



**Risk factors, contemporary challenges and psychological well-being of the Rohingya refugees in Bangladesh: Policy implications**

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**Abstract:**

Over the last few years, the number of Rohingya refugees in Bangladesh has increased exponentially. On arrival, they experience poor mental health and psychological well-being. This commentary explores the risk factors and contemporary challenges that deteriorate Rohingyas' psychological well-being in Bangladesh. The onslaught of Covid-19 compounds the pre-existing psychological health conditions of the Rohingyas living in cramped and flimsy camps. The recent relocation to *Bhashan Char* may likely trigger tensions and eventually exacerbates their existing psychological well-being. The relocation to *Bhashan Char* has presumably happened against their volition. Meanwhile, the Myanmar military's coup has added additional fear about their bleak future of a safe and dignified return from Bangladesh to Myanmar. All these have contributed to the worsening of their existing psychological well-being. In order to subside their psychological health challenges, this commentary suggests: (a) the immediate execution of 'National Deployment and Vaccination Plan for Covid-19 Vaccines' and initiation of vaccine rollout among the refugees; and (b) involving Rohingyas in economic activities and making them a self-reliant and economically empowered community. We suggest that safe and dignified repatriation is the only solution to the challenges they have been going through in Bangladesh and to preserve their psychological well-being.

**Keywords:** Rohingya refugees; risk factors; contemporary challenges; psychological health; policy implications

**1. Introduction**

Since 1948, in order to escape conflict and persecution, Muslim-majority Rohingya refugees fled Rakhine, Myanmar — their homeland — to neighbouring countries, mainly Bangladesh, Thailand and Malaysia. Most Rohingya population migrated primarily to Bangladesh due to proximity and an identical religion. The massive migration took place in three major influxes in 1977–78, 1992 and 2016–17<sup>1</sup>. For example, on 25 August 2017, the military government of Myanmar committed genocide and crimes against the Rohingya people through a deliberate and well-planned ethnic

cleansing which led approximately 740,000 Rohingya to flee to Bangladesh. Today, the number accounts for more than one million, with 52 per cent women and children <sup>2</sup>. Most of them remained undocumented in Bangladesh <sup>1</sup>.

Their displacement from their home was done by brutal duress. Their home and social networks with relatives, friends, and neighbours in Myanmar were dismantled before their very eyes <sup>3</sup>. The killings of family members and relatives, heart-wrenching brutalities, rape and violence against women and children occurred on their nose. Evidence suggests that the Junta set fire on their homes, schools, madrasas, and mosques <sup>4</sup>. Around 17 per cent of women experienced sexual harassment and assault <sup>3</sup>. It remains unknown how many of them drowned when they attempted to cross the *Naf* River to get to Bangladesh and elsewhere to flee persecution. The entire trajectory of the destruction of private properties and the death of loved ones deeply traumatised them. The living experiences aggravate their psychological well-being <sup>5</sup>. While delving into their prior poignant experiences, which deteriorated their psychological health, is critical, it is equally important to highlight their post-migration psychological well-being, the risk factors and the recent challenges of psychological well-being. However, their psychological well-being and their policy implications are poorly addressed in the current literature. Hence, it is important to highlight risk factors and contemporary challenges associated with Rohingya refugees' psychological well-being based on recent evidence. In this commentary, we attempt to understand the risk factors and contemporary challenges related to Rohingya refugees' psychological well-being since it has policy implications for Bangladesh and Myanmar.

To that end, we organised this commentary into five sections. Firstly, we describe the burden of diseases, including the Covid-19 pandemic, which may compound their existing psychological well-being. Next, this commentary looks into the interplay between the camp conditions and their vulnerability to psychological distress. The third section discusses whether the relocation of Rohingyas to *Bhasan Char* has got to do anything the exacerbation of the existing mental health issues. Fourthly, we review the current evidence of the psychological health implications of a recent military coup in Myanmar for them. Lastly, we suggest four strategies for Rohingyas and highlight

the role of the government of Bangladesh (GoB), global actors, national and international development partners, and community leaders in improving their psychological well-being.

## 2. Burden of diseases

On arrival, Rohingya refugees experience poor mental health and psychological well-being and a high burden of Covid-19 and other diseases. Available literature indicates that one in five Rohingya people suffer from mental health problems, including post-traumatic stress disorders (PTSD), anxiety, somatic symptom disorder, suicidal thoughts, and depression <sup>3</sup>. It is estimated that the prevalence of PTSD and depression among Rohingya refugees is 36 and 89 per cent, respectively <sup>3</sup>. Stress and anxiety are also common among them <sup>6</sup>. About 52 per cent of children living in Rohingya camps suffer from emotional symptoms, 78.5 per cent cognition problems, and 23.8 per cent behavioural problems <sup>7</sup>. Seventy-four per cent of adults and 58 per cent of children reported suffering from tension and nervousness, respectively. Thirteen per cent of the Rohingya people had planned on committing suicide. Sadly, this tendency was disproportionately detected by gender, which implied that an overwhelming majority of women (62%) had suicidal thoughts. Rohingya women, girls and children are more vulnerable to mental health issues due to gender-based violence than their men counterparts <sup>6</sup>.

The World Health Organisation (WHO) <sup>8</sup> reported that 465 Rohingyas tested Covid-19 positive out of 35,793 tests as of 16 April 2021. Experts believe that the reported cases are not reflective of reality. This might be because of the fact that the fear of stigmatisation may have deterred many from testing. Furthermore, Severe Acute Respiratory Infection (SARI) deaths, including Covid-19, are ongoing in the camps. As of 16 February 2021, 14 deaths were reported, and 4 deaths were from Covid-19 <sup>8</sup>. Other health issues (unexplained fever, vision impairment, diarrhoea, measles, diphtheria, Human Immunodeficiency Virus [HIV] and Tuberculosis) also prevail among them. These health risks have added an extra burden to their existing trauma, leading to worsen further their psychological well-being <sup>5</sup>.

## 3. Overpopulation and cramping

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The Rohingyas are housed in about 34 camps in Cox's Bazar, Bangladesh. They are cramped in their allocated space (which is one-fourth of the recommended space for a person) <sup>3,5</sup>. About 20 people share a single outdoor latrine with long wait times. The locational issues (flood-prone hilly area) add misery to their lives on occasions of rains, landslide and other natural calamities <sup>9</sup>. This means that overpopulation, space congestion, poor sanitation, and water supply got serious negative implications for their psychological health <sup>5</sup>.

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4. Relocation to *Bhasan Char* as a potential challenge

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Displacement or relocation may be a big reason for deteriorating their psychological health. On December 4, 2020, on a hasty plan, the GoB kicked off relocating Rohingyas to *Bhasan Char*, a remote, flood-prone island in the Bay of Bengal <sup>10</sup>. Myanmar's perpetration of brutality on them has been deliberate. It has been a part of a long-term plan to cleanse the ethnic Rohingyas. This means that by no reckoning, Myanmar is willing to allow them back <sup>11</sup>. At the same time, the failure of the GoB's diplomacy has given a signal to Myanmar that they are not obliged to take them back. Relocation to *Bhashan Char* has signalled again that Rohingyas will be permanently settled in Bangladesh. While many Rohingyas, as it seems apparent, voluntarily migrated to the island, claims are that many Rohingyas were relocated against their volition. Furthermore, they have limited or no freedom of movement in the *Bhasan Char* <sup>10,12</sup>. This may likely compound tensions and eventually exacerbates their existing psychological well-being.

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5. Myanmar's fresh political change

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The recent military coup in Myanmar seems to fade the hope of repatriation <sup>13</sup>. This is likely to contribute to increased psychological distress. On 1 February 2021, Myanmar's army seized power in a coup and declared a state of emergency under the leadership of General Min Aung Hlaing <sup>14</sup>. Repatriation is obviously a subject of political decision. Therefore, political turmoil leads to the lingering of any political question to resolve. The fear of bleak future to return to their homeland has been metastasised in Rohingyas' psyche in Bangladesh. This is because of the fact that their relatives and friends in Myanmar may be exposed to a fresh wave of human rights violations and violence inflicted by the Junta. The new Junta administration may challenge the potential

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repatriation of the Rohingya to Myanmar, thus potentially exacerbating their existing psychological health<sup>15</sup>.

## 6. Conclusions and policy implications

Rohingya refugees' experience of various risk factors and challenges potentially contributed to deteriorating their psychological well-being. We suggest four strategies that might benefit Rohingyas, improve their psychological health and relieve them from psychological stresses.

First, the GoB and the global humanitarian agencies may follow the camp standard prescribed by the United Nations High Commissioner for Refugees (UNHCR)<sup>16</sup>. Additionally, they should undertake measures, assess epidemiological risk, organise and deploy epidemic response teams for reducing health risks, specifically the impacts of Covid-19. Overlooking the physical illnesses and negative impacts of Covid-19 on refugees may diminish their psychological health<sup>17</sup>. To minimise the Covid-19 transmission and its impacts on refugees, GoB already planned to include Rohingyas in its 'National Deployment and Vaccination Plan for Covid-19 Vaccines' and distribute 5 per cent of COVAX (a global vaccine distribution facility) vaccines among Rohingyas. However, this plan has not been finalised yet<sup>18</sup>. Therefore, GoB and development partners should finalise and execute this plan immediately and act promptly to initiate vaccine rollout in the refugee camps for preventing Covid-19 transmission. Such prompt action may reduce its impact on refugees' psychological health. GoB and development partners can also follow UNHCR's guidance for mental health and psychological support for refugees<sup>19</sup>.

Second, it is vital to ensure that the relocation to *Bhashan char* in no way is an imposed one and their freedom of movement in the island is not restricted. They should be involved in economic activities (e.g. fishing and farming) for making them a self-reliant and empowered community. The governmental and non-governmental organisations can provide them with training on various livelihood strategies, which may help them become self-reliant. Such economic interventions may help meet their basic needs, which may enhance their mental well-being.

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4	Third, Rohingya people have limited access to mental health services, and they are unfamiliar with	167
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6	the notion of counselling and mental health <sup>6</sup> . Therefore, the government and other agencies	168
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8	should work rapidly and co-ordinately and provide adequate mental services at the community	169
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10	level. Social support and network are also essential to address mental health issues as mental well-	170
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12	being primarily depends on good relationships and positive engagement with the community	171
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14	members <sup>20</sup> . This network can be enhanced by establishing relationships with their friends, relatives	172
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16	and family members. The involvement of community leaders may also facilitate the promotion of	173
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18	such a response.	174
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22	Finally, political interventions are of crucial importance for regaining their citizenship in their	176
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24	homeland Myanmar. The voluntary, dignified and justifiable return of the Rohingya refugees to the	177
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26	Rakhine state will help improve their mental health. To ensure their safe and voluntary return to	178
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28	Myanmar, GoB should liaise with Myanmar and the globally and regionally powerful actors and act	179
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30	quickly and co-ordinately to undertake steps for refugees' safe and dignified return to their	180
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32	homeland Myanmar. Such a return is the only solution to the challenges they have been going	181
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34	through in Bangladesh and to preserve their psychological well-being.	182
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health service delivery, nutrition and food security, methodological approaches (systematic reviews, meta-analyses, and meta-ethnography)

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