

Bangladesh's Response to Human Rights Violations of Rohingya Women and Children: A Study

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Abstract

The Rohingya community represents one of the most persecuted and marginalized groups in the contemporary world, facing systematic denial of fundamental human rights. Among them, women and children are disproportionately affected, enduring targeted violence, discrimination, and deprivation. This paper critically examines the human rights violations experienced by Rohingya women and children, both in their homeland of Myanmar and within refugee camps in Bangladesh. It explores how gender-based violence, loss of identity, and the absence of legal protection contribute to their continued suffering. This study, employing a qualitative approach and mining secondary data sources, examines the intricate interplay between statelessness, gender, and displacement. By adopting a human rights lens, the paper aims to provide a nuanced understanding of the humanitarian crisis and the urgent need for comprehensive protective measures for Rohingya women and children in Bangladesh.

Key words: Refugee, Identity Crisis, Refugee Crisis, Gender based violence

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1.Introduction

Bangladesh is grappling with growing challenges of terrorism and exploitation arising from the protracted Rohingya refugee crisis. The crisis was triggered on 25 August 2017, when members of the Arakan Rohingya Salvation Army (ARSA) launched coordinated attacks on police stations and outposts in Myanmar's Rakhine State using rudimentary weapons, including machetes (Al Jazeera, 2017). In response, the Myanmar military, known as the Tatmadaw, carried out a violent crackdown involving mass killings, sexual violence, and the burning of villages—forcing hundreds of thousands of Rohingya to flee across the border into Bangladesh (Amnesty International, 2018; UN Human Rights Council, 2018). This sudden influx placed Bangladesh in a humanitarian emergency, having to provide basic support to nearly one million forcibly displaced Rohingya since August 2017.

Bangladesh has, albeit reluctantly, hosted waves of Rohingya refugees since the first major exodus in 1978, with similar repatriation efforts coordinated by the United Nations during both the 1978 and 1992 crises. However, many Rohingyas refused to return to Myanmar due to ongoing persecution and insecurity (UNHCR, 2023). As of February 2024, nearly 1 million Rohingya refugees have been registered jointly by the Government of Bangladesh and the UNHCR (UNHCR, 2024). The majority—approximately 880,000—are residing in overcrowded camps in Ukhia Upazila of Cox's Bazar, while around 30,000 have been relocated to Bhasan Char, a remote island in the Bay of Bengal. Given Teknaf's geographical proximity to Myanmar, it remains the principal entry point for new arrivals.

Despite gradual improvements in infrastructure and camp conditions, refugees continue to face severe hardships, including inadequate access to clean water, healthcare, and safety. Additional challenges include inflated market prices and public health risks, compounded by the fact that Cox's Bazar is a disaster-prone region susceptible to cyclones, floods, and landslides—conditions worsened by extensive deforestation undertaken to clear land for shelters (IOM, 2023; ISCG, 2022).

2. Gender and GBV (Gender based violence) issues in Rohingya community

Rohingya, an indigenous Muslim marginal group in Myanmar have faced a long-standing discrimination including gender-based discrimination. Rohingya women and girls have faced widespread gender-based violence (GBV) and sexual exploitation both in Myanmar and in refugee settings. This violence has been perpetrated not only by armed actors, including the Myanmar military, but also by intimate partners, relatives, community members, and criminal networks. Forms of abuse include rape, forced and child marriage, intimate partner violence, physical assault, psychological trauma, and threats of harm. In addition, Rohingya women continue to experience systemic restrictions on their freedom of movement, as well as limited access to education, healthcare, and economic resources, all of which exacerbate their vulnerability and marginalization (UN Women, 2021; Human Rights Watch, 2022; UNHCR, 2023). Genocide, including acts of sexual violence, continues to be a significant and recurring element within refugee camps, contributing to widespread suffering and displacement.

3. Human Rights standards for the Rohingya women

International human rights instruments at both global and regional levels emphasize the principles of gender equality and non-discrimination, particularly through frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

CEDAW obligates state parties to take legislative and other measures to eliminate discrimination, prevent violence against women, and promote their full participation in society (CEDAW, 1979, Articles 2, 4, & 6). Provisions ensuring equal rights in marriage and protection from trafficking and exploitation are reinforced by instruments like the ICCPR and regional human rights charters. Rape is recognized under international law as a form of torture and a serious violation of human rights, by the Geneva Conventions, the Rome Statute of the International Criminal Court, and rulings by tribunals such as the ICTR and ICTY (ICTR, 1998; ICTY, 1998; ICC, 2011).

However, in the context of Bangladesh, these international standards are often not fully upheld for Rohingya women and girls. Many continue to face sexual violence, early and forced marriages, trafficking, and lack of access to justice and legal remedies within the refugee camps. Despite legal frameworks, institutional and systemic barriers, including weak enforcement, limited protection mechanisms, and inadequate support services, undermine the realization of these rights. As a result, the commitments outlined in global human rights instruments remain largely unfulfilled for one of the most vulnerable populations in the country.

Evidence of Rohingya Women's Rights Violations in Bangladesh

3.1 Rape

For ages, the systematic use of sexual violence was a practice of the Myanmar army to target ethnic minorities. Rape is frequently used as a strategic weapon of ethnic cleansing, intended not only to forcibly displace victims from their homes but also to instill fear in them and prevent their return. Sexual violence in armed conflict serves as a form of torture, psychological trauma, and social coercion, leaving profound and lasting impacts on individuals and entire communities. These acts constitute grave violations of fundamental human rights, and characterise the Rohingya crisis in Myanmar, where women and girls were subjected to rape and killings (UN Human Rights Council, 2018; Human Rights Watch, 2017; Fortify Rights, 2018). It is worth noting that a large number of Rohingya women and girls arriving in Bangladesh were pregnant, which is a visible indicator of increased conflict related sexual violence and abuse. In August 2017, the United Nations Population Fund (UNFPA) reported sexual assault on 3500 Rohingya women.

Unfortunately, their suffering continues after reaching Bangladesh and it is noticeable that rape survivors did not receive any post-rape care either in Burma or in the Bangladeshi refugee camps. They also did not seek any post-rape care because of the stigma and shame.

3.2 Sexual Assault

Rohingya women are at direct and ongoing risk of gender-based violence (GBV), including sexual violence and harassment, both within refugee camps and in displacement settings. Reports indicate that hundreds of such incidents are recorded regularly. A lack of adequate lighting in camps continues to restrict movement at night, especially for women and girls, increasing their exposure to potential GBV. Adolescent girls are particularly vulnerable, often facing threats and insecurity outside the home because of the absence of protection mechanisms and gender-sensitive infrastructure (UNHCR, 2023; UN Women, 2021; Inter Sector Coordination Group [ISCG], 2022).

3.3 Trafficking

In 2023, a total of 26 Rohingya individuals, including women and children, were arrested while attempting to travel illegally to Malaysia by sea (The Daily Star, 2023). Human

trafficking remains a serious threat to the Rohingya population, particularly children, with approximately 6,000 Rohingya children reported to be at risk of trafficking (UNICEF, 2023). In a recent incident, four Rohingya individuals, including a child, were found dead while being trafficked en route to Malaysia (Dhaka Tribune, 2023). The primary purpose of this trafficking is to exploit women and children in the Middle Eastern countries as domestic labor, forced marriage, prostitution, and other forms of abuse. Because of extreme poverty and lack of any legal protection, many Rohingya families remain highly vulnerable to trafficking networks (IOM, 2022; UNHCR, 2023).

3.4 Health issues

In addition to protection challenges, access to specialized healthcare remains inadequate, particularly in gender-based and mental health services. Rohingya women and girls have serious gaps in sexual and reproductive healthcare, while mental health support remains extremely limited because of cultural stigmas and under-resourced facilities (UNFPA, 2023; WHO, 2023). As of 2023, approximately 1.2 million Rohingya refugees residing in Bangladesh are in need of health assistance, underscoring the ongoing humanitarian crisis and the need for sustained international support (WHO, 2023).

3.2 Physical health

Rohingya women and children in refugee camps face a wide range of health challenges because of overcrowded conditions, poor sanitation, limited access to healthcare, and chronic undernutrition.

i. General Health and Living Conditions

- Overcrowded camps, poor sanitation, and limited access to healthcare contribute to severe health challenges (WHO, 2023).
- Chronic undernutrition exacerbates vulnerability to illness (UNICEF, 2023).

ii. Chronic Diseases

Common untreated chronic conditions include:

- Diabetes
- Hypertension
- Cardiovascular diseases (WHO, 2023)

iii. Infectious Diseases

- High prevalence of:
 - Hepatitis B and C
 - Malaria
 - Tuberculosis (ISCG, 2023)

iv. Nutritional Deficiencies

- Widespread deficiencies in essential nutrients:
 - Iron deficiency
 - Vitamin D deficiency
- These contribute to high rates of anemia, especially during pregnancy (UNICEF, 2023).

v. Reproductive Health Issues

Frequent complications include:

- Miscarriage
- Preterm labor
- Low birth weight
- Unsafe abortions

- Post-surgical complications (UNFPA, 2023)
- vi. **Consequences of Gender-Based Violence (GBV)**
 - **Physical impacts:**
 - HIV
 - Chlamydia
 - Syphilis
 - Gonorrhea (WHO, 2023)
 - **Psychological impacts:**
 - Anxiety
 - Depression
 - Low self-esteem
 - Somatic complaints (headaches, chronic pain, insomnia)
 - Disordered eating (e.g., anorexia) (UN Women, 2023)
- vii. **Urgent Needs**

The situation underscores the need for:

 - Comprehensive health services
 - Gender-sensitive and trauma-informed care (WHO, 2023; UNFPA, 2023)

Psychological effects –anxiety, depression, low self-esteem, somatic symptoms of exhaustion, headaches, insomnia, generalized pain and anorexia.

3.6 Mental health

Most of the Rohingya women have stress because of financial issues, current and past life imbalance, community safety and migration. Migration to another country and integration into a new community subject individuals to considerable psychosocial stress, which in turn reshapes family dynamics and affects intra-familial relationships. It puts the Rohingya women in a vulnerable position. Separation from family members and uncertainty about their fate generate persistent grief and trauma, reinforcing fear of conflicts in refugee camps too.

3.7 Forced prostitution with forced marriage

Records indicate that child marriage and forced marriage among the Rohingya population are closely linked to extreme poverty, statelessness, and prolonged displacement. Rohingya women and girls face heightened vulnerability to sexual exploitation, including forced prostitution and human trafficking, both within and around the refugee camps (UNHCR, 2023; UN Women, 2022). These abuses are often driven by economic desperation and the absence of protective legal frameworks. Importantly, such cases are believed to be significantly under-reported because of fear, stigma, cultural taboos, and limited access to justice and support services (UNICEF, 2023; IOM, 2022).

Young girls, residing both inside and outside the camps, remain particularly vulnerable to trafficking and forced prostitution, because of gender, displacement, and poverty. In response to the mass influx of Rohingya refugees fleeing from atrocities in Myanmar, the Government of Bangladesh introduced biometric registration to keep an official record of their presence. Each individual was assigned an identity number, to primarily facilitate eventual repatriation to Myanmar. While this system strengthens state control and aims at meeting security and administrative challenges, it also reinforces the precarious legal status of the Rohingyas, who are not recognized as Bangladeshi nationals. Moreover, the government's legal ban on marriages between Bangladeshi citizens and Rohingya refugees, though intended to curb unlawful documentation and identity fraud, raises questions about the balance between state sovereignty,

migration governance, and the protection of fundamental human rights, particularly the right to family life (The Daily Star, 2021).

3.8 Lack of safety

The Rohingya camps in Bangladesh are severely overcrowded, leading to a lack of privacy and heightened risks of physical and sexual abuse, particularly in Water, Sanitation and Hygiene (WASH) facilities. The absence of adequate infrastructure and the dense concentration of people make it extremely difficult for security forces to ensure safety of all stakeholders. This structural vulnerability disproportionately affects women and children, who are more exposed to harassment and exploitation in such unsafe environments. From Bangladesh's perspective, this situation not only strains its limited resources but also creates serious security and governance challenges within the camps. The combination of overcrowding, weak camp management, and inadequate protective mechanisms has, in some cases, resulted into violent incidents, including homicide, thereby reflecting both a humanitarian crisis and a law-and-order concern for the host state.

3.9 Domestic Violence

Domestic violence is a pervasive issue among Rohingya women, with husbands often identified as the primary perpetrators, and its consequences extend beyond individual suffering to broader humanitarian concerns such as malnutrition and deteriorating health conditions. The stress of forced displacement, overcrowded camps, and economic hardship intensify the risk of intimate partner violence, further undermining the already fragile well-being of refugee households. In Bangladeshi context, such violence not only strains the country's humanitarian response but also complicates efforts to ensure food security, healthcare, and social stability in the camps. Deeply entrenched cultural norms and traditional family structures, which discourage external intervention and promote the belief that domestic disputes should remain private, exacerbate the invisibility of the problem. Consequently, domestic abuse often goes unreported and unaddressed, leaving survivors without access to justice or psychosocial support, thereby perpetuating a cycle of violence and worsening the humanitarian crisis for both the Rohingya community and the Bangladeshi state managing their presence (UN Women 2022).

4. Children Refugee

Children are always victims when they are displaced and become refugees. They have to face human rights violations like domestic violence, forced or underage marriage, female genital mutilation, forced labour, forced prostitution, child pornography and trafficking. The children who are separated from the families during displacement become more vulnerable to human rights abuse.

4.1 Human Rights standards for the Rohingya children

The Convention on the Rights of the Child (CRC) obliges state parties to uphold and protect the rights of all children within their jurisdiction, regardless of their legal status. This includes ensuring access to essential services such as healthcare, education, and birth registration (UNCRC, 1989). Similarly, Article 24 of the International Covenant on Civil and Political Rights (ICCPR) guarantees every child the right to protection without discrimination and emphasizes the duty of the state to safeguard children from all forms of vulnerability (UNHRC, 1966). These international legal instruments affirm that fundamental human rights must be extended to all children, including stateless and displaced populations such as the Rohingya.

4.2 Impact of the Crisis on Rohingya Children in Bangladesh

i. Psychosocial distress and mental health

Children, subjected to massive violence in Myanmar, lost their family members and houses. They have nightmares and fears that they may be attacked again. Refugee children undergo trauma and nervousness because of fear of war and separation from parents and siblings. Some of them have also become victims of abuse and torture.

ii. Unaccompanied and separated children

A huge number of children have been detached from their parents or primary caregivers while escaping into Bangladesh for safety. They are at high risk of child trafficking, abuse and exploitation. Though some NGOs and neighboring families have opened their homes to provide protection for unaccompanied boys and girls, the majority continue to experience stress and struggle to survive.

iii. Sexual and gender-based violence (SGBV)

Gender-based violence (GBV) continues to be a critical concern in the Rohingya refugee camps in Cox's Bazar. According to recent humanitarian updates, more than 18,000 GBV incidents were reported and responded to between 2017 and 2023, with a significant number involving rape, intimate partner violence, forced marriage, and sexual exploitation (UNFPA, 2024). Health and legal services remain underutilized because of stigma, fear of retaliation, and community pressure.

Recent assessments also highlight that families, driven by poverty and insecurity, continue to force young Rohingya girls into marriages—often with older Bangladeshi men—for economic survival (UNHCR, 2023; UN Women, 2024). These harmful practices deepen the vulnerability of adolescent girls, limiting their access to education, healthcare, and protection services.

iv. Dangers and threats

Rohingya refugee camps remain overcrowded and disorganized and lack proper boundaries or security, which puts young children at high risk of getting lost or separated from caregivers. Lost children often wander without adult supervision. Establishing child-friendly spaces at each camp site is urgently needed (UNICEF, 2023). Sanitation facilities also pose significant protection risks. Inadequate latrines and bathing areas discourage women and adolescent girls from using them at night due to safety concerns. A lot of women feel unsafe and ashamed to walk past men to get to showers, which negatively affects their hygiene and dignity (UN Women, 2024; UNHCR, 2023).

v. Education and child protection

In several camps, a significant number of children keep away from school. Although international organizations have established educational facilities, these remain insufficient to meet the overwhelming demand. Access to education is not only essential for fostering children's intellectual and personal development but also plays a critical role in ensuring their protection and sense of security. By providing structure and stability, education helps safeguard children from risks such as exploitation and abuse, while equipping them with the skills necessary to grow into resilient and self-reliant individuals. Children who are out-of-school are at a greater risk of violence and sexual abuse. At the Kutupalong camp, the majority of adolescent girls who are out of school face security concerns. Most of the children shoulder family responsibilities instead of going to school.

vi. Child malnutrition

Malnutrition is also a major alarm for all the refugees. Recognizing and raising the issues of malnutrition and taking proper steps to address it should be a priority for the planners, and

introduction of community-based child safety policies is essential in this regard. Food safety is a child's birth right and close assistance of nutrition and food security remains untouched.

vii. Birth Registration and Documentation

Children born in refugee camps often do not receive official birth certificates. Although health centers attempt to provide parents with documents like discharge certificates or child health cards, these documents vary widely between centers and lack standardization. Moreover, children born outside health facilities generally do not obtain any form of certification unless they are brought to a health center for treatment (UNHCR, 2021).

5. Recommendations for the Empowerment and Development of Rohingya Women and Children

5.1 For women: The following recommendations aim at promoting their safety, dignity, and participation in community life through targeted interventions and inclusive policies.

- a. **Enhanced Access to Water, Sanitation, and Hygiene (WASH) Facilities:**
 - Ensure that all Rohingya women and children have access to safe and adequate WASH facilities, prioritizing privacy and hygiene. WASH infrastructure must include separate, secure latrines and bathing areas for women, equipped with proper lighting and locks to ensure security.
 - Special attention should be given to providing menstrual hygiene management (MHM) facilities that are clean, private, and equipped with necessary sanitary products.
- b. **Protection and Safety in Refugee Camps:**
 - Establish secure, detached, and well-lit spaces for Rohingya women to bathe and have access to sanitary facilities without fear of harassment.
 - Implement regular monitoring and a complaint system for Water, Sanitation, and Hygiene (WASH) infrastructure to ensure that these facilities meet the minimum standards for safety and security, particularly concerning lighting, locks, and accessibility.
- c. **Addressing Gender-Based Violence (GBV) and Providing Support:**
 - Provide comprehensive education and awareness programs on gender-based violence (GBV) to the Rohingya community, with a focus on women and girls. These programs should address the unique challenges faced by women in refugee settings, such as sexual violence, domestic violence, and trafficking.
 - Establish and strengthen clear, confidential reporting mechanisms and support services for survivors of gender-based violence (GBV), ensuring that women feel safe, protected, and empowered to seek assistance. This initiative should be implemented in collaboration with local authorities, humanitarian agencies, and community leaders to ensure accessibility, trust, and cultural sensitivity.
- d. **Involvement of Men and Boys in GBV Prevention:**
 - Implement targeted programs in refugee camps to engage men and boys in promoting positive masculinity, raising awareness about the harmful effects of gender-based violence (GBV), and encouraging their active involvement in preventing violence and advancing gender equality within families and communities.
 - Integrate discussions on domestic violence, sexual harassment, and polygamy into community dialogues to challenge harmful gender norms and foster a culture of respect for women's rights.
- e. **Training of Humanitarian Workers and Local Leaders on GBV:**

- Ensure that all field staff, volunteers, and local leaders working with Rohingya refugees receive regular, specialized training on GBV prevention and response, including cultural sensitivity and the particular needs of Rohingya women and children.
- Provide clear guidelines on how to handle sensitive cases of GBV, trauma, and abuse while maintaining confidentiality and respect for survivors.
- f. **Empowerment through Self-Help Groups and Community Support:**
 - Establish self-help groups for Rohingya women that provide a safe space for social interaction, peer support, and empowerment. These groups should focus on building women's confidence, fostering a sense of community, and reducing dependency on men for basic needs.
 - Offer training in leadership and financial literacy within these groups to enhance women's independence and encourage their participation in economic activities.
- g. **Health and Nutrition Programs:**
 - Improve access to reproductive health services and nutrition programs specifically tailored to the needs of Rohingya women, including family planning, maternal care, and mental health services.
 - Combat malnutrition and encourage sustainable healthy eating practices within the refugee community, with a strategic focus on the distinct nutritional and health challenges facing women and children.
- h. **Vocational and Skills Training for Economic Empowerment:**
 - Provide Rohingya women with vocational training and skill development programs that align with market needs and offer practical skills for self-sufficiency. This should include training in areas such as tailoring, weaving, handicrafts, and small-scale entrepreneurship.
 - Design training programs that empower women with income-generating skills, reduce their reliance on aid, and enhance their participation in their economy.
- i. **Role of Religious and Community Leaders in Advocacy:**
 - Engage local religious leaders (in camps) in advocating for women's rights and gender equality within the refugee camps. They can be instrumental in promoting the importance of protecting women from violence, addressing harmful practices, and encouraging equal participation in community life.
 - Educate religious leaders on the specific rights and needs of women and children in refugee contexts, enabling them to address these issues effectively through a faith-based and culturally sensitive approach.
- j. **Legal Support and Advocacy for Rohingya Women:**
 - Advocate for the inclusion of Rohingya women in the legal and social protection systems, ensuring they have access to legal services, refugee status determination processes, and documentation that enables them to claim their rights.
 - Associate with international organizations, human rights advocates, and local authorities to ensure legal recognition and protection for Rohingya women in Bangladesh, guaranteeing access to justice and safeguarding them from exploitation and abuse.
- k. **Long-term Social Integration and Protection:**
 - Promote sustainable, long-term strategies that strengthen the social and economic resilience of Rohingya women while aligning with Bangladesh's national priorities of security, development, and resource management. This can be achieved by expanding access to education, training, and livelihood opportunities within regulated frameworks, alongside essential

services. At the same time, fostering constructive engagement between refugees and communities is vital to reducing social tensions, maintaining stability, and supporting Bangladesh's broader development agenda.

- Formulate inclusive policies that ensure the active participation of Rohingya women in community development efforts, granting them meaningful representation and voice in decisions that affect their lives.

5.2 Recommendations for the Development and Protection of Rohingya Children

- a. **Ensure Accessible and Safe Birth Registration and Maternal Health Facilities:** To safeguard the fundamental rights of Rohingya children, especially the right to a legal identity, the Government of Bangladesh—together with humanitarian partners—should establish accessible, secure, and culturally sensitive childbirth and birth registration facilities within the camps. A combination of mobile and permanent registration centers should be deployed to ensure that every child born in displacement is legally documented. Legal identity is critical for accessing healthcare, education, and protection services and must be treated as a fundamental right.
- b. **Simplify and Expedite Legal Identity Processes in their own language:** The current bureaucratic hurdles in registering Rohingya births delay essential services and pose risks to the children. The government, in collaboration with legal aid organizations and relevant agencies, should introduce simplified and fast-tracked birth registration procedures tailored to the camp context. Establishing a dedicated task force or coordination unit focused on legal identity and child documentation can ensure consistent implementation and coverage across camps.
- c. **Extend Refugee Status and International Protection to Rohingya Children:** Recognizing Rohingya children as refugees under international standards is essential for providing them comprehensive protection. The Government of Bangladesh, working along with international actors such as UNHCR and UNICEF, should facilitate legal recognition and ensure that Rohingya children benefit from the full range of protections outlined in international human rights and humanitarian law, including access to healthcare, education, and legal redress mechanisms.
- d. **Develop National Guidelines for Humanitarian and Child Protection Assistance:** A unified national framework should be established to guide all actors, delivering humanitarian and child protection services in Rohingya camps. The guidelines must include:
 - e. **Family Tracing and Alternative Care:** Implement a structured system for tracking and reuniting unaccompanied and separated children with their families, or placing them in approved family- or community-based care models in line with international standards. All institutions or shelters must be registered and monitored, with clear referral pathways to the Ministry of Social Welfare and relevant protection clusters.
 - f. **Psychosocial Support and Child-Friendly Spaces:** Establish safe, well-equipped Child-Friendly Spaces (CFS) to promote the psychosocial well-being of children and caregivers. These spaces should offer trauma-informed care, recreational and educational activities, and emotional support, particularly for children affected by violence or displacement-related trauma.
 - g. **Capacity Building for Local Actors:** Many NGOs active in Bangladesh are developing child protection services but are often focused and require specific capacity-building to effectively address humanitarian and emergency child protection needs. Training and resources must be allocated to ensure a trauma-informed, rights-based, and child-centered approach across all service providers.

- h. **Youth Engagement in Governance:** Adolescent girls and boys should be empowered to participate in community governance structures. Their inclusion in decision-making processes related to camp management, child protection, and community development ensures responsive and inclusive policy implementation.
- i. **Foster Cross-Sector Collaboration: Child Protection, Education, GBV, and Nutrition** An integrated, multisectoral approach is essential to addressing the intersecting vulnerabilities of Rohingya children. Strong coordination mechanisms must link child protection services, education, gender-based violence prevention, and nutrition programs. Child protection actors should receive training to recognize signs of malnutrition and refer cases appropriately. Similarly, GBV programs should work in tandem with child protection initiatives to identify and prevent risks of abuse, particularly for adolescent girls. Ensuring access to education and nutrition further strengthens protection outcomes and promotes long-term development.

Conclusion

The ongoing human rights violations of Rohingya women and children remain a stark reminder of the international community's collective failure to prevent atrocities and protect vulnerable populations. Because of systematic violence in Myanmar and continued exploitation and insecurity in refugee camps across Bangladesh, they have been living an abysmal life and their plight, the Rohingyas, particularly women and children, demands urgent and sustained international attention. Despite some international legal efforts, such as proceedings at the International Criminal Court, meaningful accountability remains limited, and survivors continue to face threats to their safety, dignity, and basic rights.

In the present context, as Rohingya displacement indicates no immediate end and insight remains keep dwindling, it is imperative that national and international actors prioritize the protection of Rohingya women and children. It includes addressing gender-based violence, ensuring access to essential services, and promoting inclusive policies that recognize their rights under international law. Bangladesh, while bearing a disproportionate burden, must continue to work in partnership with international agencies to improve protection mechanisms and uphold its human rights obligations.

Ultimately, justice for the Rohingya cannot be achieved without coordinated, long-term strategies grounded in accountability, gender equity, and humanitarian responsibility. The future of the Rohingya community depends not only on their ability to survive displacement but also on the international community's commitment to ensure that they can live with dignity, security, and hope for lasting peace and justice.

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