BANGLADESH

Child Protection Assessment

Rohingya Refugee Response

May 2020

Child Protection
Cox's Bazar Child Protection Sub-Sector

REACH Informing
more effective
humanitarian action

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List of Acronyms

AFS	Adolescent Friendly Space
CFS	Child Friendly Space
CiC	Camp-in-Charge
CP	Child Protection
CPIMS+	Child Protection Information Management System
CPSS	Child Protection Sub-Sector
FGD	Focus Group Discussion
ISCG	Inter-Sector Coordination Group
J-MSNA	Joint Multi-Sector Needs Assessment
JRP	Joint Response Plan
KII	Key Informant Interview
MPCAC	Multi-Purpose Child and Adolescent Center
NGO	Non-Governmental Organization
PRM	Participatory Ranking Methodology

List of Figures, Tables and Maps

INTRODUCTION AND SUMMARY

Since August 2017, over 710,000 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District fleeing military operations characterised by widespread reports of human rights violations in Myanmar[1]. There are over 860,000 Rohingya refugees living in 34 camp settlements in Ukhiya and Teknaf and, of these, 55% are children[2][3]. Humanitarian crises, including natural disasters and complex emergencies, compromise children's rights to survival, development, and protection. Prior to dispalcement, Rohingya children experienced protection risks that were then further exacerberated by the humanitarian crisis that exposed them to physical violence, psychosocial trauma, sexual violence, forced labour, child marriage, and other forms of abuse and violence. In addition to witnessing extreme violence in Myanmar, Rohingya children have been exposed to continued stressful and uncertain living conditions in Bangladesh. Adolescents especially face difficulties that intersect across a variety of sectors and their needs have sometimes been overlooked. Their lives, including their education, livelihoods, and relationships, were interrupted by violence in Myanmar and restoring these in the refugee camps has proven difficult as the adolescents face a new set of uncertainties and threats in their new homes.

As the emergency crisis morphed into a protracted crisis, the daily lives, needs, and threats encountered by children and adolescents also changed. In key informant interviews (KIIs) conducted with Child Protection Sub-Sector (CPSS) partner organizations, partners described how child protection (CP) activities at the beginning of the response focused on psychological support for the trauma that children experienced while in Myanmar and during their journey to Bangladesh. A year into the response, child protection partners and the humanitarian community began to focus more on threats within the camps and host community, including criminal groups, trafficking, violence, and abuse, and the negative coping mechanisms that stem from insecurities around household economics and safety, such as child marriage and child labour. Members of communities have been advocating for more programming focused on long-term needs, such as livelihood trainings and education.

In addition to KIIs, a secondary data review (SDR) and an analysis of anonymized case data from the Child Protection Information Management System (CPIMS+) found two main information gaps which continued to affect child protection actors' abilities to respond in the camps: 1. child protection risks within the camps, especially in regards to child marriage, child labour, and violence/abuse, and 2. access to and prioritization of services as identified by adolescents.

The **adolescents captured by this research – those between the ages of 15-20 – represent a core group of youths that need to have their voices amplified**.[4] Too old to access many services, yet with very limited livelihood opportunities, these adolescents stand at the cusp of adulthood with no concrete understanding of what their future holds for them.

Main trends

The three main themes covered by the supporting briefs focus on adolescents' views on protection risks, their access to services, and their participation in work in and outside the home. The interplay between these themes is vital in understanding the realities and nuances of these adolescents' lives. Through the research, it can be seen how these adolescents' assessment of the risks they face on a daily basis affects their access to services and their willingness to participate in activities outside their shelters. At the same time, when the adolescents feel that services are not intended to meet their needs, they are less willing to participate.

Across all themes, the influence of gender roles was evident as was the responsibility that adolescents felt to provide for their families. Female adolescents reported carrying out various household chores that took up their entire day, and often preferred staying in their shelter to avoid eve-teasers and threats outside their shelter. They participated in very few activities outside their shelter, thereby potentially limiting the interactions they have with community members, non-governmental organization (NGO) workers, and other non-family members thus limiting the knowledge they may have about services available to them. Females often have to negotiate intra-household

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[1] Population Data and Key Demographic Indicators; UNHCR; June 2020

[2] According to the UN Convention on the Rights of the Child, a child is anyone under the age of 18. An adolescent is defined by the UN as those between the ages of 10 and 19.

[3] Population Data and Key Demographic Indicators; UNHCR; June 2020

[4] 20-year-olds were included in this research to capture their experience as recent adolescents.

decision-making channels with their parents or husband and ask for permission before accessing health services and learning centres. Decisions around marriage also tend to be in the hands of caregivers and parents, who are influenced by concerns over safety, reputation, and cultural practices. In spite of pressure to stay inside their shelters, female adolescents want more opportunities to learn livelihood skills   such as sewing and tailoring.

Male adolescents reported being freer to move in and out of their shelters and felt the need to find paid work to support their families financially. They faced difficult work conditions, especially those who had to perform hard labour such as carrying heavy objects for construction. Male adolescents participate in some learning activities, albeit at lower rates than younger children. By facilitating more support to home-based learning activities and madrassas, partners can work towards creating more opportunities for male adolescents to engage in learning.

Key recommendations

Based on the findings of this assessment, the key trends identified through the different thematic briefs, and consultations with CPSS, the following key recommendations are suggested:

- Seek to harmonize efforts by sectoral partners, community-based child protection groups, and communities to address the root causes of and prioritize the prevention of the child protection risks highlighted, especially kidnapping and child trafficking.
- Direct programming efforts towards better understanding of existing beliefs and societal norms, and work within that system to build upon community-level mechanisms to reduce protection risks, including violence and child marriage, and safety concerns, including road accidents. Community-based child protection mechanisms should be proactively consulted, with active engagement from adolescents and children.
- Seek to understand which forms of learning activities adolescents are able and willing to participate in a gender-responsive manner.
- Work with community groups to ensure that adolescents have support to help address their continuing trauma and distress and work to confront issues of eve teasing/sexual harassment.
- Collaborate with communities, women's groups and other relevant actors to establish more opportunities for female adolescents and adults to engage in income-generating activities while also strengthening pathways through which working adolescents and adults can report unsafe working practices in a confidential manner.

METHODOLOGY

The joint assessment was implemented through a two-staged mixed-methods approach, beginning with a desk review and secondary analysis on existing data sources. This secondary review was comprised of three parts: a document review of published reports and assessments; secondary trend analysis of anonymised child protection cases; and key informant interviews with child protection partners from NGOs and United Nations (UN) staff to identify key information and analytical gaps. The aim of the SDR was to further contextualize the current child protection landscape and to collboratively identify and prioritize remaining research gaps. The results of the first component of the activity was presented through joint discussions in late November 2019.

Primary data collection for this assessment was conducted through four different tools: an adolescent survey, a caregiver survey, participatory ranking methodology (PRM) discussion sessions with adolescents and caregivers, and focus group discussions (FGDs) with adolescents. Due to the sensitive nature of the topics covered by the tools, child protection partners decided not to include younger adolescents and other children below the age of 15 in any of the data collection activities. Whilst children with disabilities also remain a potentially vulnerable sub-group, they were explicitly not included in the scope of this assessment due to a separate on-goingresponse-wide activity looking at age and disability, also involving CPSS partners.

Data collection method: Quantitative surveys

With guidance and input from the CPSS and CP partners, two quantitative surveys were created focusing on protection concerns and access to services. One survey was targeted at adolescents (ages 15-20) and one survey at caregivers (ages 18+). Data collection for the adolescent survey took place from 13 February to 4 March 2020, and the caregiver survey was conducted from 3-29 February 2020, with both conducted by REACH enumerators. The entire field team, including the enumerators, received a two-day training from REACH that covered research ethics, an overview of the assessment, and review and practice with the tool. Additionally, they received a two-day training from CPSS and CP partners on child protection principles, child safeguarding, referrals, and consent.

Geographical scope

Surveys were conducted in 31 refugee camps in the upazilas of Ukhiya and Teknaf (excluding 12, 18, and Kutupalong Refugee Camp in Ukhiya). Sample points were randomly distributed proportional to the UNOSAT/REACH shelter footprints within Inter-Sector Coordination Group (ISCG) camp boundaries, providing a sample significant at 95% confidence level and 5% margin of error at the upazila level and up to a 95% confidence level and a 3.5% margin of error for the refugee population. In total, 829 eligible adolescent surveys and 820 eligible caregiver surveys were completed.

Map 1: Map of assessed areas
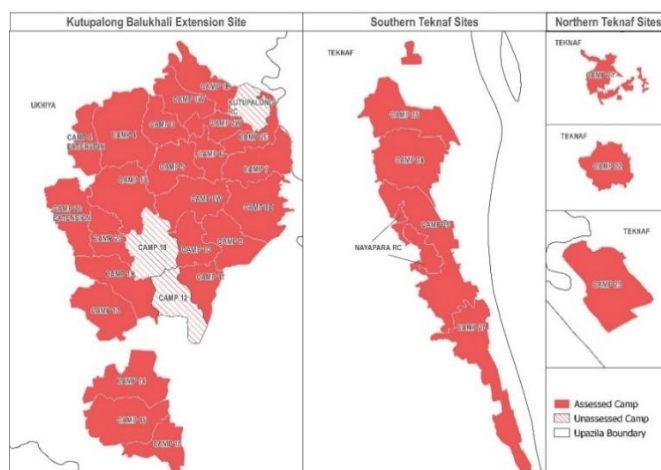
Analysis

Following the finalisation of tools, a data analysis plan was drafted, providing a roadmap outlining weightings, aggregated variables, and populations of interest. Following the completion of data collection, preliminary analysis was conducted according to the analysis plan, with an analysis syntax created in R software. Where relevant, findings have been triangulated with secondary sources.

Limitations

Key limitations include:

- **Coverage**: The findings cannot be extrapolated to sites that were not visited; aggregated data for this assessment is therefore representative of the refugee population at the upazila-level, excluding camps 12, 18, and KRC in Ukhiya.
- **Respondent bias**: Individuals might have felt pressure to give answers that are socially acceptable.
- **Representativeness**: By only sampling adolescents who were present in their shelter during the day, key sub-groups of adolescents who are usually not present in their shelter during the day (those working, attending learning centers, collecting distributions, etc.) were likely under-represented in this survey. Younger adolescents were not surveyed, so the results cannot be extrapolated to children younger than 15.

### Data collection method: Qualitative tools

With guidance and input from the CPSS and CP partners, two qualitative tools were developed:

- **Participatory ranking methodology**: Adolescents and caregivers ranked threats that children and adolescents in their community faced from most common (assigned to the first position) to least common (assigned to the last position). The ranking of each threat was then averaged over all sessions; threats with a smaller average are ones that participants believe occur more often as compared to threats with a larger average. After the ranking took place, participants were engaged in a discussion on threats in their community.
- **Visual diary and focus group discussion**: Adolescents were asked to draw the activities they do during a typical day and were then led through a discussion about their daily lives.

As these qualitative activities dealt with potentially sensitive topics, child protection partners were asked to facilitate the activities to ensure a safe environment for the adolescents. Similar to the quantitative survey training, facilitators received a one-day training from REACH that covered research ethics, an overview of the assessment, and review and practice with the tool and a two-day training from CPSS and CP partners on child protection principles, child safeguarding, referrals, and consent. The activities were facilitated in March 2020. A total of 20 PRM sessions were held (4 with female adolescents, 9 with male adolescents, 7 with caregivers) and 16 FGD sessions were held (8 with female adolescents, 8 with male adolescents).

Analysis

Facilitators and analysis support staff from CP research partners conducted the preliminary analysis, consisting of reviewing their field notes and clearly identifying main trends and findings. REACH collated all the findings from the research partners and conducted a secondary analysis using NVivo. During the secondary analysis, a nascent reading of all notes was first conducted to identify codes, after which a codebook was developed and applied to all notes. Once all notes were coded, themes were drawn out from the subsequent findings.

Limitations

Key limitations include:

- **Note-taking limitations**: Because of protection concerns associated with conducting research with adolescents, recordings and transcriptions of the discussions were not permitted. As such, the only information available for secondary analysis was what could be captured during the activity in a note-taking template.
- **COVID-19**: While qualitative data collection was done before the COVID-19 lockdown was announced in Bangladesh and no participants mentioned COVID-19 by name, it is possible that concerns and information about COVID-19 influenced participants' responses. The lockdown was announced while analysis was ongoing for the qualitative data; as such, the rise of other obligations and tasks due to the global pandemic affected communication and coordination with research partners. Concerns about COVID-19 likely had little effect on responses to the quantitative survey as it was completed before the first confirmed cases of COVID-19 were reported in Bangladesh.

FINDINGS

THEMATIC BRIEF 1: CHILD PROTECTION RISKS

This section looks at adolescents' and caregivers' perceptions of the most pressing child protection risks in the camps. By asking both adolescents and caregivers about which risks they are most concerned about, which they observe most often, and which certain groups of children and adolescents are most at risk of, this brief seeks to understand what makes adolescents feel unsafe. This brief on child protection risks draws on results from the quantitative adolescent and caregiver surveys and PRM qualitative sessions with adolescents and caregivers.

Key findings

- Child protection risks that caregivers and adolescents are most concerned about include physical illness,[5] going missing, road accidents, kidnapping/trafficking, and verbal harassment.
- In general, adolescents and caregivers reported being overwhelmingly against most child marriage practices. However, if the safety of a female child is at stake, 17% of adolescents and 25% of caregivers believe that it is acceptable for parents to arrange a marriage for that child.
- Most adolescents and caregivers agree that it is acceptable for parents to discipline their children with violence and that it is acceptable for teachers to hit their students.
- Female adolescents reported fearing harassment outside their shelter and have developed negative coping mechanisms to deal with their concerns, including for some preferring not to leave their shelter.
- Adolescents reported feeling most unsafe in the markets, latrines, and distribution centres, relative to other areas of the camp.

Adolescents' perceptions of risks

When adolescents were asked to report on their level of concern about potential risks facing youth in their communities, five risks were most frequently reported: physical illness, going missing, road accidents, kidnapping/trafficking, and verbal harassment. Between 70-85% of adolescents reported being sometimes or always concerned about each of the aforementioned risks, suggesting that adolescents are both concerned about more common daily risks such as physical illnesses or road accidents, as well as extreme one-off risks to their safety such as going missing or being kidnapped. While adolescents tended to report being less concerned about safety in their shelter and wildlife attacks, still roughly one-third of all adolescents reported being sometimes or always concerned about these risks.

Table 1 shows the risks that adolescents were always or sometimes concerned about (as shown in the survey results) and those that occurred most frequently in their community (indicated by the PRM results). A comparison of the relative ranking of these two concepts shows that the two are not always aligned. Physical illness ranked both as the top risk adolescents reported being concerned about and the most commonly occurring risk. However, while 50% of adolescents reported being always or sometimes concerned about sexual harassment, it ranked as the second most commonly occurring risk. Conversely, whilst over 80% of adolescents reported being always or sometimes concerned about going missing, it only ranked as the fifth most commonly occurring risk. These trends suggest that adolescents are affected not only by protection concerns that they may be witnessing or hearing about first-hand, but are instead also concerned about rumours or the possibility of specific risks.

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[5] Data was collected before the coronavirus outbreak began in Bangladesh. See limitations on page 7 for more information.

Table 1: Mean rank adolescents assigned to the risk based on how frequently it occurred in their community (PRM results)[6] and % of adolescents reporting being always or sometimes concerned about youths facing the following risks (survey results)

Child protection risks	PRM results	Survey results
Physical illness	2.9	85%
Sexual harassment	3.2	50%
Child marriage	4.7	49%
Exploitative work	4.8	47%
Going missing/getting lost	5.5	82%
Kidnapping/ trafficking	5.5	72%
Road accidents	6	76%
Verbal harassment	7.6	71%
Physical violence	7.7	54%
Feeling unsafe in their shelter	9.3	38%
Emotional abuse*	10.1	Not included
Natural hazards	10.2	42%
Wildlife attacks	12.1	31%
Recruited by terrorist/extremist group*	Not included	45%

When responses are broken down by gender, as shown in figure 1, female and male adolescents reported similar levels of concerns about most protection risks. However, a higher proportion of male adolescents reported concern about child marriage and verbal harassment, while female adolescents reported to be more concerned about natural hazards and physical illness. Concerns also varied based on geographic location. Relative to Ukhiya, a higher proportion of adolescents in Teknaf reported being concerned about physical violence (Teknaf: 69%; Ukhiya: 50%) and being recruited by a terrorist group (Teknaf: 59%; Ukhiya: 41%).

Figure 1: % of adolescents who report being always or sometimes concerned about youths facing the following risks, by gender
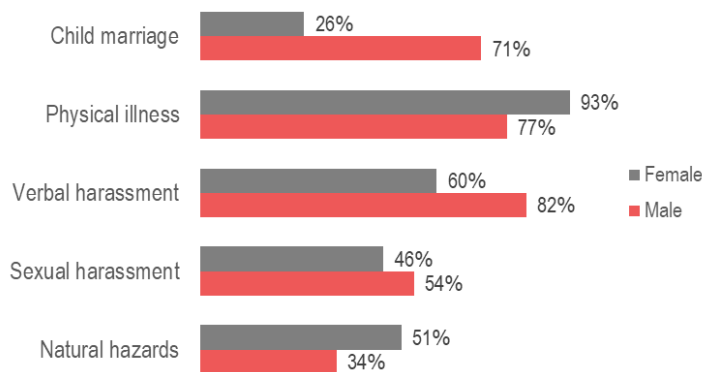
Similar concerns have been highlighted in other reports as well. In the latest UNHCR and REACH Settlement and Protection Profiling exercise, respondents noted being most concerned about both boys and girls facing kidnapping, trafficking, and road accidents.[7] A vulnerability report by ACAPS showed that parents were concerned about children getting lost or stolen in the camps, suffering from road accident injuries, or drowning during monsoon season.[8]

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[6]Smaller number means the risk occurs more frequently
[7] Settlement and Protection Profiling Round 6; UNHCR/REACH; November 2019
[8] Vulnerabilities in the Rohingya refugee camps; ACAPS, NPM, REACH; December 2019
*Emotional abuse was not included in the quantitative survey; recruited by terrorist group was not included in the PRM results

In the PRM discussions, female adolescents repeatedly voiced concern over their personal safety outside of their shelters. They reported to fear eve-teasing[9] every time they leave their shelter and attempt to cope by either only leaving their shelter when accompanied by a family member or friend, ignoring the eve-teasers, or avoiding leaving their shelters at all. The female adolescents spoke of specific instances in which they were followed by boys, asked for their phone number, and threatened with kidnapping which led to their parents not allowing them to leave their shelter. Both male and female adolescents cited feeling unsafe in the markets, latrines, and distribution centres, areas that have also been flagged in other studies.[10]

> *"When I used to go to sewing classes, some boys would threaten to kidnap me. For this reason, my mother does not allow me to go to the classes anymore."* 17-year-old female PRM participant

When adolescents were asked in the survey how they avoid these threats, the most common responses were that: they stay in their shelter (51%), ask Camp in Charge (CiC), non-governmental organization (NGO) worker, or volunteer for help (48%) or they do not go outside after dark (43%). More female adolescents as compared to male adolescents reported staying in their shelter (69% versus 45%) and not going outside after dark (59% versus 38%). Responses also varied geographically, with 24% of adolescents in Teknaf reporting always travelling in groups as compared to 9% in Ukhiya.

> *"Sometimes little kids are victims of child trafficking and that's why parents force them to stay at home and don't allow them to go out."* 18-year-old female PRM participant

While staying in their shelter is cited as a coping mechanism to certain threats, 38% of adolescents reported that they were always or sometimes concerned about youths in their community feeling unsafe in their shelter. These threats to safety within their shelter can include domestic violence or abuse[11], fear of thieves and kidnappers, and vulnerability to natural disasters[12].

Caregivers' perceptions of risks

The top five protection risks that caregivers were concerned that youths were facing in their community mirrored those reported by adolescents, as shown in table 2. Over 40% of caregivers expressed that they were always or sometimes concerned about twelve out of the thirteen child protection risks they were asked about (21% of caregivers expressed concern about wildlife attacks).

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[9] A colloquial term for sexual harassment, usually to refer to verbal harassment faced on the streets by females.
[10] Joint Multi-Sector Needs Assessment; ISCG; September 2019. Joint Participatory Child Protection Assessment with Rohingya Adolescents; Save the Children; January 2019
[11] Violence against women within the Rohingya refugee community; BBC Media Action; November 2018
[12] Vulnerabilities in the Rohingya refugee camps; ACAPS, NPM, REACH; December 2019

Table 2: Rank caregivers assigned to the risk based on how frequently it occurred in their community (PRM results)[13] and % of caregivers reporting being always or sometimes concerned about youths facing the following risks (survey results)

Child protection risk	PRM results	Survey results
Feeling unsafe in their shelter	2	49%
Exploitative work	4.6	49%
Physical violence	5.4	53%
Road accidents	5.8	78%
Going missing/getting lost	6	84%
Child marriage	6.5	47%
Sexual harassment	7	46%
Physical illness	7.6	91%
Verbal harassment	7.8	63%
Kidnapping/ trafficking	9.3	77%
Emotional abuse*	9.7	Not included
Natural hazards	10.4	46%
Recruited by terrorist/extremist group*	Not included	42%
Wildlife attacks**	Unranked	21%

A higher proportion of male caregivers as compared to female caregivers reported being concerned about youths facing child marriage, exploitative work, feeling unsafe in their shelter, verbal harassment, and sexual harassment, as reflected in figure 2.

Figure 2: % of caregivers who report being always or sometimes concerned about youths facing the following risks, by gender
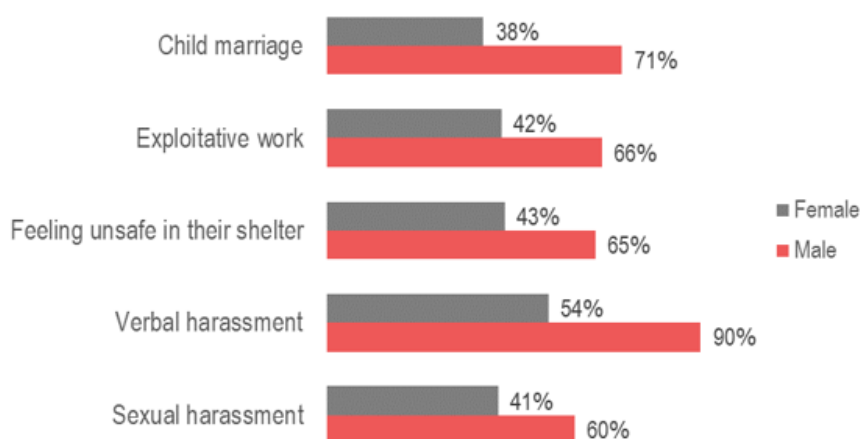
Groups at risk

Adolescents and caregivers were asked which risks they thought certain groups of children were more vulnerable to (see figure 3). Adolescents and caregivers both reported that boys were at risk of kidnapping and road accidents, that girls were at risk of kidnapping and child marriage, and children with disabilities were at risk of physical illness and feeling unsafe in their shelter.

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[13] Lower rank means the perception is that the risk occurs more frequently

Figure 3: Child protection risks that boys, girls, and children with disabilities are most at risk of, by respondent group [14] [15]

Adolescents   Caregivers

Risks for boys

Adolescents		Caregivers	
Kidnapping	44%	Kidnapping	39%
Going missing	37%	Child marriage	33%
Road accidents	35%	Road accidents	33%

Risks for girls

Adolescents		Caregivers	
Child marriage	43%	Child marriage	46%
Sexual harassment	36%	Physical illness	34%
Kidnapping	35%	Kidnapping	33%

Risks for children with disabilities

Adolescents		Caregivers	
Physical illness	29%	Physical illness	51%
Going missing	23%	Feeling unsafe in shelter	27%
Kidnapping Feeling unsafe in shelter	21%	Natural hazards	25%

Male and female adolescents perceived girls to be at risk of different threats, as shown in figure 4. As compared to male adolescent respondents, a higher proportion of female adolescent respondents considered girls to be at risk of physical violence and kidnapping, while a higher proportion of male respondents thought girls were at risk of child marriage and sexual harassment.

Figure 4: % of adolescents reporting that girls are most at risk of the following threats, by gender

Threat	Female	Male
Physical violence	37%	16%
Kidnapping	50%	21%
Child marriage	26%	59%
Sexual harassment	27%	45%
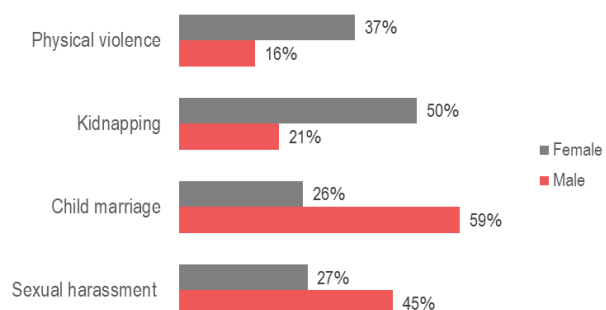
[14] These percentages reflect the proportion of respondents who believe that these children are susceptible to certain risks; the percentages do not reflect prevalence rates of how often these risks occur in the community.
* Emotional abuse was not included in the quantitative survey; recruited by terrorist group was not included in the PRM results; the majority of caregiver groups did not include wildlife attacks as a threat in their community
[15] Respondents could select multiple answers.

### Witnessed risks

When asked which risks they had witnessed most frequently in the 30 days prior to data collection in their community (see figure 5), both adolescents and caregivers reported witnessing physical illness, children going missing, road accidents, kidnapping/trafficking, and verbal harassment. The risks that they witnessed the most often are also the same risks that adolescents and caregivers reported being most concerned about. However, the levels of concern as represented by the percentage of adolescents and caregivers who are always or sometimes concerned about specific risks, are across the board higher than the percentage of adolescents and caregivers who say they have witnessed that risk in the past 30 days.

Figure 5: % of respondents who report witnessing and being concerned about the following risks in the 30 days prior to data collection, by respondent group
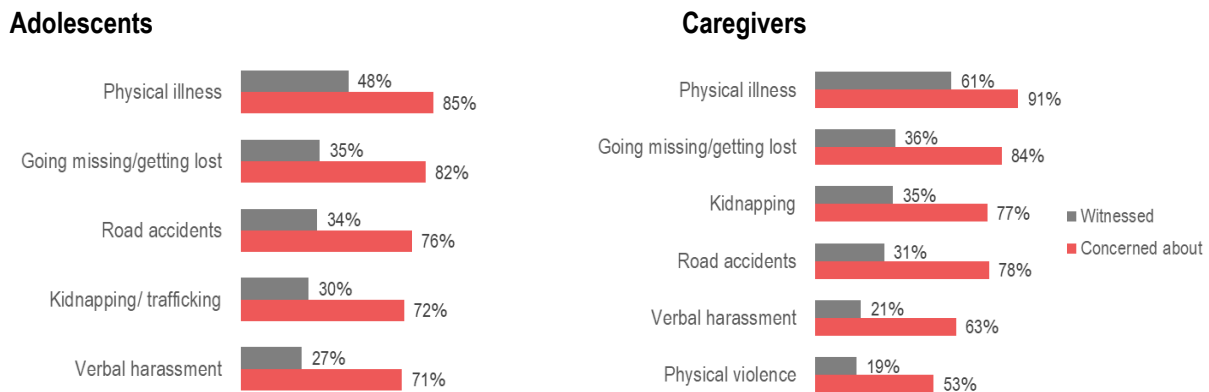
While the safety and security risk profiles of all camps are not identical, with different natural hazard risks, infrastructure-related conditions,[16] and safety concerns, the risks that adolescents and caregivers reported being most concerned about did not seem to change substantially depending on location.

Child marriage

Among all surveyed adolescents between the ages of 15-20, 29% reported being married. Although not necessarily representative of the under-18 population, between 1-8% of surveyed adolescents under the age of 18 reported being married. Estimates of the prevalence of child marriage vary greatly: an IPA survey in October 2018 found that 15% of surveyed Rohingya women were married by age 14 and 45.5% by age 17,[17] while the 2020 Joint Response Plan showed 5-10% of households have entered into a child marriage.[18] Further research can work to better estimate the prevalence of child marriage; the intent of these findings is to better understand the attitudes towards and drivers of child marriage.

Overall, reported attitudes among both adolescents and caregivers were against child marriage, with adolescents and caregivers overwhelmingly responding that children under the age of 14 should not get married, even for economic reasons, and should not stop going to school to get married. In the qualitative sessions, both male and female caregivers expressed concern that female adolescents who get married too young can face difficult pregnancies that could lead to medical complications for the mother and the baby. They also emphasized that family dynamics are often difficult to manage when the husband and wife are young.

Caregivers and adolescents believe that the mean age when it is acceptable for women to be married at is 18 and for men at 21.[19] However, 17% of adolescents and 25% of caregivers said it was okay for parents to arrange a

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[16] 2020 Joint Response Plan Rohingya Humanitarian Crisis; ISCG; March 2020

[17] Current Level of Knowledge, Attitudes, Practices, and Behaviours (KAPB) of the Rohingya Refugees and Host Community in Cox's Bazar; IPA; October 2018

[18] 2020 Joint Response Plan Rohingya Humanitarian Crisis; ISCG; March 2020

[19] Similar results in another survey found that refugee respondents believed that the ideal age for marriage for women was 18 and men was 22. Current Level of Knowledge, Attitudes, Practices, and Behaviours (KAPB) of the Rohingya Refugees and Host Community in Cox's Bazar; IPA; October 2018

marriage for their daughter (under the age of 14) to keep her safe. The 2020 Joint Response Plan showed that two-thirds of households reported considering child marriage to be a normal practice, while a third considered it to be a coping strategy in response to economic pressure or safety concerns for the girl.[20] Concerns about safety, harassment, and reputation have driven families to marry off their daughters under the age of 18, sometimes even changing their age so as to get approval from the CiC.[21] The majority of both adolescents and caregivers believe decisions regarding marriage should be made by parents.

Violence against children

Adolescents and caregivers believe that there are a wide-range of scenarios in which violence is acceptable, as shown in figure 6. Most agreed that it is acceptable for parents to use violence to discipline their children (adolescents: 83% agree; caregivers: 90% agree) and that it is acceptable to solve problems with violence (adolescents: 79% agree; caregivers: 81% agree). Close to three-quarters of respondents believe it is acceptable for teachers to hit their students and just over half of respondents believe it is acceptable for mothers to hit their children.

Figure 6: Forms of violence against children under the age of 14 which caregivers and adolescents believe is acceptable
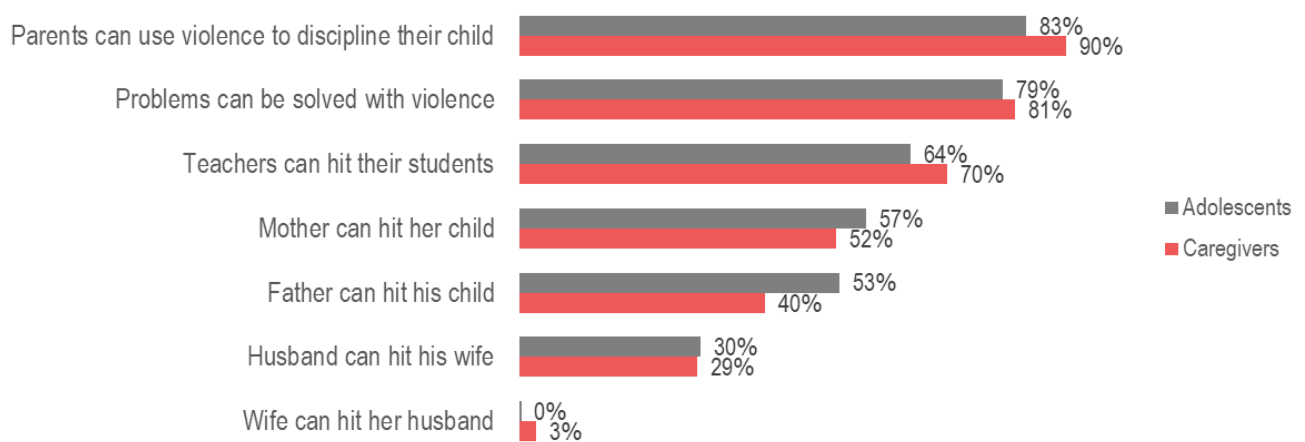
Emotional abuse and neglect

Emotional abuse was not reported as a commonly occurring issue for children and youth, and was ranked by both adolescent and caregiver participants to occur at a similar frequency as risks such as natural hazards and wildlife attacks.

An attempt to unpack the concept of emotional neglect indicated that both caregivers and adolescents overwhelmingly disagreed that certain neglectful behaviours would be considered acceptable. Between 94-98% of both adolescents and caregivers reported that it was unacceptable for parents to ignore a child who is misbehaving, or for parents to ignore a child if the parents are stressed. However, despite the reported norms and community perceptions that emotional forms of abuse are not a pervasive concern within the camps, child protection caseworkers and other technical specialists often consider Rohingya refugee children to be particularly vulnerable to neglect or other types of emotional abuse.[22]

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[20] 2020 Joint Response Plan Rohingya Humanitarian Crisis; ISCG; March 2020
[21] Vulnerabilities in the Rohingya refugee camps; ACAPS, NPM, REACH; December 2019
[22] Joint Participatory Child Protection Assessment with Rohingya Adolescents; Save the Children; January 2019

THEMATIC BRIEF 2: WORKING ADOLESCENTS

This brief focuses on different types of labour undertaken by children, especially focusing on household chores and work outside the home. It is important to note that not all forms of labour are considered dangerous; some work and chores may even be beneficial to the health and personal development of adolescents.[23] At the same time, it is important to understand what factors lead some adolescents to engage in work that puts them at risk of injury or harassment, or prevents them from attending learning centres. This brief will touch upon some aspects of hazardous work, especially as brought up in FGDs by male adolescents engaged in construction work; however, the worst forms of child labour[24] were not explicitly covered by this research. Data for this brief comes from the adolescent and caregiver surveys, visual diary FGDs with adolescents, and PRM activities with adolescents and caregivers.

Key findings

- Almost all adolescents, male and female, reported performing household chores on a typical day. These chores include cooking, cleaning, taking care of family members, collecting water, food, or distributions.
- Among adolescent males between the ages of 15-20, 32% reported working outside the house for a non-family member. Most work in construction (70%) or in a shop (17%).
- A gendered labour division is apparent in the household chores typically undertaken by male and female adolescents. The majority of female adolescents report cooking and cleaning on a daily basis, while male adolescents collect food and other distributions. Over three-quarters of female adolescents and over half of male adolescents collect water. Both males and females take care of family members.
- Aside from collecting water, the household chores undertaken by female adolescents take place in and around the shelter, thereby potentially limiting the interactions and services female adolescents are exposed to.
- Most adolescents and caregivers do not believe it is acceptable for children under the age of 14 to stop participating in learning activities in order to work; however, over half of adolescents do believe it is acceptable for children to forgo learning activities so that they can help with household chores.
- In discussion sessions, female adolescents highlighted the difficulties they experience in collecting water. They noted that tubewells were often far from their shelter, exposing them to eve teasing and unsafe areas on their way to the tubewell. At the tubewell, they said that long queues and limited water supplies often resulted in arguments among those waiting for water.
- Caregivers and adolescents reported it is acceptable for children under the age of 14 to do chores that require a lot of strength, such as collecting water, firewood, or gas cylinders.
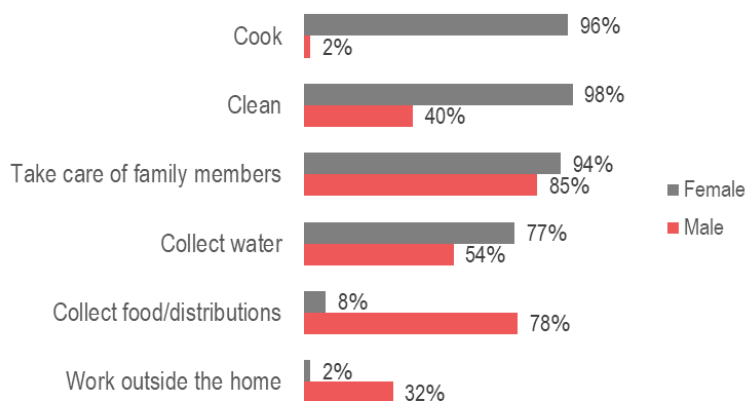
Household chores

Nearly all adolescents (99%) reported performing household chores every day, including cooking, cleaning, taking care of family members, collecting water, and collecting food and other distributions. Figure 7 shows there is a clear gendered divide between the types of household chores undertaken by male and female adolescents. As show in the figure below, almost all female adolescents reported cooking and cleaning on a typical day. Three out of the four chores typically carried out by female adolescents – cooking, cleaning, and taking care of family members – all take place in or around their shelter. Male adolescents reported collecting food and other distribution items on a typical day, while less than 10% of female adolescents reported doing so. Taking care of family members and collecting water are tasks shared by both male and female adolescents.

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[23] What is Child Labour? ILO; 2020
[24] Defined as slavery, prostitution, illicit activities and other work that harms "the health, safety, or morals of children." ILO

Figure 7: % of adolescents who reported engaging in the following chores on a typical day, by gender

In FGDs, adolescents highlighted that while they view it as their responsibility to help their parents and family by performing these household chores, certain chores prove to be difficult and strenuous for them to carry out. In each of the eight FGDs with female adolescents, it was mentioned that collecting water was one of the most difficult activities they do on a daily basis. They specifically mentioned that the tubewells are located far from their shelters and that there are usually long queues for the tubewells. Low-water levels and long queues at the tubewells often result in verbal disputes around those waiting for water. Many female participants voiced concerns that the amount of water allocated per family is insufficient, meaning that they do not have enough water to complete their household tasks. In addition to these difficulties, female respondents in a study by PLAN raised concerns that the hilly terrain and the poor design of the tubewells affected their ability to collect water[25].

> *"Our parents do not want us to go far to collect water but we do not have any other options. As water is needed, we have to do it even though many problems exist."* 18-year-old female FGD participant

In the FGDs, male adolescents highlighted that chores that require a lot of strength such as collecting distribution items and repairing their shelters are difficult and strenuous for them. A couple of male adolescent groups also mentioned difficulties around collecting water.

Possible concerns arise that adolescents, especially younger ones, might be performing household chores at the expense of their learning activities or other activities for children their age. In line with this, 55% of adolescents believe it is acceptable for children under 14 to miss school so that they can help with household chores. Over half of caregivers and adolescents (51% and 68%, respectively) also believe that is okay for children under the age of 14 to be responsible for taking care of their siblings.

Work outside the home

Seven per cent (7%) of adolescents between the ages of 15-17 and 25% of those between the ages of 18-20 report working outside the home for a non-family member on a typical day. Among male adolescents between the ages of 15-20, 32% report working.

To further explore this dynamic, additional analysis on Joint Multi-sector Needs Assessment (J-MSNA) data found significant increases in the proportion of male individuals reportedly working between the ages of 16 and 17 (an increase from 15% to 26% of surveyed male household members), and another step-wise increase between the ages of 18 and 19 (an increase from 31% to 50% of surveyed male household members).[26] Around 10% of male adolescents between the ages of 13-15 were also reported to be engaged in work. Concerningly, the J-MSNA data showed that roughly half of surveyed male children who were working were engaged in hazardous work conditions (including lifting heavy objects and working over 40 hours a week).[27]

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[25] Adolescent Girls in Crisis: Voices of the Rohingya; PLAN; June 2018
[26] The J-MSNA questionnaire was asked to one household representative, who answered questions about household members working for an income on behalf of each member.
[27] Joint Multi-Sector Needs Assessment; ISCG; September 2019.

Figure 8: % of male individuals of each age reported to have worked in the 30 days prior to data collection[28]
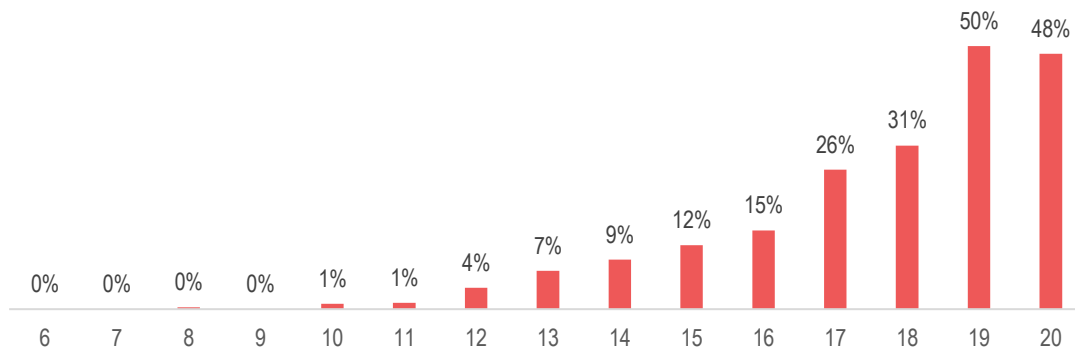

Figure 9 shows that the majority of male adolescents who report working are engaged in construction work (70%), whilst 17% work in a shop, and the remainder work in farming, fishing, teaching, or in hotels. Male adolescents report working, on average, 8.7 hours a day for 336 BDT (approximately 3.95 USD[29]).[30] Table 3 shows that average reported salaries vary between different jobs, with fishing reportedly the highest paid on average, a profession that only adolescents in Teknaf reported being involved in. All working male respondents reported being paid in cash, as opposed to being paid in goods or distributions, or as a repayment on a loan.

Figure 9: % of working male adolescents by type of job[31]
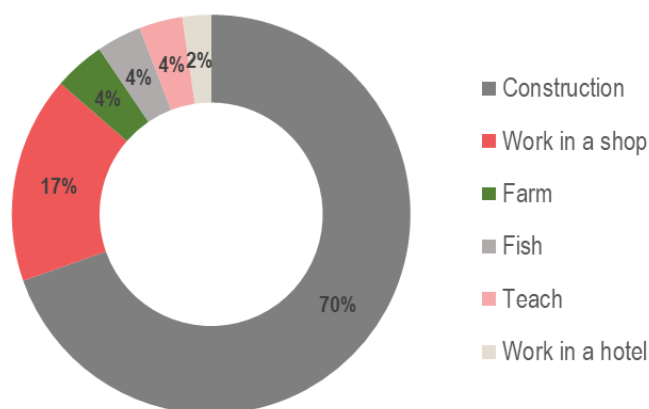
Table 3: Indicative average reported daily wages in BDT, by type of job[32]

Type of work	Daily wage (BDT)
Construction	351
Shop-keeping	305
Farming	330
Fishing	511
Teaching	275
Working in a hotel	250

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[28] Ibid

[29] Exchange rate calculated on 26 May; accessed at moneyexchangerate.org

[30] Official guidance from ISCG and RRRC recommends that cash-for-work programs pay 350BDT a day.

[31] 31 Respondents could select multiple answers.

[32] The estimated daily wages for each type of profession are highly indicative, especially for professions other than construction. This question was asked only to those adolescents who reported engaging in each type of profession and therefore represents the average of fewer than 10 responses for hotel work, teaching, fishing, and farming.

The majority of working adolescent males reported working between 1 to 15 days in the past 30 days; 12% reported working 21-25 days and 4% reported working nearly every day (26+ days). Despite the fact that most working adolescents were working only part-time and that findings from the FGDs show that both working and learning opportunities are priorities for male adolescents, less than 7% of male adolescents reported working outside the home and attending any sort of learning activities on a daily basis.

Two per cent (2%) of female adolescents reported regularly working outside the home for a non-family member. The mid-term J-MSNA from June 2019 additionally found that 2% of adult women reported having worked for an income.[33] Low female participation in income-generating activities is reportedly due to a variety of factors including females feeling unsafe outside their shelters, caregivers not allowing female adolescents outside the shelter, and a lack of appropriate income-generating activities. Female adolescents' requests for more programs focused on skills development and livelihood opportunities has been documented in previous studies focusing on female adolescents.[34]

The majority of male FGD participants felt that education programmes were no longer relevant for their age group and therefore placed greater emphasis on finding paid work so that they could support their families. Many male adolescents raised concerns about being able to provide for their families, as work was not always readily available.

> *"If I work, I will have the opportunity to earn money. If I can earn money, then my family will have food to eat for a few weeks. Considering this, I work."* 18-year-old male PRM participant

They also emphasized that the work that was available – mainly in construction – was often dangerous and physically demanding. The adolescents said that they sometimes suffered injuries while carrying heavy items like cement and iron rods. In the PRM discussions, caregivers and male adolescents worried that children who perform hard labour are stunting their own growth, harming their bodies, and becoming physically ill. They also worried that these children and adolescents do not have time to play or engage in other age-appropriate activities.

The survey results showed that the overwhelming majority of adolescents and caregivers (>90%) believe that children under the age of 14 should not work outside the home, should not stop going to school in order to work, and should not do household chores that require a lot of strength.

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[33] Joint Multi-sector Needs Assessment; ISCG; June 2019
[34] Joint Participatory Child Protection Assessment with Rohingya Adolescents; Save the Children; January 2019. Adolescent Girls in Crisis: Voices of the Rohingya; PLAN; June 2018

THEMATIC BRIEF 3: PARTICIPATION AND ACCESS TO SERVICES

This section will examine the services that adolescent boys and girls access and participate in, including learning activities, child protection activities, and health services. By understanding their use of services, it may be possible to better understand adolescents' access to resources when they are in need of help and better understand the relative strength of social networks within their community. It is through these formal services that referrals to additional protection-related services or resources are commonly made. Additionally, when looking at the ways in which male and female adolescents participate in and access services, notable inequalities emerge which raises concerns over how more equitable access to services can be ensured. Findings for this brief comes from the adolescent survey.

Key findings

- While 40% of adolescents report engaging in any form of organized activity, including attending a learning centre, madrassa, Child-Friendly Space (CFS), or home-based learning, participation varies greatly by gender and age. One-third of female adolescents between the ages of 15-17 reported engaging in any form of organized activities as compared to 85% of males in the same age category. Twelve per cent (12%) of married adolescents (ages 15-20) and 20% of working adolescents (ages 15-20) reportedly participate in any activities.
- The majority of female adolescents report taking permission from someone else, usually their parents or husband, before accessing medical care, learning centres, or child protection services. When accessing medical care, 90% of females take permission from someone else compared to 33% of males.
- For females who reportedly did not access child protection services or learning centres, the top reason cited was because their parents or husband would not allow them to. For males, the main reasons were because they were not interested, did not think they needed the services, or did not think the services were age-appropriate for them.
- When in need of help making a decision or when they feel mentally stressed, most adolescents said they would turn to members of their immediate communities for help, primarily their mother or father. Some would ask their husband, older siblings, the majhi, or their friends for help.

Decision-making regarding access

Before accessing services, many adolescents seek permission from another person. The reasons for seeking permission could stem from cultural practices, caregivers and adolescents' concerns about safety, and intra-household dynamics and practices. Overall, a larger proportion of female adolescents seek permission as compared to male adolescents, as shown in figure 10.

Figure 10: % of adolescents who sought permission from someone else before accessing the following services, by gender[35]
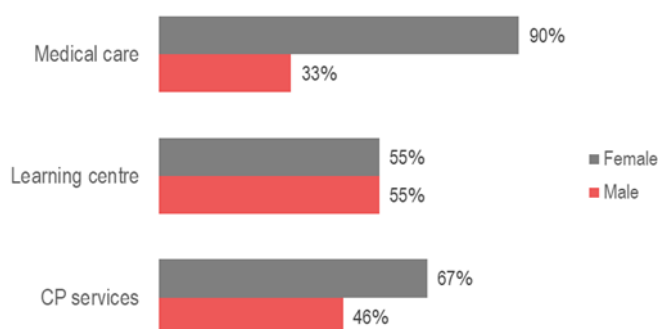
Of the adolescents who reportedly asked for permission before accessing services, figure 11 shows who the adolescents sought permission from.

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[35] Only adolescents who reported accessing each type of service in the 30 days prior to data collection were asked the subsequent question regarding requiring permission. For example, the 55% of boys and girls who reported seeking permission before attending the learning centre is only among those respondents who accessed a learning centre in the 30 days prior to data collection. Adolescent boys and girls who did not attend learning centres (potentially because they were not given permission) were not captured in these questions.

Figure 11: % of adolescents who reportedly asked the following family members for permission to access the following services, by gender[36]

HEALTH CENTRE

LEARNING CENTRE

CP SERVICES
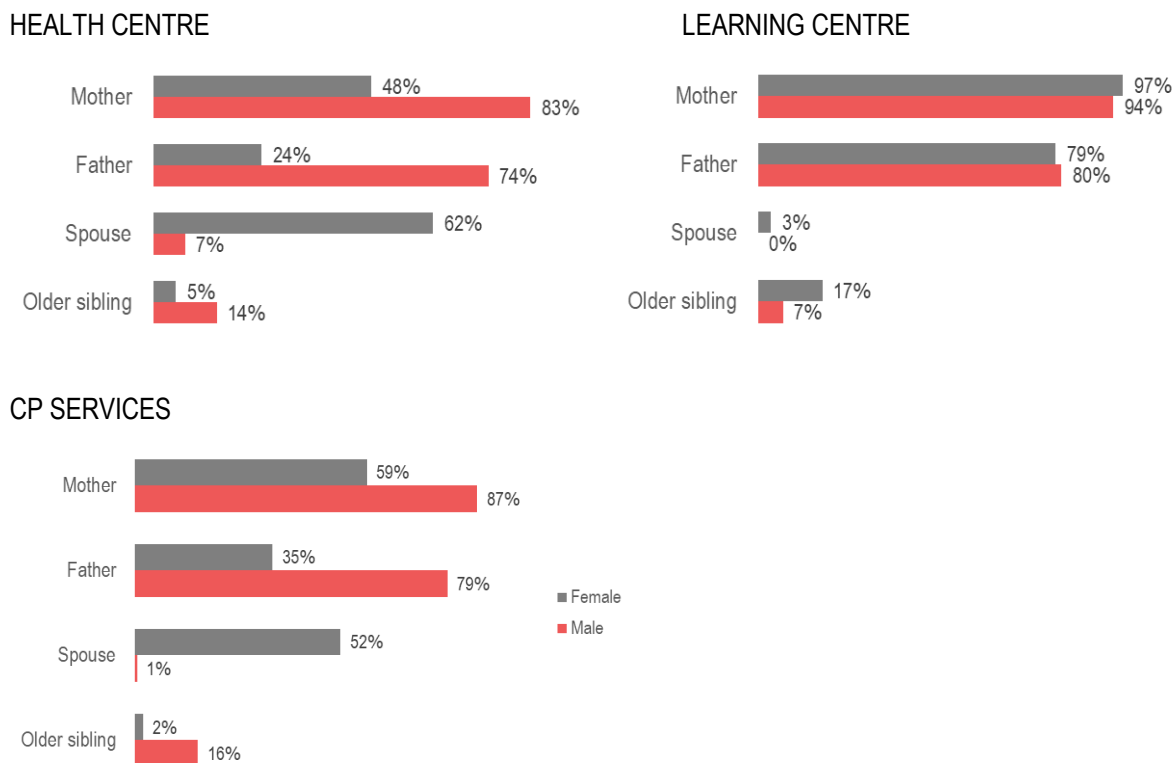
Participation in learning activities

As efforts are made across the response to increase access to education for children and adolescents[37], the survey results here regarding learning activity participation allows for a deeper understanding of how equitable access to the services continues to be a work in progress. Especially for adolescents who either had their studies interrupted or feel like opportunities for them in the camps are very limited, engaging in learning activities continues to be an important source of resilience for them.[38]

Figure 12 shows that, across all the different learning activities, male adolescents report higher attendance rates than female adolescents. Over one-quarter of male adolescents reportedly attend a learning centre on a typical day, while only 5% of female adolescents do. Forty per cent (40%) of male adolescents said they attend home-based learning compared to 16% of female adolescents. The fact that male adolescents are participating in home-based learning at higher percentages as compared to female adolescents potentially shows that male adolescents are still interested in engaging in these sorts of activities, and alternative models like home-based learning may provide a more flexible method through which to reach adolescents who otherwise feel like centre-based activities are not age-appropriate for them.

Learning centre attendance rates are in line with previous reports, which show a steep drop-off in attendance among older adolescents. A needs assessment in 2019 found that only 1% of girls and 9% of boys aged 15-18 reportedly attended learning centres, a marked decrease from the younger age group of 6-14 in which 69% of girls and 73% of boys reported attending learning centres.[39] The J-MSNA found that over half (54%) of boys and 32% of girls between the ages of 12-14 attended a learning centre for at least four days per week in the 30 days prior to data collection, again a large drop-off from the 85% of boys and 89% of girls ages 6-11.[40]

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[36] Respondents could select multiple answers.
[37] Education for Rohingya refugees and host communities in Bangladesh; Education Cannot Wait; October 2018
[38] Beyond Survival Rohingya Refugee Children In Bangladesh Want to Learn; UNICEF; August 2019
[39] Education Needs Assessment; Cox's Bazar Education Sector, REACH; March 2019
[40] Joint Multi-sector Needs Assessment; ISCG; June 2019

Figure 12: % of adolescents who reportedly attend the following learning activities on a typical day, by gender
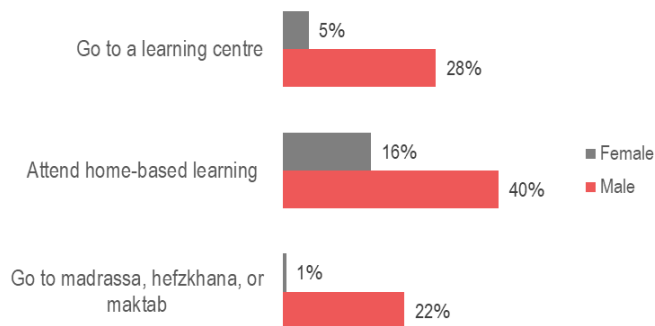
Of the adolescents who reportedly attended a learning centre in the 30 days prior to data collection, 55% of males and females said they sought permission from a family member before going to the learning centre. Of those who did not attend a learning centre in the 30 days prior to data collection, 85% of female adolescents said it was because their parents or husband would not permit them, which could be driven by cultural norms that limit girls above the age of 11 from interacting with boys[41]. Around half of male adolescents said they did not attend a learning centre because they are not interested, there are no classes for children their age, and because they do not have time (respondents were allowed to choose multiple responses). While male adolescents cite reasons for non-attendance related to disinterest, time, and age-appropriateness, their continued participation in home-based learning and madrassas shows that there are potential pathways through which they will engage in learning activities. Among both male and female adolescents, roughly 3% mentioned not attending a learning centre due to not feeling comfortable walking to and from the learning centre each day. Of those who attended learning centres, 13% faced challenges including overcrowded spaces, not learning anything useful while at the centre, and the centre not having a curriculum for adolescents. A higher proportion of adolescents in Ukhiya reported overcrowded spaces (70%) as compared to Teknaf (50%), while a higher proportion of adolescents in Teknaf reported that the centres did not have curriculums for adolescents (67%) as compared to Ukhiya (40%).

Use of health services

Over 90% of adolescents reported knowing where the closest health centre was, and in the 30 days prior to data collection, 39% of adolescents reported having a reason to access medical care. However, this varied by gender, with a greater proportion of male adolescents reporting having a reason to access medical care relative to females (48% and 30% respectively). This potentially indicates that female adolescents or their families have a lower awareness of health services that are available or recommended, especially for those who have gone through puberty, although further research is needed to confirm this. Among married adolescents, 55% reported having a reason to access medical care.

Almost all adolescents needing treatment (95%) sought this at a public or NGO clinic, 25% at a private clinic, 14% at a pharmacy, and 4% through a traditional healer (respondents could select more than one response). Of those who had a reason to access medical care, no one reported not accessing any medical services. However, over 40% of adolescents who accessed medical services reported facing challenges at the centre where they sought services. The most common challenge was that the space was overcrowded (77%) and that the providers did not address their issues (70%). Females adolescents were more concerned about overcrowding (94%) as compared to male adolescents (69%). A higher proportion of adolescents in Teknaf (82%) felt that providers did not address their issues as compared to adolescents in Ukhiya (66%). Almost all (90%) female adolescents reportedly took permission from someone else before accessing medical services, as compared to 33% of male adolescents.

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[41] Education Needs Assessment; Cox's Bazar Education Sector, REACH; March 2019
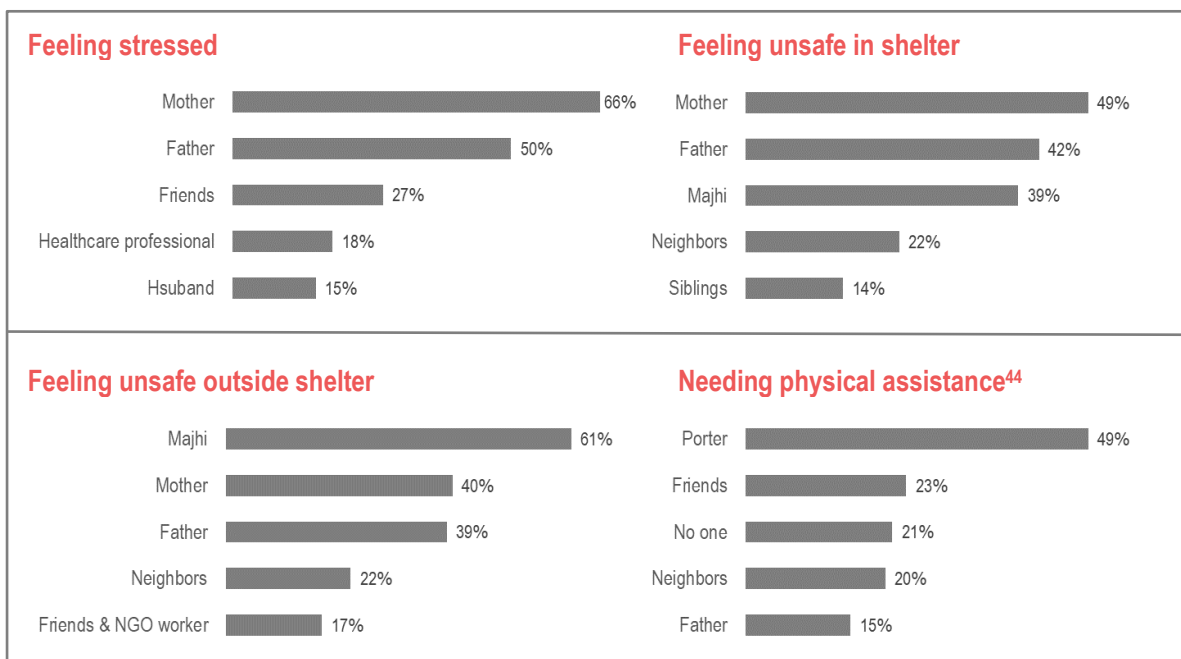
Participation in child protection activities

Over 30% of male adolescents and 5% of female adolescents reported attending a Child Friendly Space, Adolescent Friendly Space, or Multiple Purpose Child and Adolescent Center on a daily basis. Of those who attended these centres, 67% of females said they asked a family member for permission beforehand while 46% of males did. Similar to the reasons given for not attending learning centres, the vast majority of female adolescent respondents said they did not attend child protection activities because their parents or husbands would not let them (71%). Over 30% of female adolescents said that they did not attend because they did not know what these services are for. Over half of male adolescents said they did not attend CP activities because they did not need the services, and close to 40% said they thought the services were for younger children or that they were not interested in the services.

Key support

When asked who they turn to if they felt mentally stressed, physically unsafe inside or outside their shelter, most adolescents responded their mother, father, siblings, friends, neighbors or the majhi, as shown in figure 13. When adolescents were asked to name resources they could reach out to when they felt stressed, unsafe, or in need of assistance, the majority of adolescents named their friends, family, and neighbours. Majhis were reported as a key resource in situations directly related to feelings of insecurity or lack of safety. Formal and presumably trained individuals, including healthcare professionals, teachers, NGO workers or volunteers, were not as commonly cited, with the exception of 18% of adolescents who cited healthcare professionals as a resource when feeling stressed, and the same proportion who cited NGO workers or volunteers as a resource if feeling unsafe outside of their shelter. Other potential resources of assistance, including religious leaders or the army/police, were not often mentioned by adolescents as a top resource of help in any of the scenarios. With the exception of the approximately half of adolescents citing "porters" as a source of help for when physical assistance is required, findings from this survey corroborate similar studies pointing to strong reliance on those perceived to be part of their immediate community.[42]

Figure 13: Most frequently identified sources of assistance reported by adolescents for the following scenarios[43]

Feeling stressed

Mother	66%
Father	50%
Friends	27%
Healthcare professional	18%
Hsuband	15%

Feeling unsafe in shelter

Mother	49%
Father	42%
Majhi	39%
Neighbors	22%
Siblings	14%

Feeling unsafe outside shelter

Majhi	61%
Mother	40%
Father	39%
Neighbors	22%
Friends & NGO worker	17%

Needing physical assistance[44]

Porter	49%
Friends	23%
No one	21%
Neighbors	20%
Father	15%

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[42] [Joint Participatory Child Protection Assessment with Rohingya Adolescents](#); Save the Children; January 2019.
[43] Respondents could select multiple answers.
[44] The adolescents reporting "no one" as an identified source of assistance were primarily female adolescents. During the FGDs, female adolescents discussed water collection as one of the main physically challenging activity that they regularly engage in. It is possible that this finding alludes to a lack of support in helping girls carry water back to their households.

Additionally, 9% of adolescents said they are not getting enough assistance for continuing trauma or distress as one of their key unmet needs. This suggests that while adolescents do tend to turn to family and friends for support when feeling stressed, there is potentially still a need for increased focus on resources for parents and community-based psychosocial support to help these children through channels that they already trust.

CONCLUSION

Findings from this research highlight the needs of adolescents and help to identify areas were CP partners and others can work together to create a safer, healthier environment for all children and adolescents. The data shows that concern over the child protection risks that adolescents and children face in the camps is high and that adolescents often fear for their own safety and that of their peers. The risks that adolescents and caregivers are most concerned about and witness most often include physical illness, going missing, road accidents, kidnapping/trafficking, and verbal harassment. While the attitudes towards some risks, such as child marriage and emotional abuse or neglect, are supportive towards children, there remains a gap between attitudes and practices as many children continue to face these risks on a daily basis.

Additionally, adolescents navigate through a complex system of decision-making, cultural norms, and other barriers to access as they choose whether or not to use services. Gender plays a key role in adolescents' reported access to services, with males more likely to attend organized activities than females. Females are more likely to need to ask for permission from caregivers or their spouse in order to access services, and their main barrier for not accessing services is this permission not being given. Parents and majhis and other members of the adolescents' immediate community play a key role in terms of dealing with stress and insecurity in their lives. It is also clear that adolescents feel responsible for taking care of their families by performing household chores and working outside the home, while at the same time they are also concerned about ensuring their safety and health when undertaking these tasks.

Viewing these findings all together, it is imperative that child protection partners work with the community to create an environment that is safe, healthy, and nurturing for children and adolescents.