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Adolescent lives in Cox's Bazar: what are we learning from longitudinal evidence?

GAGE consortium

From August 2017, the largest wave of Rohingya refugees¹ crossed the Myanmar border into Bangladesh, fleeing crimes that the UN Special Rapporteur has claimed 'bear the hallmarks of genocide'. Over 880,000 displaced Rohingya now live in 32 makeshift and 2 registered refugee camps in Cox's Bazar district, one of Bangladesh's poorest regions, where 1.36 million people – comprising both refugees and host community residents – remain in need of humanitarian assistance. Rohingya refugees are both stateless and lack official refugee status, meaning their marginalisation is far-reaching and complex: they are confined to camps, prohibited from accessing formal education, are not allowed to work or build permanent houses and have been plagued with intermittent access to the internet. To date, the government of Bangladesh and humanitarian partners have managed to curtail the spread of covid-19 in Cox's Bazar, though testing rates remain low. Covid-19 containment policies have, however, affected service provision in Rohingya camps and the prolonged closure of essential protection and education services has adversely affected women and girls in particular.

Background to our research

The FCDO-funded Gender and Adolescence: Global Evidence (GAGE) research programme is generating evidence about the diverse experiences of adolescents (10–19 years) living in low- and middle-income countries (LMICs). It is exploring the myriad challenges and opportunities young people are facing, identifying the supports they have and need, and highlighting ways in which international and national actors can better promote adolescent agency and voice and fast-track adolescent well-being. The GAGE sample includes those most at risk of being left behind, including girls who are (or have been) married and young people who have been forcibly displaced or have disabilities. As the world's largest longitudinal study focused on adolescents in LMICs, which is simultaneously evaluating a range of programmes aimed at supporting the development of adolescent capabilities, GAGE is contributing to the practical evidence that FCDO and its partners need to meet core development objectives, including the Sustainable

¹ The Bangladesh government refers to the Rohingya as 'forcibly displaced Myanmar nationals' while the United Nations system refers to them as refugees (ISCG et al., 2020).



Development Goals, and to build back better after the covid-19 pandemic.

This brief draws on mixed-methods data collected both before and after the onset of the covid-19 pandemic. Baseline data collection with 2,280 adolescents was undertaken in mid-2019 to understand how Rohingya and Bangladeshi adolescents access education and economic opportunities, how access to health and protection services impacts their development, and how they engage with their immediate communities. In Cox's Bazar, GAGE is partnering with Yale University and the World Bank through the Cox's Bazar Panel Survey (CBPS), a comprehensive panel dataset of social, economic and health outcomes from a representative sample of recently arrived Rohingya (displaced after August 2017), and Bangladeshi households residing in host communities. Drawing on quantitative and qualitative data from younger (aged 10–14) and older (aged 15–19) cohorts at baseline, our research captures the voices of Rohingya and Bangladeshi adolescents and their views on everyday life, including the structural and socio-cultural constraints they face and whether they are being left behind. After the onset of covid-19, we surveyed the same cohort by telephone from May to June 2020 (reaching 77%) and from February to March 2021 (reaching 60%) during the pandemic. In addition, qualitative interviews were undertaken in person in August 2021 with Rohingya adolescents to understand their knowledge and experience with sustainable development practices and climate change-related themes.

What are we learning?

» Rohingya adolescent girls are largely severed from education and employment prospects

GAGE education data highlights the stark differences in the education available to Bangladeshi and Rohingya adolescents: [Bangladeshi adolescents generally have access to formal learning, while Rohingya adolescents do not](#). In host communities, 73% of adolescents in our sample are enrolled in school and girls are 23% more likely to be enrolled than boys (80% and 66% respectively). Bangladeshi girls have, on average, completed an additional year of schooling compared to boys with qualitative data finding gendered norms impacting school retention, given the productive (for boys) and domestic (for girls) work roles that adolescents are often expected to fulfil. Age also impacts enrolment, with older adolescents 35% less likely to be enrolled than younger adolescents. Our qualitative data also finds that costs related to secondary education play a significant role in drop-out rates among host communities.

Education provision for Rohingya adolescents in camps is entirely informal, with NGOs providing 70% of education services. Just under half of Rohingya adolescents in our sample currently attend informal schooling (49%), with boys 53% more likely to attend than girls. Gender and age critically impact educational attendance and retention, with older

I wished to study [but my] parents didn't allow me to go out ... I was forced to be inside the home permanently.

(A 16-year-old Rohingya girl)

Rohingya girls most adversely affected; only 2% of older girls report engaging in learning of any sort. Qualitative data highlights that upon reaching puberty, girls stay indoors to maintain the practice of *purdah*. As a 16-year-old Rohingya girl emphasised: *'I wished to study [but my] parents didn't allow me to go out ... I was forced to be inside the home permanently.'*

» Child marriage is more common in Rohingya camps compared to host communities, and intimate partner violence is widespread

Among our camp sample, 11.7% of the female 15–17-year-old cohort were already married compared to only 2.4% in host communities. Norms and attitudes related to child marriage in Rohingya camps are highly conservative, with safety concerns, economic strain and cultural-religious norms among the main drivers. [Baseline data](#) confirms that marriage in the camps occurs early – among our married sample, the average age at marriage was 15 years old and the youngest bride was 11. Qualitative data reflects the widespread practice of *purdah*, which bans girls from venturing outside their homes unaccompanied when they reach puberty. Staying at home is meant to protect girls' honour and secure good marriage prospects. Once married, Rohingya girls are twice as likely to have experienced gender-based violence (GBV) (11% of married girls compared to 4.5% of unmarried girls) and 3.7% of married girls report experiencing rape or sexual abuse (compared to 1.3% of unmarried girls). Many married girls do not know how or whether to report GBV incidences because of cultural notions silencing girls' voices, as an 18-year-old girl reported, *'Can we badmouth men or beat them up? Why [would] I say anything? When I say anything to my husband, he beats me.'* Moreover, [our data](#) highlights that Rohingya girls are generally underserved by the health sector response, owing to cultural restrictions on mobility that also hinder their access to sexual and reproductive health (SRH) services and safe spaces.

» Adolescents with disabilities experience intersecting disadvantages in accessing services

Rohingya and Bangladeshi adolescents living in Cox's Bazar face a multitude of challenges, including age- and gender-based violence, disrupted educational prospects (particularly for older adolescents), widespread psychosocial distress and worry, and limited health service uptake. Mixed-methods evidence suggests that adolescents with disabilities are even further disadvantaged. Our

qualitative data suggests that [adolescents with disabilities generally face greater challenges in accessing and progressing through education](#) (though exceptions exist, particularly when adolescents live near to educational centres). In host communities too, distance to schools and limited tailored facilities pose a barrier for students with disabilities. Moreover, specialist attention and care for students with disabilities appears to vary widely between schools and teachers. With regards to health service uptake, [our data](#) highlights that both Rohingya and Bangladeshi adolescents with disabilities rely on parents, siblings and neighbours for daily assistance rather than on community-based services.

» Covid-19 has exacerbated existing inequalities, particularly in Rohingya camps

While necessary to curb the spread of covid-19, containment policies put in place by the government of Bangladesh have affected key areas of service provision in Rohingya camps and host communities, with women and girls particularly affected. In the camps, governmental guidelines led to the complete or partial closure of protection and education services, including learning centres, menstrual hygiene management (MHM) and SRH services, girl-friendly spaces and gender-transformative programmes. Our data indicates the [profound repercussions of service closures on adolescent lives](#). After covid-19, 7% of Rohingya boys report still being enrolled in school, compared to only 0.8% of girls (compared to 53% and 29% respectively pre-covid-19). [Our data](#) also highlights low rates of access to a personal device with internet connectivity in Cox's Bazar, with only 11% of Rohingya and Bangladeshi adolescents reporting this. These rates are significantly lower for girls and for adolescents from poorer households, highlighting the pandemic's likelihood of exacerbating existing inequalities. Another dimension of

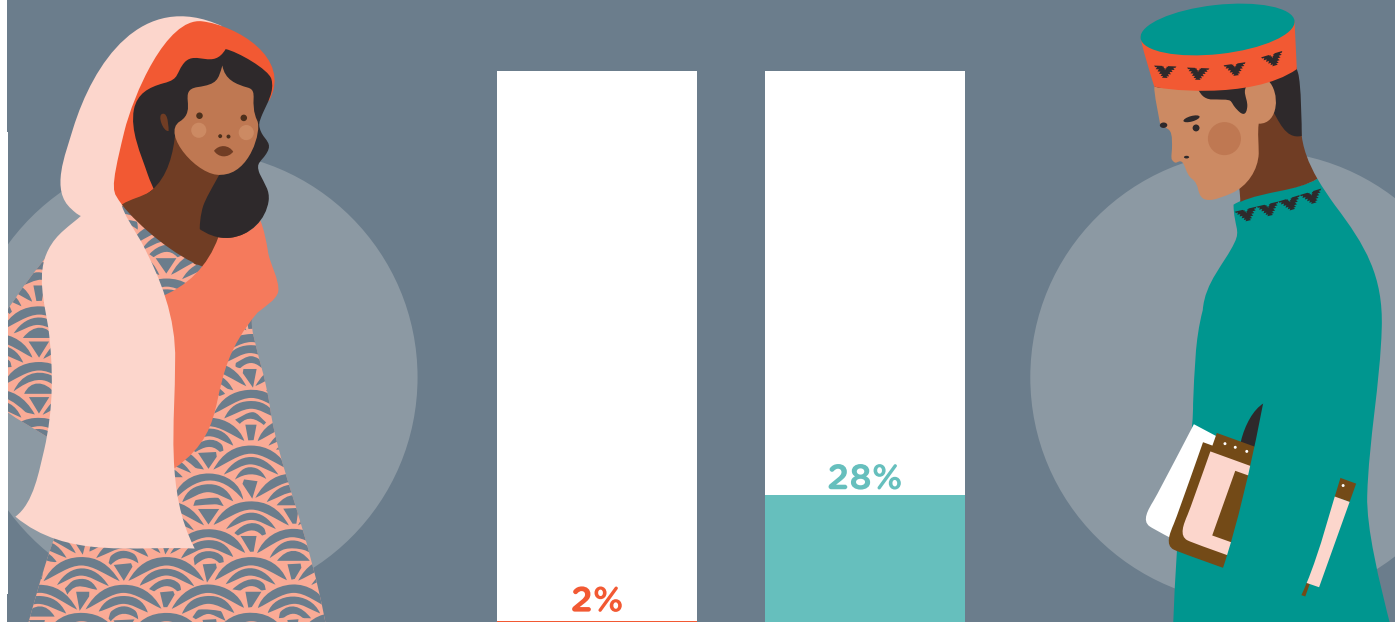
vulnerability in education relates to disability status, with only 17% of Rohingya adolescents with disabilities being enrolled in school prior to covid-19, and no Rohingya adolescent with a disability reporting being enrolled after covid-19. Finally, 93% of adolescents – regardless of location, age or gender – reported an increase in time spent on chores and childcare since the pandemic. Our qualitative data also highlights a gender divide, with girls reporting more time and effort spent on household chores.

The pandemic also appears to have adversely impacted mental health and psychosocial well-being. In [our data](#) 78% of adolescents reported being highly or moderately worried and anxious about covid-19. Qualitative data suggests that due to cultural mobility restrictions placed on females – primarily in camps – boys are most impacted by lockdowns and containment measures, lamenting a loosening of friendships and a felt lack of freedom.

» Climate change-related risks are exacerbating adolescents' pre-existing vulnerabilities

Climate change-related risks have both direct and indirect effects on adolescent lives, and Bangladesh's projected increase in temperatures, increasing rainfall and rising sea levels pose challenges for adolescents in Cox's Bazar. Our qualitative data suggests that in Rohingya camps there is wide variation regarding water availability. Some camps have tube wells and water taps in close proximity to shelters while others do not, and some adolescents reported having to purchase water because the combination of the distance to the water point and the short window of time when water is available made it impossible for them to access it for free. The difference in camp terrain also affects water collection, with hilly camps being particularly challenging locations in which to collect and carry water back home for everyday

Only 2% of older cohort girls are **enrolled**. Among older cohort adolescents, **girls** are 26 percentage points **less likely** to be enrolled in non-formal schooling than **boys**.



use. In addition, adolescents mentioned the difficulty of carrying water vessels or buckets back from water points during the rainy season, as the streets become muddy, slippery and dangerous. Our data highlights that adolescent boys and young adolescent girls are generally responsible for water collection, as older girls typically stay indoors owing to gender norms around mobility. Regarding shelter management, Rohingya adolescents emphasised the challenges of living in homes that are not weather-resistant, particularly during monsoonal changes or dry summer heat.

What are the implications of GAGE findings for international actors?

In aligning with the UK's strategic priorities in the Indo-Pacific, there is a real risk of the Rohingya adolescent population being left behind. This is likely to have knock-on effects on surrounding host communities in Cox's Bazar, Bangladesh – which remains one of the country's poorest regions. Additional investment in evidence and research capturing gender and age dynamics at both household and social levels would serve to build a comprehensive assessment of key barriers to accessing services, and may contribute to reducing persisting vulnerabilities in the long term. Our data points to the following sector-based recommendations:

- **Education actors:** GAGE research highlights the inadequate educational opportunities for Rohingya and Bangladeshi adolescents, and the significant challenges they face in ensuring a secure transition into adulthood. Educational actors should continue to invest in robust data to analyse and address the major obstacles to educational enrolment for adolescents. For Rohingya adolescents, a package of interventions around gendered social norms targeting families, religious and community leaders should promote the importance of girls' education – including informal education and vocational training – and highlight the negative consequences of early marriage. Additionally, delivering certified curricula for Rohingya adolescent girls and boys should be a sector priority, to equip them with authorised

educational certificates in the absence of integration into host-country formal schools. To support secondary education for host community adolescents, social protection packages need to be amplified to mitigate tuition, transport and opportunity costs associated with boys' and girls' secondary school enrolment. Information about labelled cash transfer programmes for education may be helpful to social protection actors as they develop such initiatives. In addition, investing in robust teacher training to foster inclusive learning environments would address learning loss resulting from covid-19. Finally, increasing context-tailored and gender-sensitive access to vocational and technical skills development programmes aimed at securing employment in context-appropriate value chains will be important for adolescent employment prospects.

- **Protection sector actors:** Prioritise all community and religious leaders, including majhis (camp-block focal points), as change agents for adolescent girls experiencing GBV (including married girls) and include them as targeted beneficiaries of social norm interventions, including messaging on the harmful effects and illegality of child marriage. Partners should continue to promote avenues for socialisation, including safe spaces for adolescent married girls who have lost their friendships and face social isolation because of the combined impacts of age, motherhood and purdah.
- **Covid-19 recovery actors:** Provide food security sector partners with detailed gender- and age-specific needs analysis to guide and inform their work, as our findings show adolescent cohorts experienced nutritional deficits during the pandemic. Education sector partners and the government of Bangladesh should also consider a medium- to long-term recovery strategy to address the educational gaps created by the pandemic, including an action plan to mitigate any future disruptions to in-person learning. Across sectors, there need to be greater efforts to include adolescents with disabilities in accessibility audits and sector decision-making, including education, and to enable their participation in identifying health barriers and enablers.

Further background

Gender and Adolescence: Global Evidence (GAGE) is a nine-year (2015–2024) mixed methods longitudinal research and evaluation study. It follows the lives of 20,000 adolescents in six low- and middle-income countries in Africa (Ethiopia and Rwanda), Asia (Bangladesh and Nepal) and the Middle East (Jordan and Lebanon).

The GAGE consortium, managed by the Overseas Development Institute (ODI), includes 35 partner organisations from around the world known for their expertise in research, policy and programming in the fields of adolescence, gender and social inclusion. GAGE is funded by UK aid from the UK government.

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