

ROHINGYA WOMEN SPEAK UP ON COVID-19: CONCERNS, DEMANDS AND SOLUTIONS

UN Women spoke with 49 Rohingya women and adolescent girls, women leaders and women volunteers living across 13 camps in Ukhiya, Cox's Bazar¹ to better understand their perceptions, key concerns, demands and proposed solutions on the overall COVID-19 crisis. Here is what they said:

"I think as we have no access to TV, internet, Radio so it is preventing me from getting more information"

– Shan Bibi, Rohingya woman, age 18+

Almost all the information received by women came from humanitarian staff and volunteers, rather than TV, radio or newspaper. Access to information for women and girls is highly dependent on women volunteers that have been providing information through door-to-door sessions and through women-friendly space. Any sectors and agencies working on awareness raising must **ensure an adequate number of female volunteers**, must **provide female volunteers with the necessary information and materials to conduct their work safely and with dignity** (including masks, soap and menstrual hygiene products), and must **provide female volunteers with information and materials to ensure women-friendly information dissemination**.

"I feel that I can support my people to protect them from Coronavirus by listening to their worries and giving them information. Because my community recognizes me as a mentor, and I am earning an income, my husband is supporting me and takes care of our children and the home while I am outside"

– Rohingya woman outreach volunteer

Women reported appreciating opportunities to support their communities to prevent COVID-19, such as being involved in

door-to-door awareness raising as outreach volunteers and being

involved in mask production. This

was important for them to get a

chance to leave

their homes and get their minds

off the tension and anxiety, but also to get status and

recognition in their communities and earn an income for their family.

Women must be offered equal opportunities to be engaged in all COVID-19 preparedness and response activities. This must be

provided in gender-segregated spaces/groups and by ensuring their wider family and community is consulted to prevent exposing the women to backlash or harm.



¹ Consultations were done between April 13th to 23rd conducted by UN Women CiC Gender Officers and their volunteers. The information outlined in this report does not represent the official views of UN Women. It reflects an analysis of the views of Rohingya refugees living in camps in Cox's Bazar. It should not be read as a definitive account of the Rohingya's perceptions on COVID-19 across all camps as only 13 camps were covered (1east, 1west, 3, 4, 4 ext, 5, 9, 10, 12, 17, 18, 20, 20 ext), and it is not a representative sample of the entire population in the camps from which data was collected. It is likely to evolve as the circumstances change and as more consultations are conducted.

“Because men and boys use to go out habitually, but now they cannot go out. And their tension increases gradually”

– Hamida, Rohingya woman leader, Shanti Mohila

“We try to maintain peace in the home now by agreeing with what our husbands say, because if we argue he will go outside and put himself at risk of Coronavirus”

– Rohingya woman volunteer, aged 35

“Women have problems accessing different facilities. The modalities of women-friendly spaces have been changed and limited so they are getting less chances to access friendly space for women and girls”

– Rohingya woman

“During this outbreak, I need to take care of my child more, cause children at their age are at more risk”

– Nur Bahar, Rohingya woman, aged 47

Security risks were reported to be increasing, including sexual harassment and theft. Women also noted the effect that restrictions have had on men and boys, specifically their inability to access daily work, to go out as freely as before, or to go to mosques, which is resulting in increases in tensions in the home.

Women reported being policed more on their movements outside the home. Women also said they were especially worried about the safety of their adolescent daughters, as many men in their neighborhood are now staying at home idle and lurking around. **Security and safety services should not be deprioritized in the camps,** and the presence of female police officer and women’s helpdesk at police stations are vital. **Services to report and access support for GBV and child abuse must be maintained,** and adapted to reflect the restrictions in the camps, with any changes made in accessing these clearly communicated to women and girls.



Due to the increase tensions and greater scrutiny and policing of women’s movements, women reported missing the safe haven provided by women friendly spaces, which gives them a break from the tensions at home, and a chance to seek support services, information about the situation, and connect with other women. **Women friendly spaces must remain open for GBV service provision.**

Along with older populations and persons with underlying conditions, children were regularly mentioned as one of the at-risk groups. **Fear that children may be more at risk could have strong implications for women** to access isolation and treatment facilities as the safety and well-being of their children was clearly reported as one of their chief concerns. **Targeted messages and awareness raising are needed for parents**

and caregivers, especially women, around the levels of risks of COVID-19 for children.

"I would be worried for my child who is two years old and other family member. Because my child could not stay with me, I cannot breastfeed her. If she suffers any sickness, family members would not be able to properly take care like a mother"

– Rohingya woman, aged 25

The primary concerns of women remain the well-being and safety of their family members, particularly their children. **The inability to maintain their duty as primary caregivers in the household if women have to isolate was overall an immense source of stress and one of the main reasons for their reluctance to access these facilities.** Messages around child protection and existing services for childcare must be shared with women. In addition, all IEC messages need to ensure they do not add to the burden of care of women, with specific messages need to be disseminated on engaging men to take on a greater role in the household work.

"I would rather die than let my mother-in-law isolate alone without me to take care of her"

– Rohingya woman leader, Rohingya Women for Peace and Justice Network



While a majority of women reported being willing to use isolation facilities, the main reason was to protect their families rather than access treatment and services for themselves. Further, many reported being reluctant to let their family members isolate without them as their caretaker. This further illustrates **the burden of care that is assigned to women**, which may have repercussions on the extent to which women can voluntarily decide to isolate. More information must be provided to women on the isolation facilities, their purposes and the services offered. **Messages around the right to choose to isolate and its voluntariness need to be emphasized.**

ON ISOLATION AND TREATMENT FACILITIES:

"Female doctor should be there for female. Female volunteers have to be provide services"

– Chefuka Ra, Rohingya woman leader, Rohingya Women Empowerment and Advocacy Network

"I would isolate with other people from other community but with female because our society and family will not allow isolation with male"

While women did overall agree to isolate if necessary, **this was conditional on a number of requirements being met so they could ensure their safety, dignity and the protection and wellbeing of their families:**

1. **Gender-segregated facilities** were a non-negotiable, and **services**, health or otherwise, **need to be provided by women**, when possible Rohingya women.
2. **Security must be ensured** with the presence of security officers and guards. If these are men, then they should not enter the female facilities.
3. As much as possible, women should be placed in isolation facilities **close to their home and with other female**

– Rohingya woman, head of household

“During isolation I want to communicate with my family member frequently to update my present situation or family member can visit me frequently”

– Rohingya adolescent girl, aged 14

“We need support from any NGO or government to establish a childcare center to support the child from female headed families”

– Rohingya woman, head of household, aged 27

“I need to get food ration regularly for my family member.”

– Rohingya woman, aged 18

“There should be system of prayer (Namaj). There should be maintain the veil system (Purdah)”

– Chefuka Ra, Rohingya woman leader, Rohingya Women Empowerment and Advocacy Network

community members.

4. **Regular communication with their families must be ensured** (e.g. via phone).
5. Children must be taken care of by caregivers of their choosing (e.g. older children, relatives, close neighbors). **Their choice must be respected.**
6. For those that do not have alternative caregivers, women requested **support from humanitarian organizations to find volunteers or set-up childcare.** Volunteer caregivers and staff in the childcare facilities must be **supervised** and **regular updates** on the well-being of the children need to be provided to women, along with ensuring regular communication.
7. Women must be **given assurance and proof that their family**, especially household members that are dependent on them, **are still able to receive aid and support**, and arrangements are made to support those that cannot access distribution or services.
8. Women must be provided with items to enable them to continue to observe purdah (seclusion of women from public observation) and **maintain their dignity, honor and religious practices**, including appropriate clothing, space and water for ablutions, prayer mats, etc.



A note on gender norms, roles and power dynamics within Rohingya refugees

Preparing and responding to COVID-19 must be structured **within the overall framework of gender norms, roles and relations that structure the society Rohingya refugees live in.** The Rohingya’s understanding of *izzot*, or “honour” has specific gendered implications for women and operates as a normative system of control that shapes women’s status and roles within their families and communities including their freedom, rights, agency and mobility. As with every crisis context, pre-existing gender norms are often exacerbated with negative consequences for women and girls. Without taking into account the effects and implications of gender and social norms, roles and dynamics, preparedness and response plans to COVID-19 will not be effective or right-based.