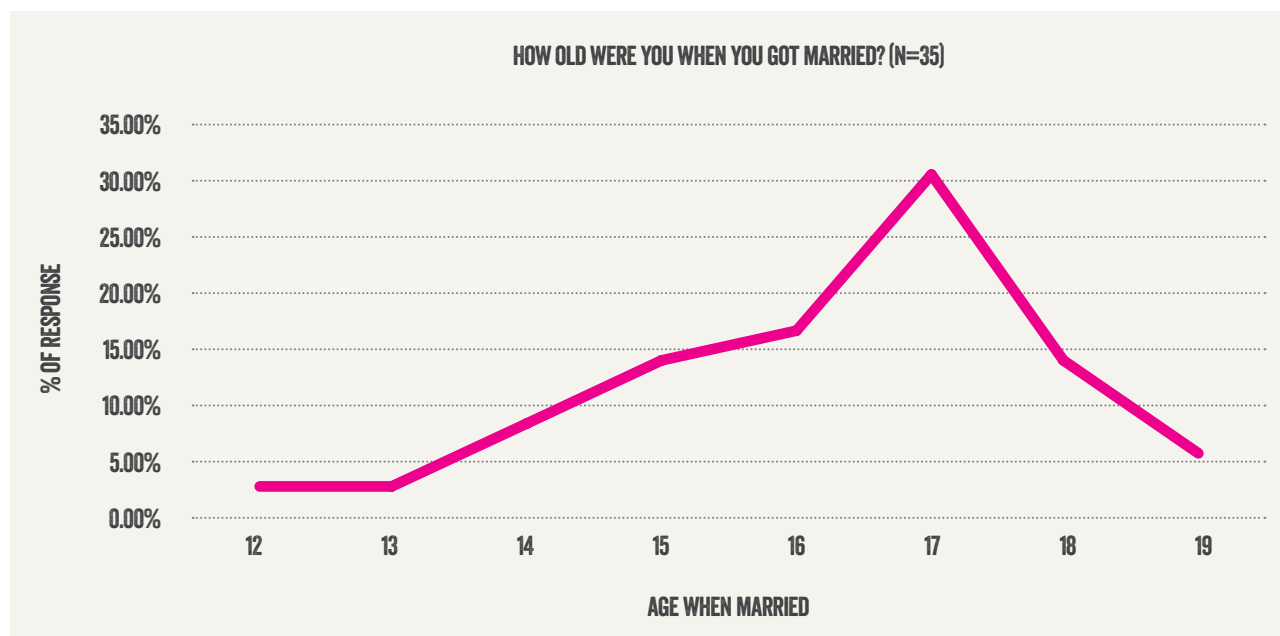
Attitudes expressed by parents in discussion groups were largely that girls should not marry until they are adults. The perceived age of maturity for adolescent girls was however contested with some suggesting marriage is only appropriate once a girl reaches 18, while others recommended 15 as an appropriate age. It was however widely acknowledged by both parents and adolescent girls that the decision-making for marriage remains with parents, with 75% of those married stating it was the decision of their parents when and who they married and only 8% stating it was their own decision. All of those surveyed who were married before they were 18 years old stated that they thought girls should marry only once they are 18 or older.

Children are often left to fend for themselves during the day in Balukhali camp, Cox's Bazar
(©Plan International)

Domestic Violence

Among girls who did report violence and mistreatment, the majority of incidents occurred within the household. While adolescent girls in both age groups overwhelmingly described themselves as feeling safe in their household (93.67 per cent), a number did report experiencing violence in the home. This is an interesting paradox, given many adolescent girls interviewed also reported having their movement restricted, their access to external services limited and being confined to their home. Of those who did report experiencing violence, there was not a significant difference between those who lived with their parents and those who did not.
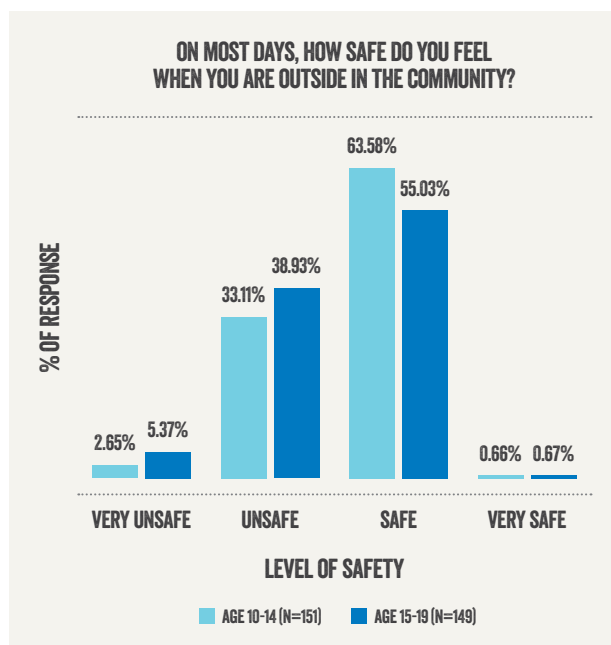
Close to one in four adolescent girls aged between 10-14 (24 per cent) and close to one in ten adolescent girls aged 15-19 (9 per cent) reported being hit or beaten in the past month. 87 per cent of those cases occurred in the home. For younger adolescent girls the perpetrators of this violence were overwhelmingly parents at 74 per cent. In the case of older adolescent girls the perpetrator was more likely to be either a current or ex-husband.

Importantly, very few adolescent girls report accessing mental health services, protection services or of relying on social support networks and peer networks to deal with the physical or emotional trauma associated with their witnessing or experiences of violence, including extreme violence.

Violence in the Camp

Whilst the majority of adolescent girls report that they feel substantially safer in Bangladesh, there remains a fear of violence amongst adolescent girls in the camp. Although these were not widespread concerns, fear of abduction and of criminality, including trafficking and forced labour were referred to. As demonstrated, in figure 4 below, over half of the adolescent girls surveyed describe themselves as feeling safe in the community, though this sense of safety decreases as girls get older.

FIGURE 4: LEVEL OF SAFETY WITHIN THE COMMUNITY

ON MOST DAYS, HOW SAFE DO YOU FEEL WHEN YOU ARE OUTSIDE IN THE COMMUNITY?

% OF RESPONSE

LEVEL OF SAFETY	AGE 10-14 (N=151)	AGE 15-19 (N=149)
VERY UNSAFE	2.65%	5.37%
UNSAFE	33.11%	38.93%
SAFE	63.58%	55.03%
VERY SAFE	0.66%	0.67%

2.1.2 Family Cohesion and Separation

Military killed my father. I had escaped with my mother and come here. I used to live with my parents. The army killed one of my brothers after detaining him.

ADOLESCENT GIRL, 10

My life is also good while living here in this camp. But I have to live here without my parents. It is very painful for me to live without my parents. I was not able to live peacefully in Burma. The ... people used to torture us a lot.

ADOLESCENT GIRL, 16

Family cohesion can be an important protective mechanism for adolescent girls in crisis contexts. Moreover, the absence of close family members through death, disappearance or separation is a source of emotional stress. Of the girls interviewed, 38 per cent reported living with different family members once they arrived in Bangladesh.

Over half (64 per cent) of the Rohingya adolescent girls report living in the camp without one or both of their parents. Where one parent is absent, it is far more likely to be the father. In fact, where girls reported that a parent was deceased, it was over five times more likely to be the father who had died. Direct conflict-related violence was responsible for the death of a parent in 38 per cent of the cases, with a small number of girls reporting that their parent had died from disease or injuries since arriving in Bangladesh. The likelihood of the death or absence of a parent increased as girls became older. This may be a key factor in explaining why girls in the older age group were more likely to report feeling sad.

The majority of girls across both age groups (80 per cent) also live with their siblings. A much smaller proportion live with grandparents (11 per cent across both age groups) and other relatives (3 per cent). These figures suggest the majority of adolescent Rohingya girls have a potential network of support from their families within their home. The assumption that living with family members provides a support network, rather than potential source of insecurity, is underscored by the survey results which reveal that the vast majority of girls feel safe at home (93.67 per cent). Interviews also drew attention to the support that family members provide. Many girls said that they discuss problems with their mother, and sometimes their sister, who provide comfort and support. Others mentioned they would go to a parent as well as other members of the family and elders for support in the event that someone threatened or tried to hurt them.

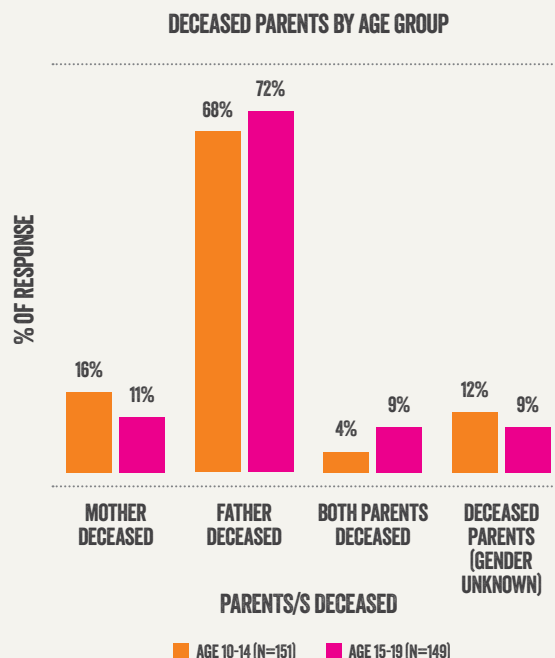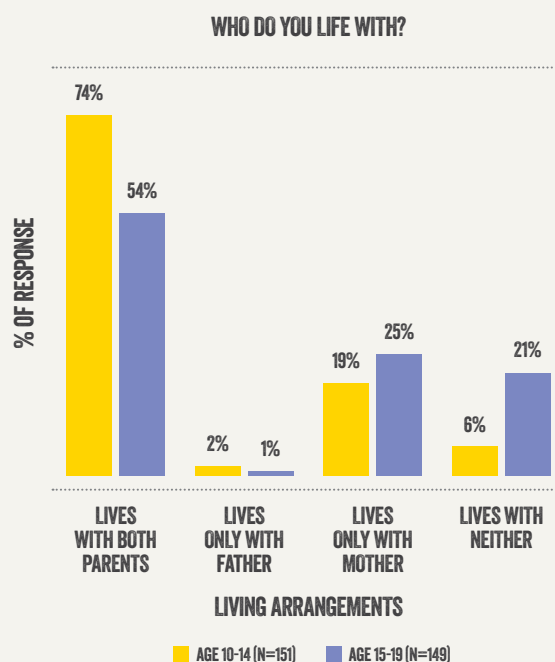**FIGURE 5: EXPERIENCING DEATH OF PARENTS IN EACH AGE GROUP**

DECEASED PARENTS BY AGE GROUP

FIGURE 6: PERCENTAGE OF DIFFERENT KINDS OF LIVING ARRANGEMENT OF GIRLS IN EACH AGE GROUP

WHO DO YOU LIFE WITH?

Senowara, 18, and her friend Monira, 18, are concerned for their safety in camp.
(©Plan International)

2.1.3 Restricted Freedom of Movement

A major concern for adolescent girls is the tight restrictions placed upon their freedom of movement. Adolescent girls frequently described this as one of the greatest changes in their life since they came to the camps. In fact, many girls reported that since arriving in the camp, they never or rarely leave their shelter. This complements the survey responses regarding work and education where 97 per cent of adolescent girls report working in the home and only 28 per cent of respondents attend school.

Adolescent girls report that they cannot move freely about the community for a combination of cultural reasons, perceived safety concerns and a lack of space. When asked why they didn't go outside of the home, one adolescent girl stated it was because "everyone here is a stranger" (adolescent girl, 18). Several girls noted that their parents would not let them leave the house, others were told they must stay at home and do household chores (adolescent girl, 15) while two mentioned that they could not leave the shelter while they were menstruating. This view was confirmed by members of the NGO community. One stated in an interview that "Adolescent girls cannot leave their houses –it makes it harder to give them access to services provided – family is the biggest hindrance in this regard – when asked to make three steps outside girls answered that their fathers and uncles would kill them – the situation is improving now though." Another noted that "Elders in the community do not want their daughters and wives to step outside the house – they think it will spoil their wife's or daughter's honour and think it is not safe for them to go outside." In FGD3 two girls (aged 10 and 11) said that the lack of space, restrictions on mobility and the fact that they had needed to leave their belongings behind in Myanmar meant particularly that they could not play. Older adolescent girls reported greater restrictions upon their movement as they got older.

2.1.4 Education

Parents say honour is more important than education that is why they do not allow children to go to school at that age.

COMMUNITY LEADER

People encourage younger girls to go to school but not adolescent girls/girls who have already kept themselves under the veil.

COMMUNITY LEADER

Adolescent girls are interested in study. If we were allowed to, all of us would have studied.

ADOLESCENT GIRL, 18.

My mother is not allowing me to go. I have to listen to my mother. My mother used to say, "Girls do not need to study more. They need to perform the household chores." That is why she does not allow me to go to school.

ADOLESCENT GIRL, 12.

If they allow, we will study. If they make school for us, then we can study. If the teachers are male, we will not study.

ADOLESCENT GIRL, 16.

Consistently adolescent girls identify a lack of access to education as a major concern in their lives. Only 28 per cent of those surveyed currently attend some kind of schooling, a marked decrease from those that report attending school in Myanmar. Importantly there was a significant difference in access to education between younger and older adolescents: of the 149 adolescent girls aged 15-19 that were surveyed, only two were attending school, whilst 82 of the 151 girls surveyed aged 10-14 report attending some kind of school.

Whilst the majority of respondents highlighted a lack of educational opportunities for their age group as the primary reason for not attending school, there are multiple and overlapping barriers identified by adolescent girls and their communities to access to education for adolescent girls. These include lack of freedom of movement, early marriage, early pregnancy, care and household labour responsibilities, a lack of female teachers as well as community attitudes about the importance of education for girls.

The people of our area often say that adult girls do not need education. They think that girls should stay at home and girls do need to educate themselves.

ADOLESCENT GIRL, 13

We have to make my parents and the block volunteer understand the importance of education.

ADOLESCENT GIRL, 14

Language was also a factor in limiting educational opportunities for adolescent girls; it was discussed as a barrier to accessing education, both formal and informal.

Here, they don't teach in our language. So, I can't go. There is school for little kids, not for older girls.

ADOLESCENT GIRL, 15

Many of these factors mirror the barriers faced by adolescent girls in accessing education before their arrival in Bangladesh. Rakhine state has one of the worst rates of educational attainment in Myanmar, with the equal lowest rates of education for women with Shan state.[59] Importantly the gender difference in educational attainment is highest in Rakhine, compared to other parts of Myanmar. The longer-term deprivation of access to education means that should education become accessible to older adolescent girls within the camp in Bangladesh, many would require additional support in order to access it.

My parents used to tell me. They did not allow me to study due to the fear of Rakhine people. The Rakhine people do not like the girls to study. The Militaries used to torture the girls. That is why we were not allowed to study.

ADOLESCENT GIRL, 18.

Adolescent girls who were interviewed overwhelmingly expressed a strong desire to have access to education, with many expressing regrets that they were now too old for the education services that were being provided in the camp. Consistently adolescent girls described access to education as a protective mechanism and safeguard for both their future and the present: *"I want to be educated but cannot. This is the biggest interruption/barrier in my life. I have a desire to establish myself by studying."* (Adolescent girl, 14.) Education was mentioned not only as a mechanism for increased independence and enhancing livelihood options, it was also highlighted as a way to build networks and expand their lives beyond their immediate household.

Community attitudes towards adolescent girls attending school was mixed. Whilst the majority said that parents were not encouraging adolescent girls to attend school, some suggested that the local representatives within the camp, referred to as block leaders or block volunteers were supportive of it. Parents themselves stated they supported their daughters attending school but cited practical barriers around distance to schools and a lack of female teachers as the main reason for their non-attendance.

It's far. That's why I don't let them go to school. Everyone here does not belong to the same country. There are people of other countries. Thus, I don't let them lose sight of my eyes.

PARENT

Despite this, it was clear from both parents and adolescent girls that limitations on accessing education were also linked to the severe restrictions they face on their freedom of movement and to cultural beliefs around the role of adolescent girls in supporting the household, age of maturity and appropriate age of marriage.

The experience of education is distinctly gendered, with boys reporting that they were able to attend schooling until the end of secondary education in Rakhine state. Boys' attendance at school was viewed as a decision for them, while girls' access to schooling more significantly controlled by parents and heavily influenced by gender norms around freedom of movement. In Bangladesh the limited access to education for older adolescents is also affecting adolescent boys.

2.1.5 Economic Insecurity and Livelihoods

There are limited economic and livelihood opportunities available within the camp and fewer still that are accessible to adolescent girls. Sewing clothes or stitching is identified by adolescent girls as the primary livelihood opportunity and this is further reflected in adolescent girls' desire to strengthen existing skills or gain new ones in this area.

I want to complete my education. I want to learn stitching.. If I have a stitching machine, I could earn my own money.

ADOLESCENT GIRL, 13.

I do not want to take any money from my parents. I want to earn my own money.

ADOLESCENT GIRL, 12.

I used to feed my parents by sewing carpets. I fed my parents by earning money through embroidering clothes and making frames. My father and a brother died when I was young. I have a brother who cultivated the farmlands of others. We are only allowed to cook foods here.

ADOLESCENT GIRL, 18.

Adolescent girls also highlight the impact household economic insecurity has on their lives: limiting access to education, quality food and often preventing them seeking medical treatment or being able to afford medication.

It is also evident that households within the camp rely on the unpaid household and care labour of adolescent girls who are often responsible for caring for younger siblings and disabled family members, as well cooking meals and, particularly in the case of younger adolescent girls, for collecting water and firewood. Several adolescent girls identified their care responsibilities and household duties as barriers to accessing education and engaging in recreational activities.

One respondent, a civil society representative, pointed out the particularly precarious economic position of divorced adolescent girls who, whilst a minority, are often left without any assets or means to support themselves: "When boys divorce their wives, they can take everything with them (gold, money, assets) – it leaves the girls with nothing."
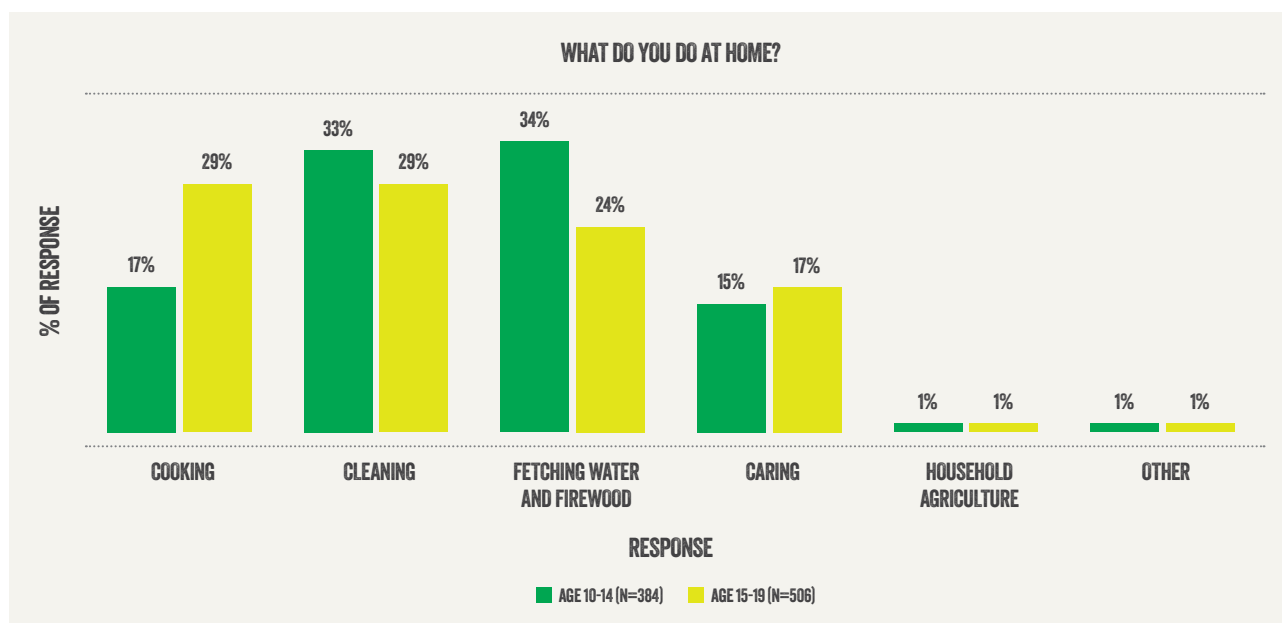
I want to do a job after completing my education and work for the welfare of this community.
ADOLESCENT GIRL, 12.

I want to do business, but I need my husband's permission to do so.
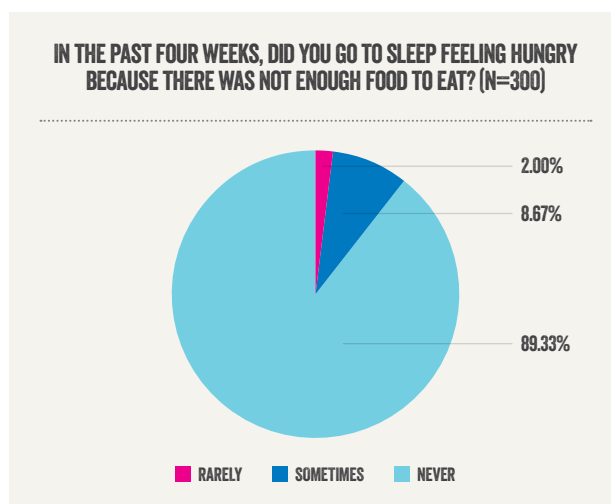**ADOLESCENT GIRL, 18.**

FIGURE 7: PERCENTAGE OF DIFFERENT ACTIVITIES PERFORMED AT HOME BY THE GIRLS

A lack of freedom of movement, transferable skills' development and restrictions on livelihood initiatives create a significant barrier to income generating opportunities for adolescent girls – which adds to their overall vulnerability.

Sabuka, 13, is scared when she has to collect firewood from the jungle
(©Plan International)

2.1.6 Food Security and Nutrition

I suffered a lot in the first few days. I pacified myself by saying that we have come to a new country. My parents do not have any work. So, we do not get any food. But my younger siblings do not try to understand and cry profusely.

ADOLESCENT GIRL, 13.

We have to fetch food from a far place. We are only given rice, oil, and beans. We cannot eat beans because we do not like eating beans.

ADOLESCENT GIRL, 14.

I slept with the empty stomach after coming here. We are a large family. The provided foods were not sufficient for us. We had to starve.

ADOLESCENT GIRL, 10.

We had to walk through the mountain to enter Bangladesh. We had to hide due to the fear of military. The foods we had brought did not last long. That is why we had to starve.

ADOLESCENT GIRL 12.

Whilst adolescent girls consistently spoke of an improvement in their access to quality food since their initial arrival in the camp, many still list the lack of food and hunger as amongst the biggest challenges they face. In particular, unaccompanied adolescent girls or those not living with their immediate family spoke of additional problems in obtaining adequate food, although it was unclear whether this was related to registration and food distribution or the inability to procure or access supplementary food sources. Several spoke of the importance of the food provided by fathers and other relatives – further confirming the presence of parents as a key factor in determining the food security of adolescent girls.

FIGURE 8: PERCENTAGE OF GIRLS WHO SLEPT HUNGRY DUE TO NOT ENOUGH FOOD

IN THE PAST FOUR WEEKS, DID YOU GO TO SLEEP FEELING HUNGRY BECAUSE THERE WAS NOT ENOUGH FOOD TO EAT? (N=300)

2.00%
8.67%
89.33%

■ RARELY   ■ SOMETIMES   ■ NEVER

Two adolescent girls interviewed stated that pregnant adolescent girls in particular were not receiving adequate food and nutrition. This was confirmed by community leaders who also said that pregnant adolescent girls do not get the variety of food required for their nutritional needs.

As a coping mechanism, many of those interviewed talked about community borrowing and trading. When there is not enough food, block leaders are called upon to find solutions: they collect food items to redistribute to families in need, or people borrow directly from neighbours.

Importantly adolescent girls also emphasised the need for food distribution and programmes to take into account the safety of adolescent girls: considering the location of collection points, and the time of day and days of the week for collection. Many of those involved in focus groups stated that within the family they are responsible for taking the token and collecting food rations from distribution points. In some cases this activity represents a rare trip away from their shelter.

2.1.7 Engagements with the Humanitarian Community

A foreigner took 12 persons to make a drama. He did this work only one day. He promised us to give food, but he did not.

ADOLESCENT GIRL,18.

I do not like it if they shoot video and feel more comfortable if they say that they will not shoot any video.

ADOLESCENT GIRL, 18.

Not enough work is being done to help girls who have been raped, are disabled, have become blind – their names are taken but no work is done for them.

COMMUNITY LEADER

Adolescent girls have expressed a wish to be further consulted about their needs and experiences by members of the humanitarian sector. When they are consulted, they report that inquiries are predominantly limited to their immediate needs, with no consideration of their potential to design and shape interventions or to provide an insight into their broader communities. Several of those in the focus group discussions also highlighted how NGOs sought information from their parents about their needs and interests, rather than from adolescent girls themselves.

Adolescent girls also reported instances where humanitarian interventions made them feel uncomfortable. In one case, a girl said she wished she could receive support from the humanitarian community without having to be filmed for the making of fundraising videos. In three other interviews adolescent girls spoke of organisations collecting lists of adolescent girls with disabilities but then never providing any support for those listed or any information on why the list was being created.

Adolescent girls also emphasised that they fall through the gaps of many of the existing interventions. They report being excluded from programmes and activities that are aimed at younger children, or women. Where they are able to participate, they find that the interventions are often not meeting their needs or are not matched to their interests. The services that were acknowledged by adolescent girls as being interesting and relevant were primarily sewing lessons, often based in women friendly spaces. These were described both as an activity that met some of their needs for recreation, as well as a skill to improve livelihood opportunities.

Sajeda (20) is nine months pregnant.
(©Plan International)

It should be acknowledged that there are significant challenges for the humanitarian sector in reaching and engaging adolescent girls. As discussed below, adolescent girls are frequently restricted from leaving their homes and engaging with NGOs. Both parents and block leaders act as gate keepers in either restricting or mediating their interaction with the humanitarian community.

Adolescent girls were able to clearly express what they wanted from the humanitarian community. Strikingly the priorities for adolescent girls were quite disparate from those of community leaders and NGO representatives who spoke of gaps in humanitarian response efforts linked to lack of security, the need for greater access to counselling services. Adolescent girls overwhelmingly prioritised the ability to obtain an education, or livelihood and life skills classes, as their main focus. In addition, they expressed a need to strengthen and improve their living conditions, including better and more secure shelter, improved access to water sources and sanitation facilities, and increased access to quality food. Adolescent girls also strongly asserted the need for the humanitarian community to consult with them and engage them in decision making around programming.

2.1.8 Healthcare

Yes, it is hard to find help when I am sick. We face problems while visiting a doctor. We have to walk a lot to visit the doctor. It is going to be more troublesome in the monsoon.

ADOLESCENT GIRL, 12

It is difficult to go. We need to stand in a long queue to visit the doctor. Even then we do not get the proper medicine.

ADOLESCENT GIRL, 10

It is tough. They provide paracetamol for both fever and cold. They give the same type of medicines for all the diseases. It does not cure our disease.

ADOLESCENT GIRL, 12

Adolescent girls report being aware of the health services available to them and are actively seeking out and accessing health care services within the camp. Many of those interviewed were able to identify either a health clinic or hospital where they could seek treatment for illness or injury, although there remain barriers to effective access:

- Adolescent girls identify distance and lack of transport to health centres as significant barriers to accessing health care.
- There was also evidence that economic barriers exist for some adolescent girls to access appropriate healthcare.
- When adolescent girls do access health services, many are not satisfied with the treatment and are concerned about the lack of availability of appropriate medications. Many of those interviewed say that medication is limited to paracetamol and that it deters them from seeking help again for future illnesses.
- Health services and the health seeking behaviour of adolescent girls is limited to physical health, with mental health services not identified by them as available – although counselling and other services were referred to by civil society representatives.

Sexual and Reproductive Health Rights (SRHR)

My mother told me everything about menstruation. The NGO worker of this place also taught us a lot about menstruation.

ADOLESCENT GIRL, 13.

The small things I learnt from my female friend and my sister-in-law. And the severe things I used to learn from Madams' [NGO worker].

ADOLESCENT GIRL, 18

I was not allowed to go near my brothers and father [when my menstruation started]. I was not allowed to touch them or do any of their work. We were told that it will be a sin to get out the house during this time.

ADOLESCENT GIRL, 14

No one told this. We have learned this when people whispered on this topic.

ADOLESCENT GIRL, 18

Adolescent girls broadly reported having some knowledge on menstrual hygiene management (MHM), primarily gained from female family members such as mothers, sisters and aunts but would like greater knowledge and access to menstrual hygiene products.

Overwhelmingly, adolescent girls reported very little knowledge on SRHR, but expressed a desire to learn more about relationships, sexual and reproductive health, and contraception. They suggested both female family members and NGOs as their preferred source of information. Some adolescent girls said in interviews that they were forbidden by their mothers or older relatives from asking questions about SRHR. These adolescent girls either sought information from older peers, or said they had no knowledge of SRHR.

Shajeda, 19, worries about the future.
(©Plan International)

2.1.9 Camp Conditions

I cannot go outside the house. I have to always stay in the house and in this heat. These are the major problems that I am currently facing.

ADOLESCENT GIRL, 18

The house is small, I cannot do anything according to my will.

ADOLESCENT GIRL, 11

We have to live here inside the tarpaulin in extreme heat. I could do anything I liked in Burma. I do not feel good here. This change has happened.

ADOLESCENT GIRL, 15

Overwhelmingly adolescent girls describe their experience of the camp and its conditions as stifling. One 17 year old told researchers: *"I cannot go outside here due to excess heat. Space is very short. I could go everywhere at Burma. I could communicate with everyone. I cannot do it here."*

Ongoing daily arrivals at the camp has meant that expanding areas become settled before infrastructure and services are in place. Cox's Bazar is now considered the largest refugee camp in the world, and the increasingly cramped conditions makes service delivery more and more difficult.60 In order to function adequately the camp requires 16 million litres of clean drinking water per day, and the further construction of 50,000 latrines.[61] Following the crisis, in the early rush to access water, poorly installed tube-wells have led to high rates of water contamination.[62]

The *Joint Response Plan* notes that the combination of crowding, close living conditions, the presence of acute watery diarrhoea and the high rates of malnutrition are a dangerous combination which means that "any outbreak has the potential to kill thousands."[63] As the monsoon season approaches, a number of the temporary shelters will become untenable and the likely destruction of the makeshift sanitation facilities threatens to contaminate water and spread disease.

When describing the impact of camp conditions on their lives, adolescent girls identified three interconnected concerns:

- The first is the excessive heat in the temporary tarpaulin shelters which was referenced by every adolescent girl that was interviewed. The heat was described by adolescent girls as "scorching," "excessive," and "extreme." A number noted that this heat was made worse by the smoke of the clay stoves (which has been a contributor to high upper respiratory tract infections),[64] the bad odours coming from the toilet and the lack of access to clean water (discussed below).

- The second issue facing adolescent girls is the cramped and close quarters in which they are living. The congestion in the camps increases health risks, challenges the provision of protection, and hampers service delivery. One adolescent girl noted that she now lives in a small room with a lot of people and this has generated tensions over food. Moreover, it increases the household work of adolescent girls as they struggle to access the resources necessary for household management. One 14 year old girl stated that she *"faces problems in regards to cooking, fuel, stovetop, electricity, shelter, difficulties going down the hill at night, water crisis and so on"*.

The cramped conditions also create protection and safety issues. For some girls, there is comfort in the crowd and noise of the camps, but others find the crowding in the camps disconcerting: *"I do not feel safe walking around my community during the day – I want to step outside but cannot as there are a lot of people –my parents would not let me step outside as boys in the camp may attack girls"*. (Adolescent girl, 18). As discussed in the above section on experiences of violence, a few girls were concerned about being robbed, kidnapped or trafficked, while one girl noted the physical difficulties of walking down the mountains with poor lighting.

- Access to water and sanitation facilities is also an important issue. The collection of water is a major responsibility, with 34 per cent of 10-14 year old girls, and 24 per cent of 15-19 year olds reporting that it was a job they regularly performed. In two FGDs access to clean water was described as one of the key challenges that adolescent girls face in the camps. Their concerns ranged around issues of access, location and the need to walk up and down hills, scarcity, the poor design of the tube-wells including the speed at which they operated, and the impact this had upon their capacity to bathe. These sentiments were reinforced by mothers and female guardians who described access to resources like water (and to medicine and food) as one of the major challenges facing girls. In interviews, one adolescent girl reflected: *"I was in peace at home in Burma but here the temperature is unbearable and we have to bring water from all the way down the hill, scarcity of water is high and there is no shower room so it is difficult to get a shower. We cannot bathe in the daytime so usually have to do it at night and we feel unsafe in the tarpaulin home"*. Adolescent girl, 14.

Nazma and Hasina rely on one another for companionship in camp.
(©Plan International)

2.2 SITES OF RESILIENCE

Although adolescent Rohingya girls face substantial and multiple insecurities, it is also important to note their resilience. They have developed coping mechanisms and strategies which not only help them to navigate the challenges of the developing crisis, but enable them to support others to do the same. Through their experience adolescent Rohingya girls have acquired knowledge and skills which, if attended to, will add significant value to programmatic interventions.

The findings in this report corroborate and build upon existing research which draws attention to the resilience of members of the Rohingya community, including the roles that women and girls play in providing care and household support to build stronger communities.[65] UNFPA, for instance, has noted how women in Cox's Bazar have often been front-line and first responders to attend to the needs of the most vulnerable or direct them to appropriate support mechanisms and services.[66] This is even though they too may be among the more vulnerable members of the community. The role of these women is instrumental in getting help to the most in need, because they share the same language, culture and experience and can, therefore, better reach out and build trust.[67]

2.2.1 Community Structures, Safe Spaces and Friendships

Given that freedom of movement for girls is often severely limited, it is particularly important that there are some places where adolescent girls can engage with others.

Safe Spaces: In key informant interviews a few girls mentioned more formal interventions designed to facilitate support through creating safe spaces for women and girls. There has been a strong focus within the humanitarian sector on providing safe spaces for adolescent girls, and a particular interest in ensuring that they are available to vulnerable groups such as sexual and gender minorities. A number of NGOs have established girl and child friendly spaces, providing for example education, health and hygiene knowledge and materials[68, 69]

Ten of the 52 adolescent girls who were interviewed or participated in the focus group discussions reported having attended a safe space. They report using these spaces to watch TV and engage in sewing activities and described these spaces as being critical to their ability to cope with the crisis. Of those who no longer, or had never, attended the safe spaces, the primary reason was that their parents would not let them leave their home.

Friendships: Peer groups can provide a particularly effective support network and a valuable coping mechanism. Many girls have said that they discuss problems or concerns with friends, who provide comfort and advice. However, some girls referred to the fact that as the Rohingya have been forcibly displaced, friendship groups have been broken. The ability to make new friendships and develop new support networks are hindered because many girls are prohibited from leaving their homes and now live among people they did not know in Myanmar. In fact, a number of girls said they had no-one to talk to if they had any problems, including three out of eight girls interviewed in KIIs who were aged 10-14, and two out of eight older girls in KIIs. In FGDs also, many girls said they do not speak to anyone if they have problems: *"I do not share with anyone either. I keep in my mind. I feel shy... I do not know [why]. The people might say bad words about me"*. Adolescent girl, 12.

Boys also used similar support networks. For instance, in focus group discussions a number said they would go to the block volunteer, police or military in the event someone tried to hurt them, while a large number said they would speak with their mother or other family members and their friends about their problems. While only a small number of boys were interviewed in focus group discussions, a few of them also said they felt they had no-one to talk to.

2.2.2 Positive Outlook and Hopes for the Future

After coming to Bangladesh, I feel happy, because I got rescued from the oppression and torture of the Rakhine people.
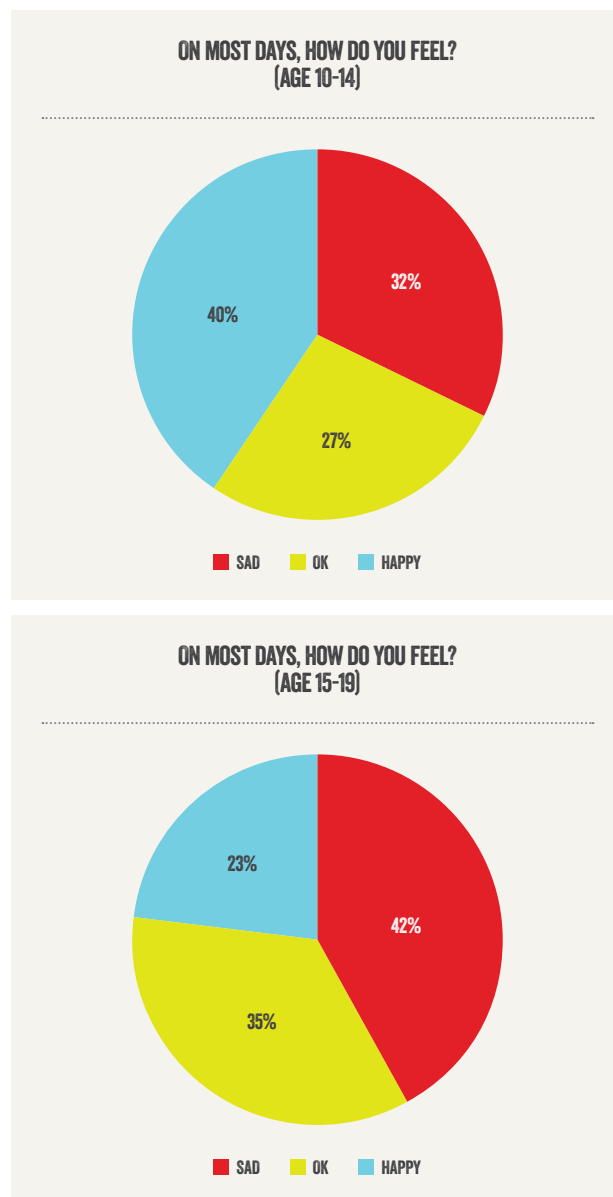
ADOLESCENT GIRL, 14

I feel good to live here. We are living peacefully after coming here.

ADOLESCENT GIRL, 18

Surprisingly, given the atrocities witnessed and the trauma suffered, many girls expressed a positive outlook and hope for the future. This optimism can in itself constitute an effective coping mechanism. When asked whether on most days they feel sad, okay or happy, fewer than a third of all girls aged 10-14, and half of girls aged between 15-19 said they felt sad. The most common response among girls aged 10-14 was that they felt happy; while almost a quarter of all girls in the higher age group (15-19) also said they felt happy. Overall, a little under two-thirds of all girls (63 Per cent) reported that they felt okay or happy on most days.

FIGURE 9: PERCENTAGE HIGHLIGHTING DIFFERENT FEELING OF THE GIRLS IN THE TWO AGE GROUPS.

ON MOST DAYS, HOW DO YOU FEEL?
(AGE 10-14)

32% SAD
27% OK
40% HAPPY

ON MOST DAYS, HOW DO YOU FEEL?
(AGE 15-19)

42% SAD
35% OK
23% HAPPY

Many girls expressed the wish to be able to study and return to school. Some said that they would be better able to help their community if they secured a good education. One girl said she had no hopes for the future because "I have to get married", lamenting the opportunities that might otherwise be available to her. A number of adolescent girls also exhibit a strong sense of homelessness and the life they left behind. While acknowledging the need to leave and the threats that face them in Rakhine state, many still mourn for the homes they have left.

"We feel pain all the time. I recall the memory of my house. Recall the memory of my cows and goats. I feel like crying."

ADOLESCENT GIRL, 12

While some girls do feel sad and all face major challenges, the ability that many of them have to envisage a future is a source of strength in itself and a means through which they can continue to navigate the crisis. Crucially, girls also demonstrated an understanding of and ability to articulate what would be required to improve their futures: primarily basic necessities like shelter, clean water and soap. Throughout the interviews and discussions many girls, like the ten year old quoted below, talked of their plans and hopes for the future: *"I want to go to school, to read lots of books. I want to play"*.

Boys' aspirations were a little more specific and ambitious, in general, than girls': while girls wanted to return to school or get a job, boys wanted to complete higher education in order to become a doctor, teacher or businessman.

2.2.3 Faith and Imagination

Faith or belief in fate also appears to be a coping mechanism among adolescent girls. A number said they console themselves about the difficult circumstances they face by telling themselves: *"it is the will of God"*. (Adolescent girl, 11.)

Others use their imagination to cope in difficult circumstances; either by imagining a peaceful life back in Myanmar or reminding themselves that Bangladesh is not their home. Some console themselves regarding the challenges they currently face, such as being unable to go outside the home, by telling themselves that they are now safe after the threats they faced in Myanmar. Many demonstrated great courage. One girl from Balukhali Camp said that when circumstances are particularly difficult she just makes up her mind to feel better. This fortitude – making up one's mind to cope *"even if I cannot cope"* was also articulated by another girl. Some said that expressing their feelings helped them: *"I do not have my parents here with me. I cry profusely to tolerate my pain"*. (Adolescent girl, 16.) However, others felt the pain to be almost unbearable: *"I cannot tolerate this sorrow anymore. I want to go back to Burma"*. (Adolescent girl, 11.)

2.2.4 Agency and Influence

The interviews and focus group discussions reveal that adolescent Rohingya girls do have agency evidenced by the ability to support, guide and influence others. For instance, girls cited their achievements in school or sport, and their ability to read the Quran. Significantly, a number of girls mentioned their ability to teach others, including to read and write, as their greatest achievement or greatest skill and as a way they help the

community. Moreover, some cited work they did including sewing and agricultural work in the home or farm (in Myanmar) as a contribution to supporting their families and communities.

However, few girls have, or believe they have, the ability to make decisions about their lives. Over three-quarters of all girls (76 per cent) said they are never able to make decisions about their lives. This is particularly pronounced within the younger age group, with 83 per cent of girls aged 10-14 saying they can never make such decisions; this figure falls to 68 per cent within the higher age group.

FIGURE 10: PERCENTAGE OF DIFFERENT DECISION-MAKING CAPACITIES OF THE GIRLS

ARE YOU ABLE TO MAKE DECISIONS ABOUT YOUR OWN LIFE? (N=300)

0.67%
8.67%
15.00%
75.67%

ALWAYS SOMETIMES NEVER DON'T KNOW
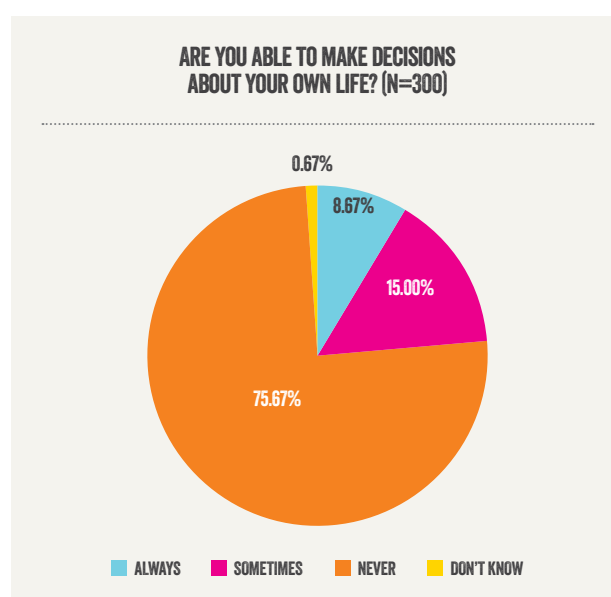
The interviews and focus group discussions also show that almost all girls believe they have no decision-making authority or influence. Within the family, decision-making authority generally lies with the parents, often the father, while in the community the block volunteers are reported to "take all the decisions." Many girls referred to the cultural inappropriateness of what would be considered to be talking back to elders if an opinion was voiced, while some others expressed concern about what would happen if they tried to influence a decision of their parents.

If we do not listen to words of our parents, then our parents will not take care of us.

ADOLESCENT GIRL, 15.

I ask my parents if I want to do anything. I cannot do anything on my own. I feel fear if I do so my parents will mistreat me.
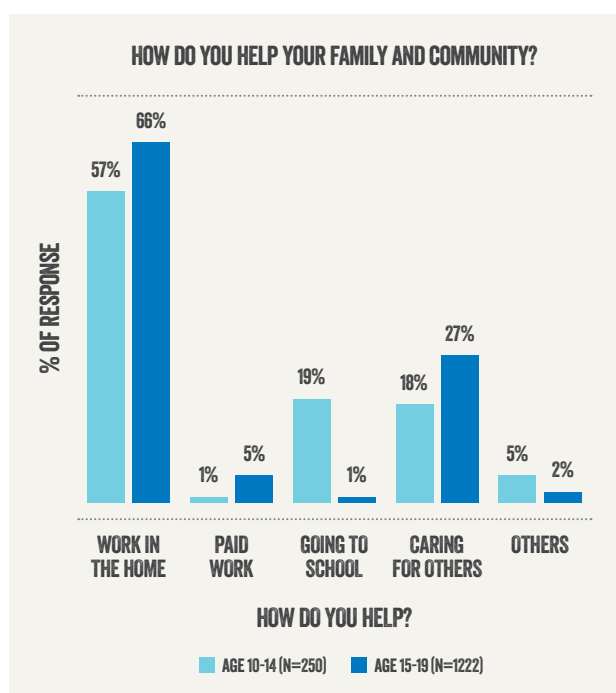
ADOLESCENT GIRL, 11

2.2.5 Building Resilience Through Keeping Busy and Feeling Useful

Having things to do, not least to occupy the mind, can be an effective coping strategy and can lift the spirits. Some girls have said they have participated in sports and clubs or learnt new skills, such as sewing or embroidery, which they could not do in Myanmar and some younger girls appear to have more freedom than previously: *"I can move and play easily in the camp, which I could not do in Burma"*. (Adolescent girl, 12.)

However, most girls expressed frustration that current living conditions limited their opportunities to keep busy. Particularly for the older girls, who were often confined to the home, even playing with friends or going to school was off limits. This enforced idleness causes stress and anxiety, with many girls saying it was the most difficult thing they had to contend with. Their desire to do something and, particularly, to go to school could be harnessed as a way to build girls' resilience, empowerment and well-being and also extend their support networks and future opportunities. Educating girls and enabling them to use their skills and build their knowledge can also, of course, contribute to building the resilience and strength of their broader communities.

FIGURE 11: PERCENTAGE OF VARIOUS WAYS IN WHICH THE GIRLS HELP THE FAMILY AND THE COMMUNITY

HOW DO YOU HELP YOUR FAMILY AND COMMUNITY?

% OF RESPONSE

WORK IN THE HOME: 57% / 66%
PAID WORK: 1% / 5%
GOING TO SCHOOL: 19% / 1%
CARING FOR OTHERS: 18% / 27%
OTHERS: 5% / 2%

HOW DO YOU HELP?

AGE 10-14 (N=250)   AGE 15-19 (N=1222)

Supporting or helping others, being useful and keeping busy, can also be an effective coping mechanism. A number of girls cited their ability to teach others as their greatest skill or greatest achievement.

These and other coping mechanisms demonstrate the capacity of adolescent Rohingya girls to shape their worlds and those of people around them: when, that is, structures and norms allow them to do so. Despite the atrocities they have suffered and witnessed, and the continuing adversity they experience, adolescent Rohingya girls demonstrate resilience, strength of mind, respect and kindness towards others, the ability and desire to help others, imagination and courage. These are the qualities that their community will need as it seeks to map a path out of crisis.

Recognising these qualities, and the skills and knowledge, often overlooked, that adolescent Rohingya girls possess, provides opportunities for the humanitarian sector to better address their needs and concerns. It can also provide the opportunity to empower adolescent girls and, in so doing, help build the resilience of entire communities.

2.2.6 Negative Coping Mechanisms

Not all of the coping mechanisms developed by adolescent girls are positive. Few of the girls in this report were willing to speak openly about the negative coping mechanisms that have been reported elsewhere, include engaging in transactional or survival sex, participating in the illegal drug trade, limiting food intake, and selling humanitarian assistance.[70]

These concerns are pressing and unless swift, comprehensive action is taken to address these sources of insecurity it is likely that negative coping mechanisms will be increasingly employed.[71] Action must, however, recognise and utilise the capacity, knowledge and skills demonstrated by adolescent girls, and the constructive mechanisms they have developed to cope with the challenges they face. These coping mechanisms and strategies include relying upon familial relationships and friends, maintaining a positive outlook, and maintaining their faith.

3. CONCLUSION AND RECOMMENDATIONS

Laila, 18, carried her grandmother on her back from Myanmar to Bangladesh
(©Plan International)

3.1 CONCLUDING COMMENTS

The protracted crisis facing the Rohingya community presents adolescent girls, recently displaced in Bangladesh, with numerous challenges. This study has found that they face many forms of insecurity but also have the capacity to navigate challenges and support their communities. This research has also shown that often the unique vulnerabilities of adolescent girls and their ability to effect change is overlooked: girls are seldom consulted about their needs and experiences by the humanitarian community, and even less frequently called upon to inform programmatic interventions or provide insights into their broader communities and the road ahead. In focus group discussions and interviews, when asked whether any organisation has ever asked them what activities they would like or need, almost all girls said they had not, with some saying they talk with their parents instead.

This report has adopted a grounded, feminist, rights-based, intersectional and adolescent-centric methodology to construct an understanding of the current crisis facing the Rohingya community in Bangladesh and has attempted to narrate the crisis from the perspectives of adolescent girls. It has not sought to impose the priorities of the humanitarian sector onto adolescent girls, but rather identify what the girls' priorities are in order to inform the work of the humanitarian sector. Beyond providing a quantitative account of the experiences of adolescent Rohingya girls, this report has attempted both to prioritise their individual voices and to amplify their collective experiences. The research reflects on what unites them and also records the diversity of adolescent girls' opinions in response to questions regarding what challenges they face, how they cope with these challenges, and what their hopes are for the future.

The research has revealed that one of the most pressing challenges facing adolescent girls is the lack of freedom of movement. This is the result

Khudeza, 14, collects water at Balukhali camp in Cox's Bazar
(©Plan International)

The research has revealed that one of the most pressing challenges facing adolescent girls is the lack of freedom of movement.

of pre-existing cultural factors, and concerns about security, which have increased as Rohingya communities fragmented after displacement. Severe restrictions on freedom of movement have an adverse impact on girls' mental health as well as their ability to go to school, connect with friends, and access services and opportunities.

Poor camp conditions and over-crowding also adversely affect girls' well-being, have security and health implications and inhibit the ability of humanitarian actors to effectively and efficiently provide services and protection. Access to clean water, food and hygiene facilities, as well as access to education and healthcare facilities (including mental health care and MHM) were overwhelmingly issues raised by the girls themselves as important and problematic.

Additionally, the study has found that adolescent girls have developed coping mechanisms, strategies and capacities, in response to the many insecurities and challenges they are faced with. While some of these coping mechanisms may be negative (although the overall reluctance to discuss these issues makes it hard to generalise), many are positive: they benefit their own lives as well as those of their families and communities. Despite the difficulties that they face, adolescent girls demonstrate great resilience, and display the attributes – of courage, insightfulness, generosity of spirit, and kindness – that their communities need as they navigate the protracted crisis. It is, therefore, of fundamental importance to the security and well-being of adolescent Rohingya girls that their specific vulnerabilities and needs are addressed, and that their capacity, knowledge and experience informs policy and programmatic interventions. This will not only enhance the effectiveness of these programmes in meeting the needs of adolescent Rohingya girls but will also support the girls in contributing to the security and resilience of the wider community.

The recommendations that follow respond to the need to both address the vulnerabilities of adolescent Rohingya girls as well as recognise and respond to the capacity and agency that adolescent Rohingya girls possess. The recommendations endeavour to highlight the priorities identified by girls and to incorporate their suggestions and directions for change.

3.2 RECOMMENDATIONS FOR PRACTITIONERS, DONORS AND POLICY-MAKERS

RECOMMENDATIONS

Girls play game together at Rohingya camp in Cox's Bazar.
(©Plan International)

3.2.1 Girls' participation in decision-making

Promote, establish and fully resource the systematic participation of adolescent girls in all decisions that affect their lives to ensure that their diverse needs and fundamental human rights are met: this means they must be included in the design, implementation and evaluation processes of programmes.

During times of crisis, the impacts, risks and coping mechanisms of women, girls, men and boys may differ. It is therefore imperative that they all have equitable input, meaningful participation and active leadership in designing and implementing response programmes. Particularly given girls' limited freedom of movement, it is necessary that special efforts are made to reach out to ensure their ideas inform programmatic interventions and that their specific needs can be attended to. Organisations must be proactive in including adolescent girls at every stage of the process to capture their diversity: they are not a homogenous group. This should include:

- Integrating a gender and power analysis into needs assessments, ensuring that the voices and perspectives of adolescent girls have been heeded.

- Ensuring that consultation and participation methodology is adapted, based on the age range of the adolescent girls and on other intersecting characteristics such as restrictions on mobility and marital status; appropriate child safeguarding and informed consent procedures must be followed during all consultation and participation processes.

- Ensuring that both humanitarian and development interventions in humanitarian settings, particularly protracted crises, set clear targets and include specific indicators in programme monitoring and evaluation frameworks that assess the outcome of the programme for adolescent girls, and, wherever possible, allow girls to participate in the design, data collection and/or analysis.

- Designing, funding, and implementing age and gender responsive programming specifically tailored to build adolescent girls' leadership skills in order to support their meaningful participation in decision-making and planning throughout all stages of humanitarian interventions and peace processes.

RECOMMENDATIONS

3.2.2 Challenging discrimination

Ensure targeted and comprehensive context-specific interventions that focus on identifying, challenging, and addressing gender-based discriminatory attitudes and harmful norms; these attitudes are the root factors and drivers of human rights violations experienced by adolescent girls.

Adolescent girls are resilient and hopeful, yet their potential cannot be realised without other structural and community factors being addressed to prevent discrimination against them. Adolescent girls repeatedly reported that their opportunities are limited because of factors such as restricted movement.

- Programmers and funders must support initiatives that build family and community support for autonomous decision-making for adolescent girls, as well as promote the recognition of adolescent girls' rights. This involves supporting attitudinal and behaviour change so that communities and duty-bearers are encouraged to recognise and support girls' rights, including access to safe, quality and inclusive education, autonomous decision-making on when and if to marry or have children, and freedom of movement.

- Positive parenting skills sessions not only for young mothers and fathers, but also for parents of adolescent girls, could help shift the harmful social norms that perpetuate violence and negative coping mechanisms.

- To reach the most marginalised, programmers should also recognise that adolescent girls and women can play a part as 'an entry point'[72] to members of the Rohingya community, especially the more vulnerable and those with limited ability to leave their household – to facilitate information sharing and enable access to services and support.

- At a broader level, all humanitarian and development actors working in crisis settings should mainstream gender and age considerations across strategies, policies and campaigns, including by setting targets for outcomes for adolescent girls.

3.2.3 Inclusive education

Ensure the urgent provision and access of high quality, safe, and inclusive education.

Adolescent girls identified education as critical to their current and future protection and well-being. It is well recognised that education in emergencies provides physical, psychosocial, and cognitive protection that can sustain and save lives.

- Programmers and funders must support equal and full access to education by advocating to governments and other duty bearers, as well as adjusting humanitarian interventions, so they create an enabling environment for girls to take up education opportunities, including skills training.

- Organisations should work with families and communities to address issues of restricted mobility (by, for example, providing childcare for adolescent mothers), tackling security and infrastructure concerns, as well as addressing community attitudes about the value of girls' education.

- Education systems need to be flexible, with informal, mobile and outreach services to meet the needs of those with time constraints, or who require accelerated learning.Life-skills and vocational education may be more appropriate for older girls (15-19), to address the economic insecurity and boredom they describe.

- Recruitment and training of teaching staff, especially of female teachers, should be a priority.

- Peace building, human rights, social cohesion and psychosocial counselling initiatives should be integrated into the curriculum.

RECOMMENDATIONS

3.2.4 Management of refugee camps

Planning and management of refugee camps must consider the unique needs and circumstances of adolescent girls in developing infrastructure, recognising how this will vary by context and cultural norms.

Adolescent girls spoke at length about the challenges caused by the camp conditions, most notably the heat of the shelters, the congestion in the camps leading to increased health and protection risks, and lack of access to water and sanitation.

- Initial rapid needs assessment and any analysis conducted thereafter must incorporate gender and inclusion dimensions into the exercise. Several resources, such as the Inter-Agency Standing Committee's Gender Handbook for Humanitarian Action and Adolescent girls and Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

- Camp planners should always anticipate and develop ways in which to guard against the effects of cramped camp conditions, including increased health and security risks, and decreased ability to effectively and efficiently provide services and protection.

- Safety of adolescent girls should be a central consideration in camp planning, and organisations should conduct safety audits with girls to identify the high-risk areas and develop strategies for making routes safer.

3.2.5 Appropriate healthcare

Ensure gender-responsive and youth and child-friendly healthcare services and facilities are available and relevant to the specific needs of adolescent girls, especially in relation to SRHR services and psychosocial support.

The research suggests that adolescent girls are aware of health services, yet such services are not meeting their needs. There is an urgent need for more information about sexual and reproductive health rights and menstrual health management issues. Programme response must also take into account the levels of emotional and physical trauma, particularly sexual violence related trauma, that many adolescent girls are experiencing.

- SRHR Services: this means comprehensive sexuality education, and effective care and treatment for pregnant adolescents and young mothers including mother-and-child nutrition services. Provision must recognise the cultural sensitivity and diversity in the context, and consult with families, communities and young men and boys, as well as adolescent girls themselves, in the design of programmes to ensure high levels of acceptance and mitigate risks of stigma.

- Psychosocial Support: should involve both a formal response, including gender-responsive, youth and child friendly psychosocial care, provided by professionals trained in trauma and sexual violence response, as well as opportunities that encourage self-expression in adolescent girl- friendly safe spaces, in a manner in which they are comfortable engaging.

RECOMMENDATIONS

3.2.6 Protection from violence

Immediately take all necessary and available measures to prevent and respond to the risk and perpetration of gender-based violence, including sexual exploitation and abuse, faced by adolescent girls.

Programmers and funders must urgently address the levels of and fear of violence facing girls and women, in terms of both prevention and response.

- Programming is needed which directly targets community members to raise awareness and encourage critical reflection on harmful practices, as well as courses for adolescent boys and girls including gender rights components.

- Specialised protection programmes for adolescent girls should include access to age-appropriate 'safe spaces', accessible to girls and enabling them to socialise and share issues amongst peers. This is particularly important given the restrictions on movement, often due to fear of violence in public spaces.

- Health and psychosocial services must be able to respond to incidents of violence against girls in an unbiased, non-judgemental and holistic manner to help girls heal and move on with their lives.

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Khudeza, 14, collects water at Balukhali camp in Cox's Bazar.
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Cover photograph: Rejuna, 12, and her little sister ©Plan International

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No photographs were taken during the course of this research. Girls featured in images in the report are not the same as those that participated in the research.

About Plan International
We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 80 years we have been building powerful partnerships for children, and we are active in over 75 countries.

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