

STRUCTURAL CAUSES BEHIND THE MENTAL HEALTH ISSUES OF ROHINGYA REFUGEES

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ABSTRACT

Violence towards the Rohingya population has sent thousands of Rohingya people into Bangladesh. They suffer from poor mental health primarily attributed to the conditions of the camps but not exclusively. This paper has conducted a desk research looking for reasons behind poor mental health issues among the Rohingya population. It argues structural causes are behind the Rohingya mental health sufferers like actions taken by the Government of Bangladesh and inaction by regional countries to resolve the issue. Regional countries and international organizations should prevail upon Myanmar to create a safe environment for a dignified return of the Rohingya population. Bangladesh needs to apply its policies in consultation with the Rohingya population.

Keywords: Rohingya, Mental Health, Rakhine, Refugee, Universal Declaration of Human Rights

INTRODUCTION

Rohingyas in the Northern Rakhine state of Myanmar were living in a condition equivalent to an open air prison. Denied access to medical care, extremely limited access to education and most importantly they were denied identity. They are subjected to widespread violence including murder and destruction of property by both civilian perpetrators and state security forces since August 2017 (see Amnesty International 2017; Fortify Rights 2018). This ill-treatment of the Rohingya population is not an isolated event rather a long held state policy. According to D'Costa (2012) there has been a history of exclusionary policy towards the Rohingya minority all the way back to 1962 when military junta in Myanmar imposed restriction against their movement; followed by 1974 Emergency Immigration Act designed to bar people entering from India, China and Bangladesh; Operation Nagamin in 1977 to check identification cards and finally citizenship law of 1982 following 1978 exodus when many Rohingya returned to Myanmar. Such exclusionary policy coupled with violence towards the

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minority Rohingyas has sent multiple waves of Rohingya refugees towards the southeastern border area in Cox's Bazar district of Bangladesh adjacent to the Rakhine state of Myanmar in 1978, 1992 and 2017.

The latest cycle of state sponsored violence forced hundreds of thousands of Rohingyas to cross into Bangladesh without any legal protection. According to Costanza *et al.* (2020), Rohingyas fled violence and crossed into Bangladesh joining existing Rohingyas, taking the total to nearly a million and creating a protracted refugee crisis in Bangladesh. Bangladesh is not under any international or domestic legal bindings to take care of these refugees. The Government of Bangladesh (GOB) is allowing these refugees on humanitarian ground despite it not being a signatory to the 1951 Refugee Convention or its 1967 protocol. According to Khan & Rahman (2020) GOB has not established a formal system for providing protection to refugees. The Foreigners Act, 1946, the key legislation governing the status of refugees, refuses to acknowledge refugees as a special class of people.

Such lack of legal bindings result in inadequate fulfillment of daily needs (e.g. income, food and lack of access to education) and basic human rights of these refugees, which are impacting refugee's mental health. According to Riley *et al.* (2017) daily environmental stresses including problems with food, lack of freedom of movement, and concerns regarding safety play a pivotal role in mental health outcomes of populations affected by collective violence and statelessness. Recent studies by The United Nations (UN) Refugee Agency, the United Nations High Commission for Refugees (UNHCR) and a joint agency report indicated that Rohingya refugees frequently experience distress like grief and adaptive stress reaction and post-traumatic stress symptoms, compounded by the daily stress of displacement, lack of work and disease. (Tay *et al.*, 2018; Toma *et al.*, 2019). Further qualitative study conducted by International Organization for Migrants (IOM) showed nearly half of the participants expressed negative feelings such as being sad most of the time, this could be happening because more than half of the participants voiced their concerns about lack of basic needs and more than one third of the participants are feeling anxiety stress and fear due to their uncertainty regarding citizenship and political status in Bangladesh (IOM 2018). According to Ventevogel *et al.* (2019), one in five individuals experiencing conflict and forced displacement suffer from mental health conditions. This problem is exacerbated in Bangladesh, as mental health problems are a major and growing problem among the refugees because of the low resource nature of the camps (Wells *et al.*, 2019). Moreover, regional countries prioritize strategic and economic interest over human rights, making the Rohingya population more hopeless for their future. Persistent violence and lack of refugee status in Bangladesh is bound to have an impact on refugee's mental health, which has been often overlooked in the refugee settings. This paper argues that actions taken by the GOB and inaction by the regional heavyweights are causing mental health distress for the Rohingya population.

BACKGROUND AND RESEARCH QUESTIONS

There has been an overemphasis on war exposure compared to daily stressors with regards to understanding war affected people's mental health (Jordans *et al.*, 2012). According to Riley *et al.* (2017) there has been a focus on the role of daily stressors on mental health in

humanitarian settings like refugee camps. Daily stressors could range from unemployment to childhood sexual abuse. More broadly, daily stressors in a post-emergency environment does not include war related torture or other forms of violence. (Jordans *et al.* 2012; Miller & Rasmussen 2014; Riley *et al.* ,2017). According to Miller & Rasmussen 2010; Jordans *et al.* 2012; Hobfoll 2014; Riley *et al.* 2017; daily stressors exacerbate mental health symptoms for displaced and war affected populations by limiting natural protective factors and undermining the potential for resilience.

During studies of the pre-2017 influx, Rohingya refugees showed significant symptoms of mental health issues. Emotional distress has been seen as prevalent among the refugees due to both traumatic events they have endured in Myanmar and the protracted nature of their stay in Bangladeshi camps (See Hinic, 2016; WFP, 2012). A report by Posser (2006) showed high levels of anxiety, depression, fear and lethargy among the women and symptoms of paranoia and hyper alertness among the men. Such symptoms contribute to the hindrance of refugees to function. These mental health issues could be an outcome of a combination of past traumatic experiences before their flight to Bangladesh and the experiences they had while living in the refugee camps inside Bangladesh. Riley *et al.* (2017) showed that daily stressors is a major reason behind refugees' sufferings, like 95% of the 141 respondent expressed their serious concern regarding food; out of 122 respondents 82% said they have serious problem with ability to move freely and 78% of the 116 respondents voiced their serious concern regarding access to basic services in the camps. The same study by Riley *et al.* (2017) found 89% of the respondents with depression symptoms, clearly establishing the contribution of daily stressors on refugee mental health. Larger subsequent influx of Rohingya refugees in the Cox's Bazar camps is believed to be putting more strain on the service providing organizations thus increasing the daily stressor on the refugee population.

In the studies on post-2017 influx, mental health issues of the refugees figure prominently.. According to UNICEF (2017), among the randomly selected parents and primary caregivers, focusing on behavioral changes as an indicator of distress, 50% respondents were found indicating distress/changes in children's behavior. Fear of returning to Myanmar is mentioned as one of the reasons behind distress among the children. As mentioned in IOM (2018), sadness was a common phenomenon among 74% of adult respondents, followed by 64% mentioning feeling of tension and 48% of adults mentioned being always nervous. According to Tay *et al.* (2018) Major reasons contributing to the above mentioned distress are inadequate access to food, lack of access to education in the camps, poor health conditions and uncertainty regarding their citizenship.

There is no one single cause, rather a combination of factors behind Rohingya mental health issues. Policies like restriction of Rohingya movements can be attributed to the GOB, but access to food and concerns regarding their citizenship needs to be dealt with by the regional and global actors. This paper would seek the answers for the following questions.

1. How are the policies of GOB responsible for the deteriorating Rohingya mental health?
2. How is international inaction creating a protracted crisis which in turn is having negative impacts on Rohingya's mental health?

METHODOLOGY

There is extensive literature on human rights violations against the Rohingya population and impact of the Rohingya refugees on the economic security and natural resources of the camp area of the host communities. But literature on Rohingya's mental health is in its infancy and how host countries' policies are exacerbating the existing mental health of these refugees is non-existent. The key goal of this desk review is to synthesize what is known about the mental health of Rohingyas and how inadequate political response by the international community and policy taken by the GOB are responsible behind that.

The study is based on desk review. The process included extensive search of all sources of information including peer reviewed literature, gray literature (like NGOs and humanitarian agencies reports) and news articles from international and national news media. In order to search for relevant information, this study applied broad search terms including economic, mental health, and social factors among Rohingya refugees residing in Bangladeshi camps. Consideration has been paid to how policies of GOB are contributing to the mental state of Rohingya refugees.

The selection process of the articles and reports are described in the following flow chart.

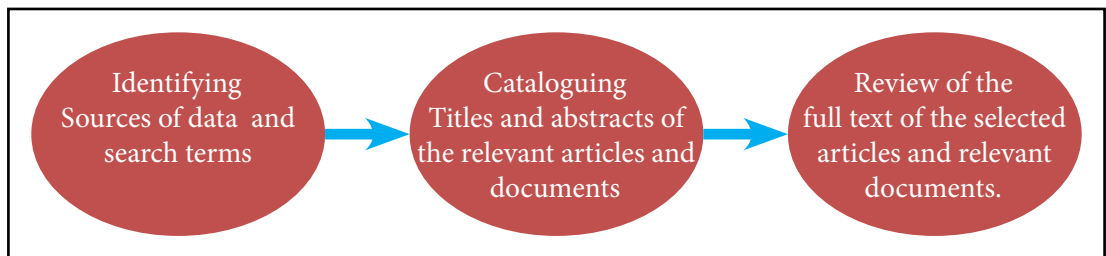


Fig. 1

DISCUSSION

Restricted Movement

One of the major reasons behind the presence of mental health issues within the refugee community is restriction on their movement. (see Tay *et al.* 2018 and IOM, 2018). In August 2017, when large scale Rohingya population started to flee into Bangladesh, Bangladeshi population and the GOB opened its border in order to respond to a humanitarian crisis. The GOB thought that this crisis can be solved through diplomacy and the Rohingyas can go back to Myanmar to their ancestral home in near future as had happened on earlier occasions. But Myanmar's denial of citizenship to the Rohingyas and unwillingness to create a situation for a safe, secure, and dignified return for the Rohingyas has destroyed all the repatriation efforts. Large alienated population living on humanitarian handouts has different ramifications like economic and security on the host community and the country, respectively. People living in the areas where Rohingya camps are situated are traditionally poor areas. Rohingyas mostly live on by selling their labor. Presence of a large Rohingya population is creating an imbalance in the labor market, because Rohingyas are ready to do the same job at half price. In addition

to that, according to Azad & Jasmin (2013) a protracted population can nurture instability and conflict. Moreover, entirely living on subsistence handout can make Rohingyas prime target to recruit in the armed groups. Movement restriction on Rohingyas is reducing the possibility of clashes between Rohingyas and local population over selling labor. Additionally the GOB is considering Rohingyas as a security issue and through restricting their movement it is attempting to contain this risk. But restricting their movement is making this population more depressed and vulnerable. According to Riley *et al.* (2017), lack of movement for work acts as a daily stressor on the Rohingya refugees in Bangladeshi camps. In addition, movement restriction is hindering their possibility of having any extra income and making them a sitting duck for radicalized groups. According to Abuza (2019), most of the Rohingya population is just trying to survive, but the community is ready to be radicalized. There is a political dimension for restricting refugee movement as well. As long as refugees are grouped in one place, it will be a sore for the Myanmar Junta and Bangladesh will be able to attract international attention to this protracted refugee crisis. Restriction of refugee movement has local, national, and international ramifications but eventually contributing to the refugee's mental health. Restrictions on Rohingya movement is a consequence of their legal status in Bangladesh.

Legal Status

One of the major contributors to the poor mental health of the Rohingya population is lack of legal protection. A study conducted by Riley *et al.* (2017) among 148 randomly selected Rohingyas found 77% of the respondents indicated safety and protection issues often contribute to their stress. Further 72 % mentioned harassment by the locals as the reason behind their stress. One of the major reasons behind lack of protection or harassment by the locals is lack of jurisdictions regarding refugees in Bangladesh. As stated above, Bangladesh has not ratified the Refugee Convention of 1951, rather none of the two conventions. It also does not have any specific domestic law concerning refugees or asylum seekers. According to Azad (2016) although the constitution of Bangladesh provides some protection for every person in its territory, in practice Rohingyas in Bangladesh face a number of human rights violations including restrictions on movement, documentation, and access to justice. The reason behind this is the culture of impunity for the perpetrators of violence towards the Rohingya. In case, an unregistered Rohingya falls victim to violence or harassment, he or she can not go to police or court to complain as he or she may be detained due to their illegal stay in Bangladesh or for being outside of the camp area, even before listening to his or her complaint. The prospects are not very bright for the legal Rohingyas as well, as they are often subject to arbitrary detention outside of their camp and subject to harassment by the local population. In the absence of any legal procedures regarding Rohingyas, their lives are controlled by administrative procedures conducted by the Refugee Relief and Repatriation Commissioner (RRRC) under the Ministry of Disaster Management and Relief of Bangladesh. Yet the only legal documentation for Rohingya is a photo identity card provided by UNHCR, which does not guarantee impunity from arbitrary arrest while found outside of the camp. Such actions by the GOB is widespread despite arbitrary detention or restriction of movement is in contravention of the constitution of Bangladesh. According to Azad (2016), in the absence of any provisions in the national law

on any issue, the relevant international law is applicable. The key document in this respect is the Universal Declaration of Human Rights (UDHR) for all people and nations. According to the UN General Assembly (1948) several provisions of the UDHR are relevant to Rohingyas including Article 1, 2, 9, 13.1 and 23.1. These articles ensure equality in terms of rights, protection from arbitrary arrest, right to freedom of movement, and right to work. Despite Bangladesh being a signatory of the UDHR, we can see minimum implementation of the declaration, because it is not a treaty, thus there is no legal binding on individual countries. Furthermore, Bangladeshi authorities are trying to further isolate and thus restrict movement of the Rohingya population, adding another layer of mental stress on them.

Relocation

The GOB wants to move the Rohingyas to an isolated Island in the Bay of Bengal known as Bhashan Char. The GOB describes this move to save the protracted population from dangerous terrain which is prone to landslides in current refugee camps in Cox's Bazar. As landslides and flash floods are a constant threat and have resulted in taking refugee lives (IRICS, 2019). The relocation programme also involves security issues as radical groups are consolidating their position and increasing recruitment of Rohingyas in the camps according to Abuza (2019). This move appears to be beneficial since the facilities that have been developed in Bhashan Char are unavailable in the refugee camps in the southeastern part of Bangladesh. But there is criticism about the process of how refugees have been chosen for the relocation and refugees' consent. This relocation has mental health implications as well. Primarily because of the segregation and loneliness as lack of freedom of movement in the Bhashan Char as it is an island in the middle of Bay of Bengal. Moreover, according to Abrar (2020) the distance from the Myanmar border may weaken their bond with their motherland, which could have a psychological toll on the relocated refugees. In addition to that, relocation of Rohingyas will take them away from Cox's Bazar area with which they have religious, linguistic and cultural connection as well, further increasing stress on the Rohingyas. The GOB considers the relocation as a temporary solution, at the same time it is looking for a permanent solution i.e. repatriation of these Rohingyas into their homeland Myanmar.

Policy of Repatriation

Like most of the normal human beings the desire to reintegrate in their ancestral homeland is prevalent within the Rohingya as well, and to materialize this, the GOB considers the policy of repatriation as the only viable solution for the protracted refugee crisis. There is a dilemma on the issue of returning to Myanmar. On the one hand, not being able to return causes distress among the Rohingya children as indicated by CBESCPSS (2017). The report mentions nearly 39.1% and 29.4% caregivers mentioned not being able to return home as a reason behind behavioral changes among the boys and girls respectively. On the other hand the same study found 37.7% and 33.8% caregivers mentioned fear of return as the reason behind behavioral changes among boys and girls, respectively (CBESCPSS, 2017). It shows the policy of repatriation as both a solution and a reason behind Rohingyas' distress. Although most of the refugees have a strong desire to return, they are haunted by the horrific experience they have in Myanmar. According to IOM (2018) the memory of violence, which they were subjected to, is vivid. Therefore, the desire to return is linked with safety. Thus, whenever Bangladesh

strongly advocates for the repatriation of the Rohingya population, it creates a fear of forced return among the Rohingyas, given that Myanmar has consistently failed or unwilling to create a situation for Rohingyas to return in a safe and dignified way. At the same time one needs to look for the rationale behind Bangladeshi adaptation of the policy of repatriation. Integration of the Rohingya population in an overpopulated country like Bangladesh is not a realistic option not only because of scarce resources but also for the political consequences. The next option is settlement of this population in a third country which is economically capable to take them. Looking into the current world, it seems untenable that any third country or countries have that kind of political will. Even if the above mentioned options are a reality, it will create a bad precedent not only for Myanmar but also for many other countries. The Myanmar government will consider forcing other minorities out of its territory and it will work as a pull factor for asylum seekers. Similarly, countries with minorities will force the minority population out considering the possibility of their settlement in a third country. The only remaining option for Bangladesh is repatriation, which it is strongly advocating in international platforms. The Prime Minister of Bangladesh, Sheikh Hasina took up the issue to the 2020 United Nations General Assembly (UNGA). She said that even after three years of the Rohingyas fleeing Rakhine state, not a single Rohingya has been repatriated, because of the failure by the Myanmar government to find a solution to the problem and urged the international community to play an effective role towards the solution. Bangladesh needs to make sure that international stakeholders and regional countries are on the same page on the question of Rohingya repatriation.

Lack of International Effort

One of the major reasons to create emotional distress among the Rohingya is lack of a durable solution to their problem, a problem which can be solved with a concerted effort of the international community. According to Tay *et al.* (2018) refugees become very emotional regarding their vulnerable situation and lack of hope. Considering the limited capability of the GOB, Rohingyas are mostly dependent on the international aid services for their daily basic needs. Due to the sudden increase in the number of Rohingya after the influx of the late 2017, aid providing organizations and donor countries are facing challenges, which has mental health consequences. Inadequate food according to IOM (2018) provokes sad feelings among the Rohingyas including children. But overshadowing 40% of respondents mentioned absence of citizenship, denied access to services, and uncertainty about their status in Bangladesh as factors causing anxiety, stress and fear (IOM, 2018). Solution to this problem lies in the efforts of the Myanmar government to create favorable conditions for Rohingyas to return and regional countries' role for durable solutions as mentioned in a Joint Assessment Mission by World Food Program, UNHCR, and GOB in 2012 (WFP, 2012).

Despite this early realization, there has been little or no effort by either the Myanmar government or regional countries. In the aftermath of 2017 mass influx of Rohingyas to Bangladesh, the lack of condemnation of the atrocity by regional countries particularly by China and India was staggering. Instead their action was somehow patronizing towards Myanmar's widespread inhuman violence towards the Rohingya population. As a permanent member of the United Nations Security Council (UNSC) China is shielding Myanmar from international

sanctions to advance its infrastructural interests in the Northern Rakhine state (traditional home for Rohingyas in Myanmar). On the other hand, India is considering Myanmar as a major party in its efforts to curb the separatist movements in its North Eastern provinces by overlooking the Myanmar atrocities towards Rohingyas. At the same time, in order to challenge China's role in Myanmar, India is turning a blind eye on the violations of human rights towards the Rohingyas.

In conclusion, Rohingyas's mental health issues can be attributed to policies adopted by Bangladesh and regional countries. The long term solution to the protracted crisis lies in the hands of the Myanmar government. There need to be juridical and societal changes in Myanmar that can accept these Rohingyas with honor and dignity. At the same time we need to keep in mind that such change is not going to take place on its own, rather there should be a concerted effort by regional countries and international organizations to make that happen. In the short term the Bangladeshi government needs to be more careful about the message its policies are conveying to the Rohingyas. Either in the terms of repatriation or relocation, it should be voluntary by the Rohingyas. In the process of repatriation, Bangladesh needs to take care that its actions are not increasing the stress on the Rohingyas by creating a fear of forced return. To achieve this goal ,in addition to relying on international gatherings like UNGA, Bangladesh needs to appoint a Prime Minister's Special Representative who can promote the safe and secure repatriation of Rohingyas in different international gatherings all year around.

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