VIOLENCE AGAINST WOMEN WITHIN THE ROHINGYA COMMUNITY: PREVALENCE, REASONS AND IMPLICATIONS FOR COMMUNICATION
Acknowledgements

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Introduction

Cox’s Bazar in Bangladesh is hosting one of the largest displaced populations in the world, with over 865,0001 people from the Rakhine district of Myanmar living in overcrowded makeshift camps and adjacent settlements. Over 700,000 of these Rohingya people, 52% of whom are women and girls2, arrived from Myanmar since August 2017.

The sexual and gender based violence experienced by Rohingya women and girls as a result of conflict and mass displacement has been well documented3. Cases of sexual violence perpetrated against women and girls in Myanmar were widely reported. Humanitarian agencies have drawn attention to the risks Rohingya women and girls are facing now, where they are disproportionately vulnerable to sexual harassment and abuse in poorly lit, overcrowded settlements, which offer minimal privacy and security.

However, less has been published about violence against women and girls as a pre-existing social norm within Rohingya society.

BBC Media Action has been working in partnership with Norwegian Church Aid, with funding from the Norwegian Ministry of Foreign Affairs, to create a pilot radio drama for the Rohingya community in Cox’s Bazar, to increase knowledge about gender-based violence (GBV)4 issues, and raise awareness of support services available. To inform the development of this drama, BBC Media Action carried out a formative qualitative research study that sought to understand more about Rohingya men and women’s understanding and attitudes towards child marriage, intimate partner violence (IPV)5 and sexual exploitation and abuse.

Its findings have clear implications for how BBC Media Action decides to tackle these issues within the radio drama, and are relevant to other organisations working with the Rohingya community.

Research methodology

This qualitative research study aims to understand the dynamics of GBV within the Rohingya community in the camps in Cox’s Bazar. It also seeks to understand more about Rohingya men and women’s knowledge and attitudes towards child marriage, intimate partner violence and sexual abuse, and their awareness of available services.

The qualitative study was carried out in Balukhali makeshift settlement, one of the largest camps in Cox’s Bazar, and Leda camp, one of the most remote. Eight in-depth interviews and four mini focus group discussions (4-5 people) were held with 18-30 year old Rohingya men and women, who have arrived in Bangladesh since August 2017. Key informant interviews were also carried out with two community leaders, four GBV practitioners and a child trafficking law enforcement officer.
The BBC Media Action research staff, who conducted the research were the same gender as the participant(s). Informed consent was sought and participants were assured confidentiality. More sensitive topics were only discussed in in depth interviews, not in focus group discussions. Researchers carried contact details of trained technical officers from local psychosocial support services in the camps, so they could refer participants if they disclosed any issues and seemed to need support.

Research findings

These findings are based on the views of a small group. They can give an indication of knowledge and attitudes of Rohingya people living in Cox’s Bazar, but cannot necessarily be seen as representative of the whole community.

The IASC GBV Guidelines (2015) explain that humanitarian emergencies can exacerbate violence against women and girls, but the underlying causes are the attitudes, beliefs, norms and structures which promote or condone gender-based discrimination even in times of stability. This study supports this claim within the Rohingya crisis, revealing that intimate partner violence and child marriage are deeply rooted and normalised within the Rohingya community in Cox’s Bazar.

Evidence from this study and other research suggests that economic pressures, cramped living conditions, male frustration at lack of livelihood opportunities, and lack of legal structure in the camps have led to increases in GBV.

In summary, this study found that violence against women and girls within relationships is normalised within the Rohingya community in Cox’s Bazar, and women rarely seek support unless they need medical treatment. Speaking out is risky for women: they don’t want to be seen by society or their husbands as complaining about them, as they believe it is a women’s duty to obey her husband. As one research participant explained, “even a woman does not like a disobedient woman.” The perceived risks for women are great: they fear if they speak out their husbands will remarry, leaving them with no financial stability, no opportunity to earn money, and no opportunity to remarry. When families and community leaders are called upon to mediate in severe cases, the outcome is often that women are sent back to their husbands’ family to try again. So women remain silent on this issue.

The findings from this study show there is a clear role media can play in building awareness and creating discussion about these issues, and beginning to de-normalise some of these deep rooted norms.

The findings from this study on Rohingya men and women’s perceptions of child marriage, IPV and sexual abuse are explored in more detail in the following sections.
Child marriage

Cultural background: Preparing girls for marriage

Respondents said that although everyone in the Rohingya community knows that 18 is the legal age for marriage, girls are usually married within two to three years after they start menstruating, between the ages of 12 to 16.

Interestingly, male and female respondents had different ideas of what constitutes early marriage. Women defined early marriage as a girl marrying within two to three months of reaching puberty, while for men the parameter was under 12 years old.

In the Rohingya language when a girl starts menstruating they call her ‘dõr oiyê’ or ‘zuwan oiyê’ which mean becoming older, or bigger, and are synonyms for puberty. A euphemism for reaching puberty in the Rohingya language is ‘ghor goille’, meaning ‘the girl entered the house’, as girls are no longer allowed to play outside the home after puberty.

Girls go through two years of behavioural and religious preparation before being married. Although a girl is capable of bearing a child as soon as she starts menstruating, respondents explained she is not ready to assume the responsibilities that she will have to undertake at her in-laws’ house. A Rohingya girl receives two sets of tutelage before getting married. The first involves household behaviour, taught to her by women in her family: learning to do household chores, norms about how to behave and talk to others, especially the senior members of the in-law’s family, and how to behave with and satisfy her husband. Parents believe this is important to ensure that their family is not criticised and that the girl does not have to experience physical and mental abuse from her in-law’s family for being unable to do these things correctly.

Religious guidance, known as ‘taleem’ among the Rohingya community, is the second type of tutelage a girl receives before marriage. Female members of the society teach them about the religious values and norms she is required to follow after marriage, including how to bathe after intercourse, the wife’s duty towards the husband, and the husband’s rights over his wife.

Although marriage under 18 years old is illegal in Myanmar, parents would save, or borrow money from neighbours, to bribe Government officials to change their daughter’s date of birth on official documents, allowing her to marry. This shows how deep-rooted the practice of child marriage is within Rohingya society.

“ If a girl is married too early, there could be a gap of understanding between the husband and the wife. The girl will not properly know how to cook and maintain the family. This could create problems and lead to break-ups. This is why people do not want to marry girls too early. ”

– Male, age 30, Camp 9, Ukhiya
Most of the people, back in Myanmar, would spend money to increase the age of their daughters so that they could marry them off at an early age. (...) To arrange the money parents start to save money and as soon as enough money is saved they start looking for a groom for their daughter.

— Female, age 35, Camp 9, Ukhiya

According to an Oxfam study (2018), the rate of child marriage amongst Rohingya girls is very high. An assessment carried out by CARE Bangladesh in 2017 found that many 13-20 year old women and girls in the camps already had children or were currently pregnant. This study found a number of reasons why:

**Marriage is seen to be the only economical option for young women:**
As Rohingya women are prohibited from working, marriage is their only form of security, which contributes to early marriage. Parents have no incentive to delay their daughter’s marriage since she cannot make any financial contribution to household income and only represents a burden, respondents explained. As Plan International and Coram International found, ‘economic drivers have a particular strong impact on attitude and practice relating to marriage of girls because girls are economically dependent.’

**Economic advantages of marrying young:**
Respondents explained that it is easier to find a groom for a girl when she is young, as they believe beauty begins to diminish after 16 years, and grooms’ families prefer a ‘young’ bride. The younger the girl the lower the amount of ‘dowry’ demanded by the groom’s family, which is another important factor contributing to early marriage.

“If a girl is older, a higher amount of dowry is needed to be paid. Also, it is very hard to get a good groom for her. Often parents need to marry off their older daughters to older men or widowed men.”

— Male, Age 29, Camp 24, Teknaf

**Religious education plays an influential role in child marriage:**
Male and female respondents explained they believe it is a parent’s religious duty to marry off their daughters early.

“Our religion suggests that we should not delay in doing three things. Number one, we should say our prayers as soon as it is time. Number two, we should marry off our daughter as soon as possible after they reach puberty and the number three, we should bury the dead bodies as soon as possible.”

— Community leader (Male), age 57, Camp 24, Teknaf
Social pressures at play:
Having a ‘love’ relationship while unmarried is considered taboo in Rohingya society, and will damage a family’s prestige. Respondents explained that fear of this occurring, as well as fear of social criticism if a girl does not get married by a certain age, prompts parents to marry off their daughters as early as possible.

“If an unmarried girl turns 20 people say bad things about her. They think she has done something or has had a relationship with someone and that is why she is not getting a groom.”
— Female, age 35, Camp 24, Teknaf

**DIAGRAM 1: WHY DO ROHINGYA FAMILIES MARRY THEIR DAUGHTERS WITHIN TWO YEARS OF PUBERTY?**
Little knowledge of the risks of child marriage and early childbirth means the benefits outweigh the risks:
Respondents only mentioned one risk of child marriage: that if a girl is too young and lacks household skills she may experience violence and end up separating from her husband. When asked about the health risks of early childbirth, respondents said that women of any age could experience delivery problems and that this was a matter of fate rather than a particular risk relating to child marriage and early childbirth.

“Complications during childbirth happen to anyone. Older women can also have problems while giving birth while a lot of young girls give birth without any problem. So, it depends on fate.”
— Female, age 30, Camp 9, Ukhiya

Non-enforcement of legislation, poverty and fears about girls’ increased freedom and lack of protection are driving up child marriage in camps:
Child marriage is considered to be on the rise in the camps in Bangladesh. Laws in place to prevent child marriage in Myanmar are not upheld in the camps, and it is easy to arrange a marriage. Poverty is another factor contributing to this rise: respondents explained that when a family marries off their daughter, they gain space in their crowded shelter, and have one less mouth to feed. This means either that there are more relief goods available for the rest of the family, or they can sell these goods for much-needed cash. The demand price of dowries is less than it was in Myanmar, meaning parents of girls perceive marriage to be more affordable. Given the lack of privacy in the camps, parents fear ‘love-relationships’ more than they did in Myanmar, where girls stayed at home and were less exposed to the outside world. Parents are also concerned about the security of their girls in the camps, as shelters are poorly constructed and girls have to travel some distance to use the toilet. Respondents believe that marriage will afford their daughters greater protection, as men are less likely to harass a married woman.

“As there is no legal restriction here in the camps parents are marrying off the sons and daughters early.”
— Male, Age 29, Camp 9, Ukhiya
Intimate partner violence

Intimate partner violence (IPV) is accepted by both men and women as a normal way of moderating behaviour, and as a natural consequence of a woman not performing her duties correctly.

Female respondents explained that the first and foremost duty of a newly married Rohingya woman is to look after her in-laws through carrying out the household chores, and ‘satisfy’ (sexually and otherwise) her husband. So, whenever a husband feels his wife is deviating from her duty, he perceives it is his ‘right’ to abuse his wife physically, emotionally and sometimes sexually. Rohingya women also feel it is a husband’s right to ‘scold’ the wife if she does not perform her duty properly. Male and female respondents were used to seeing this kind of violence between their parents from childhood, so this behaviour has been normalised, and reinforced by religious education following puberty (taleem). All female respondents in this study said they had experienced physical or emotional abuse from their husbands, and they considered this part of their lives.

The diagram below outlines the reasons for IPV occurring, according to respondents. They range from leaving the house without her husband’s permission, to failing to prepare the dinner on time. Participants explained that both men and women considered it normal for women to experience humiliation, physical and verbal abuse from the beginning of their marriage if her family failed to fulfil the dowry demand.

“ If a wife doesn’t work properly, her husband will scold her and then beat her. When she gets hurt from being beaten, she won’t make any further mistakes.”
— Married woman, age 30, Camp 24, Teknaf

**DIAGRAM 2: THE NATURE OF INTIMATE PARTNER VIOLENCE AND WHEN IT HAPPENS IN THIS CONTEXT**

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Emotional abuse</th>
<th>Controlling behaviour</th>
<th>Sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What?</strong></td>
<td>Slapping, kicking, hitting, beating with stick</td>
<td>Insults, humiliation, threats, belittling</td>
<td>Controlling movement, restricting access to services</td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td>If don’t do chores properly</td>
<td>If dowry conditions not fulfilled by family</td>
<td>If not perceived to be carrying out their duties correctly</td>
</tr>
<tr>
<td></td>
<td>If don’t listen to in-laws or husband</td>
<td>If dowry conditions not fulfilled by family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If talk to another man</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>If go outside of home too frequently (with or without permission)</td>
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Rohingya women do not view forced intercourse as sexual abuse, rather as their duty, and consider it a private matter

Female respondents explained that sometimes after experiencing physical or emotional abuse which they perceived to be more severe than normal, women might stop talking to their husbands and refuse to have intercourse for two or three days. However, their husbands would force it, and women said they would normally not argue with them on this matter. Women said it was not unusual for husbands to force their wives to have intercourse during menstruation, or even at a late stage of pregnancy. Participants did not consider such practices as forms of sexual abuse, but as their duty to accept their husbands’ authority. Female participants said women might share the pain they experience from forced intercourse with trusted women in their husbands’ family.

“When I got married as a child and my husband wanted intercourse once a day was okay for me. But when he desired two or three more times it was very tough. If I told him not to have intercourse more than once or twice, he would not listen and force me, and I was bound to fulfil his desire.”

— Married woman, 25, Camp 24, Teknaf

Women stay silent, as they feel speaking out is socially discouraged and repercussions can be severe

The study found that women do not report abuse unless the violence becomes so severe that they need to seek medical treatment. Participants explained that in serious cases a woman sometimes returns to her parent’s house, but only temporarily because of the fear that her husband may marry again, while she has no recourse to earn money or to remarry. Respondents explained that fear of these repercussions, as well as being seen as a beodob wife (a disobedient wife, ostracised by the community) means women do not complain about their husbands.

Participants spoke about how neighbours do not usually intervene when a husband abuses his wife, and sometimes the community may advise the husband to leave his wife if she raises her voice and discusses these issues with her parents.

In some cases, often the most severe, participants spoke about how both the husband and wife’s families got involved and the community leader had to act as a mediator. However the decision is usually that the wife should go back to her husband’s house.
“A wife can’t argue with her husband even if he beats her near to death. Religion says wife can’t disrespect her husband. I have seen in drama (in Bangladesh) that many girls used to beat their husbands. But they are disobedient “Beadob”. Despite not having fault, if husband beats badly, wife can either stay with him or can go to her natal house, but she can’t have disobeyed him."
— Married woman, Age 25, Camp 24, Teknaf

**Inter-marital violence and extra marital affairs have increased since living in the camps**

Female respondents felt incidents of physical and emotional abuse have increased since living in the camps, as husbands are frustrated with not being able to work, become angry when their wives ask for anything, and use physical violence to silence them. Women also felt that it was becoming more common for Rohingya men to have extra marital affairs, and for husbands to threaten to remarry as they do not face the same legal barriers regarding number of marriages as they did in Myanmar.

“"We are living in a congested area and have no privacy from one makeshift to another. Most of the time men sit idly and stare at other girls from other makeshifts. And sometimes he shares his desires to marry her as that girl is young and unmarried. And then disputes start between them (husband and wife)"
— Married woman, Camp 24, Teknaf
Sexual abuse and exploitation

This study aimed to explore Rohingya men and women’s perceptions of the prevalence of sexual abuse and exploitation outside of intimate relationships, and how it was dealt with by individuals and the community. Respondents were reticent to discuss this topic so it was difficult to identify what they perceived as sexual abuse, and not. Discussions often centred around sexual harassment experienced by girls and women in the camps, but some participants talked about incidents of ‘bad behaviour’ – the term used to describe incidents of rape, which they classed as a crime.

Rohingya men perceive there is no risk of sexual abuse happening inside the camps but women report sexual harassment from men in their own community

Male participants felt the risk of sexual abuse was low in the camps because people would notice what was happening in crowded conditions. However, female participants said they were teased by male members of their community if they went outside of the shelter, and men made holes in the polythene walls of the latrines to watch them. Women reported only using latrines before dawn and in the evening, and some families made latrines in their cramped shelters to avoid their daughters facing these issues.

“\nIn the camps all the houses are very close to each other. Always a lot of people are roaming around. So, there is no scope for sexual abuse.\n\n— Male, Age 30, Ukhiya\n"

Incidents of sexual abuse are hidden by Rohingya women, their families and the wider community

Participants explained that if a Rohingya girl experienced sexual abuse, she would not tell anyone, even her parents, for fear that her community would marry her off to the perpetrator. They explained that if parents did become aware of it, they would impose movement restrictions on their daughter and sometimes beat and rebuke her as if it were her fault. Participants gave examples of parents sending their daughters to relatives living in other camps, and starting to seek a prospective husband to avoid future humiliation.
Rohingya women do not know where to go for support, or cannot access it as they need permission from their husbands to leave the house.

Respondents said that most Rohingya women do not discuss these issues because they do not know where to go for support, or do not feel able to talk about them. Women living beside the *Shantikhana* (women-friendly spaces in the camps led by different agencies) know they could go there but explained they would need permission from their husbands to do so, which would mean disclosing any incident to them.

Participants explained that if a family was going to report an incidence of sexual abuse, they would first inform their *mahji* (community leader within the camp), who would advise them where to go. However, when an incident involves a host community member, families remain silent for fear that they will be attacked during the night. Participants had heard that sometimes host community members bribe *mahjis* to keep them silent.
Implications for programming

This study has some clear implications for BBC Media Action’s forthcoming radio drama, which may also be useful for other humanitarian agencies working with the Rohingya community in Cox’s Bazar.

1. The drama must work towards de-normalising intimate partner violence and child marriage, before trying to shift attitudes
   This study suggests that if the drama is to succeed in shifting attitudes towards GBV, it must first start by engaging both male and female audiences in compelling storylines rooted in the everyday lives of Rohingya men and women, which encourage them to question existing practices and norms.

2. The drama should introduce positive deviance characters as male role models
   In order to begin to address issues of power structures, decision-making and gender inequality, the drama should start by showing, in a realistic way, male characters role-modelling enabling their wives or daughters to be part of decision-making within the family.

3. Storylines should highlight the risks of child marriage and intimate partner violence
   The study has shown that there is low awareness of the health risks of early child birth, or intercourse within two weeks of giving birth. Storylines covering these issues could help to raise awareness of the health implications.

4. Drama can be a vehicle through which normally private conversations between women can be shared
   This study found that women occasionally talk the pain they experience from forced intercourse with trusted women in their husbands family. Drama can be a way of making men aware of conversations they would not normally hear.

5. The drama should acknowledge the influential role religion and tradition play in society
   The study found that religious guidance for young women (taleem) and religious beliefs around the proper age for daughters to be married, play an influential role in child marriage and acceptance of IPV. The drama will need to role model how male and female characters can respect religion and traditions, without perpetrating GBV.

6. The drama should showcase the value of economically active women and girls
   In the camp environment, there are opportunities for women to volunteer and work. The drama should find a realistic way to show the audience the added benefit to a family that an educated, economically active woman can bring, role modelling how this could become acceptable to male and female members of the family.
7. The drama should not focus on how to report GBV cases initially, given the barriers women face in speaking out

The study found that reporting GBV incidents for women is risky and difficult. The drama should not focus on how to report incidents, or on available services initially – the focus should be on de-normalising GBV practices first.

8. Pre-testing will be critical to ensure the drama is pitched correctly, and able to engage the community

Pretesting with different groups within the community who have influence over potential listeners will be important, for example older women and religious leaders. This will be vital to ensure that topics in the drama are discussed throughout the community to maximise impact and address the deep rooted norms.
Endnotes


4 The UN Declaration on the Elimination of Violence against Women (DEVAV) defines gender-based violence as ‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.”

5 The World Health Organisation defines ‘intimate partner violence’ as ‘any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.’ For a more detailed definition see http://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1


