GENDER & ADOLESCENCE: GLOBAL EVIDENCE

ENDLINE REPORT SERIES

Young people's well-being and development in Rohingya refugee camps in Bangladesh

Endline evidence from GAGE

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Introduction

Nearly eight years since they fled from violence in Myanmar to congested camps in Bangladesh's Cox's Bazar district, in 2026 nearly 1.2 million Rohingya refugees continue to endure multifaceted challenges that impact their overall quality of life (UNHCR, 2026). The Bangladeshi government categorises Rohingya as 'forcibly displaced Myanmar nationals' rather than refugees, which means they lack the social and economic rights afforded to refugees (UNHCR, 2025b). Education and access to employment has been particularly constrained by policy restrictions, with Rohingya children and adolescents historically barred from accessing the Bangladeshi national curriculum or learning Bengal, and the Rohingya community banned from working outside the camps. Until late 2021, formal education was effectively unavailable for those over 14, aside from a small pilot reaching 10,000 children (UNICEF, 2022). Although the Myanmar curriculum has since been expanded to include students up to Grade 10, barriers to equitable and sustained access to education persist (Guglielmi, 2024a). Adolescents, who comprise a third of Rohingya refugees in Bangladesh (UNHCR, 2025a), are at a critical juncture as they navigate the transition to young adulthood. In addition to political and structural challenges, socio-cultural and gender norms also stigmatise and hinder access to health care, particularly sexual and reproductive health services (Santana and Nilsson, 2025; Siddiquee, 2025).

This report presents findings on the experiences of young people living in congested makeshift camps in Teknaf and Ukhia *upazilas* in Cox's Bazar. It aims to inform the humanitarian sector and the Government of Bangladesh of the multiple and shifting threats facing Rohingya adolescents and young adults in the camps. It also makes recommendations on how to better tailor programming and policies and strengthen services to mitigate risks and enhance the capabilities and overall well-being of these young people as they transition to adulthood. The report is based on mixed-methods data collected in 2025 by the Gender and Adolescence: Global Evidence (GAGE) research programme. In-person quantitative surveys were undertaken with 803 young people, 376 caregivers, and 22 key informants. In-person qualitative in-depth interviews were undertaken with 78 adolescents and young people, 12 caregivers, 12 key informants and over 120 young people engaged in focus group discussions. The report also draws on data collected at baseline and midline (2019 and 2023 respectively) to show changes over time for key dimensions of young people's lives. In addition, where pertinent, we draw comparisons between Rohingya young people and Bangladeshi young people living within 15 kilometres of the camps.

The report begins with an overview of the camp context in Cox's Bazar. We then describe the GAGE conceptual framework and methodology. We present our findings on young people's capability outcomes in six key domains: education and learning; bodily integrity and freedom from violence; health and nutrition and sexual and reproductive health; psychosocial well-being; voice and agency; and economic empowerment. We focus on differences by gender, age, marital status and disability status. We conclude by discussing implications for policy and programming actions needed to accelerate progress and ensure that all Rohingya young people living in the Cox's Bazar camps have access to the services and supports they need to thrive as they move into young adulthood.

Adolescent boys playing football in Cox's Bazar, Bangladesh
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Bangladesh context

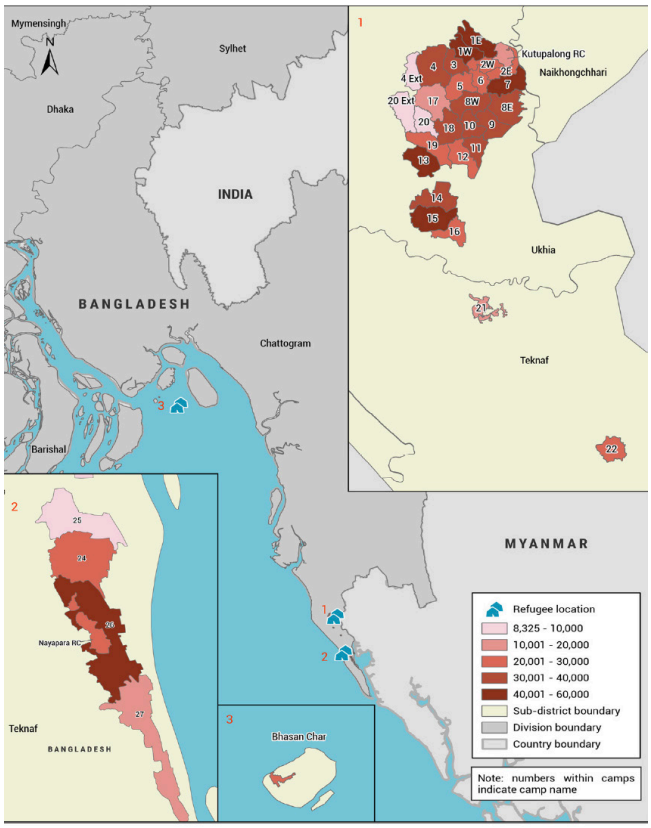
Bangladesh has a decades-long history of sheltering and facilitating the repatriation of displaced Rohingya people, but the influx that began with more than 600,000 people fleeing from insurgent violence in 2017 is the largest it has experienced (NPM ACAPS Analysis Hub, 2017). Since then, the Cox's Bazar district has sheltered more than 1.1 million Rohingya (UNHCR, 2026) who were forcibly displaced from Myanmar's Rakhine State following 'systematic disenfranchisement', discrimination, and 'targeted persecution' (Inter-Sector Coordination Group, 2025: 14).

The protracted nature of this crisis has strained the already limited resources and infrastructure in Cox's Bazar, pushing the displaced Rohingya into precarious living conditions (Wieser, 2025: 2). Today, they primarily live across 33 space-constrained camps in Teknaf and Ukhia upazilas, making Cox's Bazar the world's largest refugee settlement as well as one of the most densely populated areas globally (Inter-Sector Coordination Group, 2025: 14–16; Joint Government of Bangladesh and UNHCR, 2026). The shelters within these camps are structurally unsound and often at risk of natural disasters such as flooding, landslides and cyclones (Norwegian Refugee Council, 2025).

The congested and hazardous nature of these camps prompted the Government of Bangladesh to relocate 100,000 Rohingya to Bhasan Char, an island in the Bay of Bengal, starting in 2021 (Nguyen and Lewis, 2022) and by 2026, over 30,000 refugees have been relocated (USA for UNHCR, 2026). Yet the camps in Cox's Bazar remain overcrowded, with each room housing about five household members in 2023, up from three per room in 2019 (Wieser, 2025: 2). Economic vulnerability within the camps is acute, as Rohingya refugees are not permitted to work or move freely outside the settlements (ibid.: 3). In 2023, over two-thirds of Rohingya households in the camp settlements relied on food assistance, and 58% borrowed food from others to survive, highlighting their heavy reliance on humanitarian assistance (ibid.).

Figure 1 illustrates the camp study areas. The first map shows the locations of Cox's Bazar and Bhasan Char in relation to the rest of Bangladesh and neighbouring Myanmar. The second image provides a zoomed-in view of the Cox's Bazar camp area, along with the most recent population figures as of March 2026.

Figure 1: Study area



Source: ACAPS using data from UNHCR (11/04/23); ISCG (23/11/2021)

Against this backdrop, the broader Rohingya humanitarian response has continued to face mounting pressure. Donor contributions dropped by nearly a third in 2023 (compared with the 2018–2022 average), reflecting a deteriorating funding environment (ISCG, 2025). Only just over half (52%) of the identified financing needs for the Rohingya Humanitarian Crisis Joint Response Plan were met in 2025 (OCHA, n.d.). Such funding deficits have diminished access to critical resources and services for Rohingya refugees in Cox's Bazar, including food, education, sanitation and health care (Cole-Schmidt, 2025; Save the Children, 2025; Talukdar et al., 2025; Wieser, 2025; World Food Programme, 2026). For a population that cannot return home (due to the ongoing crisis in Myanmar) and is not allowed to integrate in the host country, humanitarian assistance serves as their only means of survival (Cole-Schmidt, 2025). A continued decline in funding therefore poses an existential threat to this already vulnerable population.

Adolescent context in Cox's Bazar refugee camps

Adolescents (aged 10–19 years) and young adults (aged 10–24) comprise a substantial proportion of the Rohingya population in Cox's Bazar – just over half (51%) are under 18, and 1 in 3 are adolescents or young adults (UNHCR, 2025a; Joint Government of Bangladesh and UNHCR, 2026). As this large and growing cohort comes of age in the midst of this humanitarian crisis, the challenges Rohingya adolescents face cut across capability domains and are both shaped by and distinct from those of the broader Rohingya population. Due to their confinement to the camps and restrictions on their access to Bangladesh's formal education system (UNHCR, 2025b) and labour markets, Rohingya young people have had few education opportunities and have little-to-no prospects for gainful employment in Bangladesh. In this context, distress migration has become a key survival strategy, particularly for young people facing restrictions on movement, education and formal employment in camps. Many Rohingya undertake risky journeys, both within Bangladesh and across borders, seeking informal work or opportunities to support their families. At the same time, the absence of legal income-generating opportunities in camps has contributed to the emergence of informal and illicit economies, with drug trafficking and other forms of organised crime, drawing vulnerable Rohingya, including youth, into these activities as a means of survival (Alam, 2023; Yunus, 2026).

The humanitarian sector has tried to close these gaps through non-formal learning centres that offer the Myanmar curriculum (Guglielmi et al., 2024) and the Accelerated Adult Learning initiative, which offers vocational training and skills development to prepare Rohingya young people to tackle the day-to-day challenges of life in the camps (Inter-Sector Coordination Group, 2025). However, these initiatives have fallen short of community needs, and many Rohingya young people remain excluded from education and livelihood opportunities. Moreover, generations of trauma through targeted violence and the stressors of prolonged displacement have led to a high prevalence of mental health issues among camp residents (Jahan et al., 2024). Rohingya adolescents are especially vulnerable, as their early and continued exposure to conflict and violence may have inflicted 'irreversible' damage to their brain development at this critical life stage (Sharma et al., 2026: 1).

Adolescent girls attending a learning centre in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

Conceptual framework

Informed by the emerging evidence base on adolescent well-being and development, GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call the '3 Cs' – capabilities, change strategies and contexts – in order to understand what works to support adolescents' development and empowerment, both now and in the future (see Figure 2). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts, though we tailor it to the specific challenges of understanding what works in improving young people's capabilities.

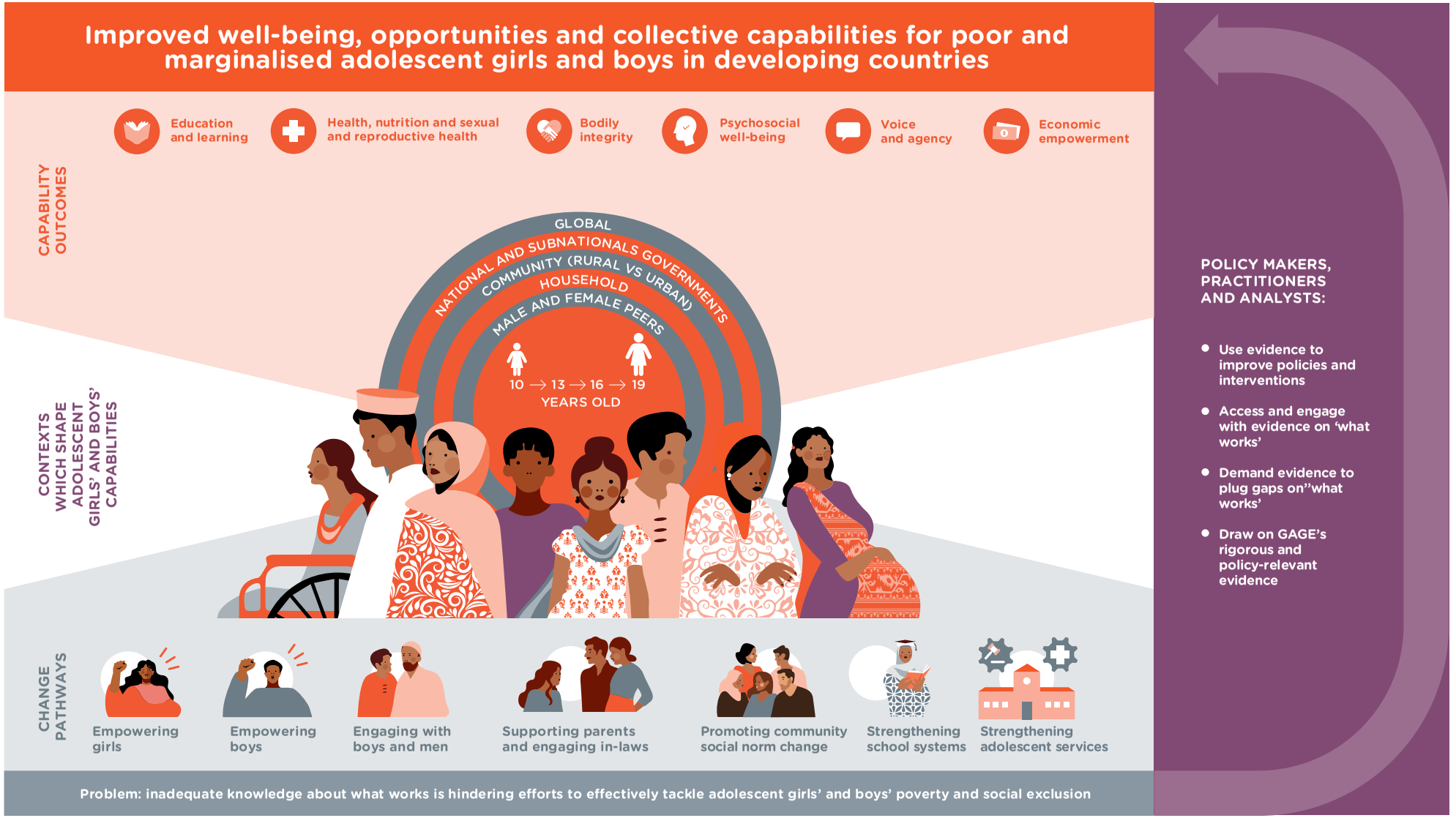
The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1985, 2004) and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the approach can encompass relevant investments in children and young people with diverse trajectories, including the most marginalised and 'hardest to reach' such as those with disabilities or those who were married as children. The GAGE framework covers six core capabilities: education and learning; physical health; bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment.

The second building block of our conceptual framework is context dependency. Our '3 Cs' framework situates young people socio-ecologically. It recognises that not only do girls and boys at different stages in the life course have different needs and constraints, but also that these are highly dependent on their context at the family/household, community, state and global levels.

The third building block of our conceptual framework – change strategies – acknowledges that young people's contextual realities will not only shape the pathways through which they develop their capabilities but also determine the change strategies open to them to improve their outcomes. Our socio-ecological approach emphasises that in order to nurture transformative change in adolescents' capabilities and broader well-being, potential change strategies must simultaneously invest in integrated intervention approaches at different levels, weaving together policies and programming that support young people, their families and their communities while also working to effect change at the systems level.

A 16-year-old girl who married at 14, Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

Figure 2: GAGE conceptual framework



Sample and methods

This report draws on mixed-methods data collected in Bangladesh in 2025, following up on two earlier rounds of research at baseline (2019) and midline (2023) (see Figure 3). This is part of a larger data collection effort, the Cox's Bazar Panel Survey (CBPS) (see Box 1). The quantitative sample includes Rohingya adolescents across two age cohorts: those aged 10–14 years at baseline (younger cohort); and those aged 15–18 years at baseline (older cohort). The study purposefully oversampled adolescents with disabilities and those who were married before age 18, who are recognised as particularly vulnerable groups. The baseline sample consisted of 1,071 Rohingya living across 32 camps. At midline, GAGE attempted to re-survey all of those adolescents but succeeded in re-interviewing 834 adolescents in person – a 77.8% follow-up rate. At midline, the two cohorts then had an average age of 16.0 years and 20.1 years respectively.

Endline quantitative data was collected from February to March 2025, with additional tracking in April and May 2025. The endline in-person survey sample included 803 Rohingya young people, with a 74.9% follow-up rate from baseline and a 88.9% follow-up rate from midline[1]. Table 1 summarises the quantitative sample sizes during the endline data collection and Table 2 summarises attrition across subgroups.

Minimising attrition is crucial in longitudinal studies aiming to analyse changes over time. To minimise attrition at endline, we implemented the following strategies. First, we made phone calls to participants prior to data collection (where phone numbers were available) to collect updated contact information and determine availability. Second, we implemented an intensive tracking protocol, which included conducting in-person surveys with participants who had moved to Bhasan Char and phone surveys with participants who moved outside of Bangladesh.[2] With these strategies in place, attrition was low across rounds. However, attrition from baseline to endline varied by baseline marital status. Participants who were never married at baseline ($p<0.001$) were more likely to be lost to follow up. Attrition did not vary by age cohort, gender, or disability status.

Figure 3: Timeline of GAGE research among Rohingya young people in Cox's Bazar, Bangladesh

Box 1: The Cox's Bazar Panel Survey (CBPS)

The Cox's Bazar Panel Survey (CBPS) is a partnership between GAGE, the Yale Macmillan Center Program on Refugees, Force Displacement, and Humanitarian Responses (Yale Macmillan PRFDHR), and the Poverty and Equity Global Practice (GPVDR) of the World Bank. The CBPS tracks 5,020 households split evenly across Rohingya camps, and host locations within 60km of the camps. GAGE-CBPS tracks a subsample of 2,280 households (1,071 in camp, 1209 in host) with adolescents aged 10-14 and 15-18 at baseline. Within host communities, 651 households were within 15km of camps and 558 households were between 15 and 60km of camps. The endline GAGE-CBPS survey followed all camp households (1,071) and households in host communities within 15km of camps (651 households). At endline 803 young people (75%) in camps were resurveyed and 566 young people in nearby host communities were surveyed (87%).

1 There are 62 young people who were surveyed at endline who were not surveyed at midline.
2 We conducted 9 in-person surveys with participants who had moved to Bhasan Char and 16 phone surveys with participants who had moved outside of Bangladesh. These participants are not included in the current analysis.

Table 1: Quantitative sample for GAGE Round 3 (endline)

	Adolescents	Young adults	Sub-sample married <18	Sub-sample with disabilities at R1	Total
Female	228	204	161	30	432
Male	256	115	18	33	371
Total	484	319		63	803

Note: Disability status is determined by the Washington Group on Disability Statistics Questionnaire (Washington Group 2022), complemented with identification of adolescents with disabilities by the qualitative research team at baseline. The strict definition is restricted to young people with functional difficulties even when using an assistive device.

Table 2: Quantitative sample attrition in camps

	Total	Gender		Age cohort	
		Female	Male	Younger	Older
A. Cross-sectional (near host and camp)					
Baseline (2019)	1071	572	499	647	424
Midline (2023)	834	449	385	515	319
Endline (2025)	803	432	371	494	325
% Follow-up (baseline and endline)	75.0%	75.6%	74.3%	74.8%	75.3%
B. Panel					
Baseline, midline and endline panel	741	401	340	451	290
% Follow-up	69.2%	70.1%	68.1%	69.7%	68.4%

Note: 62 respondents in the endline sample are not included in the midline sample.

Table 3: Qualitative sample

Qualitative fieldwork					
Categories	Refugee camps		Bhasan Char		Total
	Female	Male	Female	Male	
Adolescent interviews young cohort	13	15	7	7	42
Adolescent interviews old cohort	19	7	5	5	36
Adolescents living with a disability	5	4	0	0	9
Adolescents married before 18	16	4	9	5	34
Total adolescent IDIs	**32**	**22**	**12**	**12**	**78**
Parent IDIs	6	6	0	0	12
Focus Group Discussions adolescents	3	2	1	1	7
Focus Group Discussions young parents	0	1	0	0	1
Focus Group Discussions parents	3	3	1	1	8
Key informant interviews	2	4	1	0	7
Total interviews	**46**	**38**	**15**	**14**	**113**

At endline, younger cohort adolescents were aged 17.7 years (on average); we refer to this group as adolescent girls and adolescent boys (adolescents). The older cohort had already become young adults (average age of 22.2 years); we refer to them as young women and young men (young adults). Where both cohorts are discussed together, we refer to them as young people. Where adolescent boys and young men are discussed together, we refer to them as young males; where adolescent girls and young women are discussed together, we refer to them as young females.

Because the GAGE sample includes the most marginalised adolescents and young adults, 13.1% (105) of young people in our quantitative sample have any functional disability; of these, 63 (7.9% of the sample) report having functional difficulties even when using an assistive device (such as glasses, hearing aids, or a mobility device, see

A sign warning about early marriage for girls before 18 years and boys before the age of 21 in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

Table 1). When we discuss these young people, we refer to them as respondents who experience functional difficulties even when using an assistive device. Our sample also includes adolescent girls and young adult women who were married before age 18. Of the 337 ever-married females, 54.6% (179) had married prior to adulthood.

Quantitative survey data was collected through face-to-face interviews by enumerators of the same sex as the respondent, who were trained to communicate sensitively with marginalised populations and adolescents. Surveys included modules reflecting the GAGE conceptual framework (see Seager et al., 2025a and 2025b). Statistical analysis was conducted using Stata 19.5. When presenting endline survey findings, we include all 803 young people who completed the survey. We also show changes over time for a subset of outcomes, for which we restrict our sample to the 741 young people who completed all three surveys (baseline, midline and endline).

Quantitative data collection was complemented by qualitative data, which was collected during February and April 2025. Qualitative tools, employed by researchers carefully trained to communicate sensitively with marginalised populations, consisted of interactive activities such as timelines, body mappings and vignettes, which were used in individual and group interviews (see Jones et al., 2025). Preliminary data analysis took place during daily and site-wide debriefings. Interviews were transcribed and translated by native speakers and then coded thematically using the qualitative software analysis package MAXQDA. Table 3 summarises the qualitative sample and subgroups.

Prior to commencing research, GAGE secured approval from ethics committees at ODI Global and George Washington University, as well as from the Institute of Health Economics at the University of Dhaka. We secured informed assent from adolescents aged 17 and under, and informed consent from their caregivers, as well as informed consent from adolescents aged 18 or over. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites.

Findings

The endline findings are organised in line with the six capability domains laid out in the GAGE conceptual framework (see page 5): education and learning; physical health; bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment. When discussing findings in each domain, we first present endline survey findings using the full endline sample, highlighting differences between groups where they are significant. Differences are statistically significant at the 5% significance level unless otherwise indicated with an asterisk (*) to signify a statistically significant difference at the 10% significance level. For some outcomes, we also present change over time, restricting the quantitative sample to only those young people who completed all three surveys at baseline, midline, and endline (or completed both midline and endline for some outcomes). In each section, we present qualitative findings after the quantitative findings to offer nuance and identify possible underlying impact pathways for change or stasis.

Education and learning

Educational aspirations

The endline survey found that 67% of Rohingya young people aspire to at least secondary education, with significant variation by gender and age (see Figure 4). Whereas 85% of young males aspire to at least secondary education, only 52% of young females do; and adolescents are more likely to aspire to at least secondary education than young adults (74% versus 56%). Young women are least likely to aspire to at least secondary education (47%), whereas adolescent boys are most likely to (90%). Reflecting the limited opportunities to pursue higher education in the camps, only 20% of young males and 1% of young females aspired to at least some university education.

Ever-married young people have lower aspirations than their never-married peers; 47% of ever-married young females and 72% of ever-married young males aspired to at least secondary education compared with 59% and 88% respectively among their never-married peers. Among ever-married young females, almost none aspired to university education (0.8%).

At endline, the most commonly cited barriers to attaining educational aspirations were respondents' refugee status (53%), followed by cost (37%), and needing permission to attend (35%). Males were more likely than females to report that refugee status (60% males versus 47% female) and expense (56% versus 22%) were the main barriers to attaining their aspirations, whereas needing permission was more commonly cited by young females (58%) than young males (6%), reflecting gender norms that restrict young females' mobility (see Figure 5).

The panel sample shows that aspirations for at least secondary education fell from midline (84%) to endline (68%, see Figure 6). Aspirations fell more for young females (75% at midline to 52% at endline) than for young males (95% at midline to 85% at endline). While aspirations for university education remained similar between midline and endline for young males (22% at midline versus 21% at endline), young females' aspirations had almost completely ceased, falling from 6% at midline to 1% at endline.

During qualitative interviews, most Rohingya young people demonstrated an astute awareness of the value

Figure 4: Aspirations for secondary school and university education, by gender and age

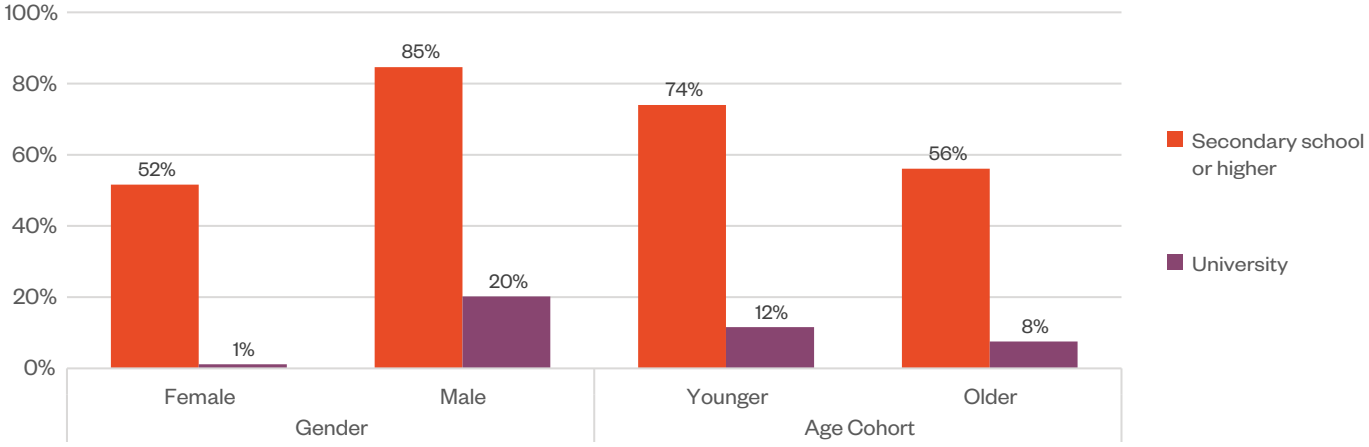


Figure 5: Barriers to achieving educational aspirations, by gender

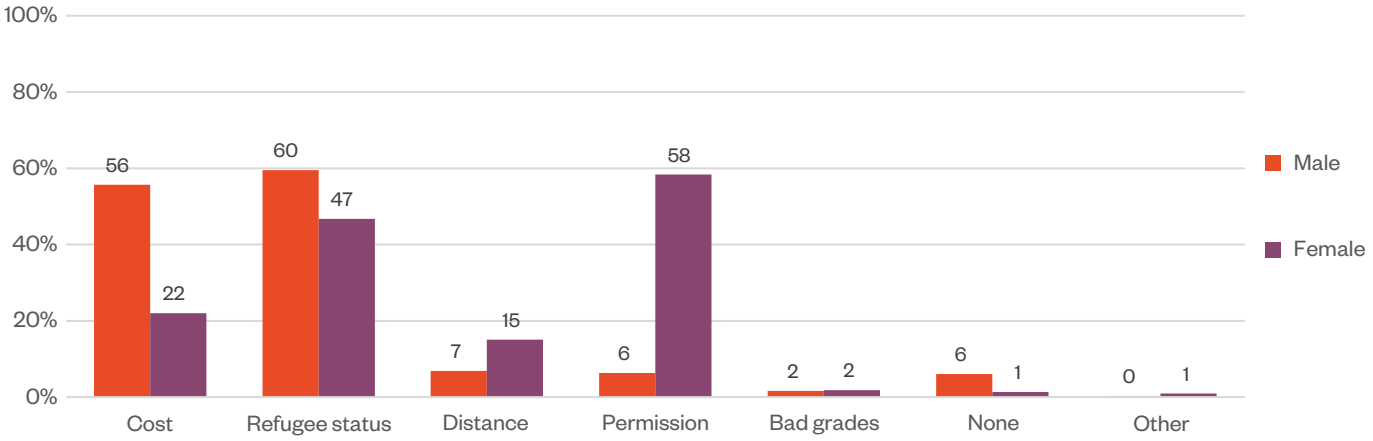
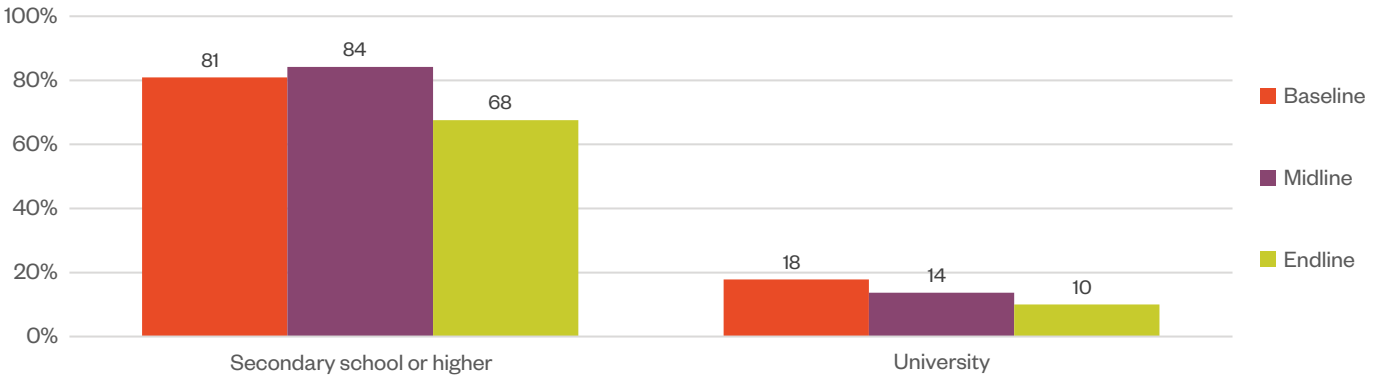


Figure 6: Trends in aspirations for secondary school and university over time



of education in their economic outcomes, with one adolescent girl saying, '*Sister, …education is needed to survive in the world, to stand on your own feet.*'

Rohingya adolescents consistently expressed not only a desire to keep learning, but also frustration with the challenges they face in doing so. Corroborating the quantitative findings, lack of access to the resources needed to continue their education was a prominent theme as well as the lack of viable opportunities: '*I want to study but I don't have enough money,*' said a 24-year-old male, '*…there is no college in the camp.*' Moreover, although both Rohingya tutors and host community teaching volunteers in the camps are generally believed to have reached high secondary schooling levels, adolescents mentioned the lack of quality teaching as also negatively impacting their desire and aspiration to study. An adolescent-girl mentioned:

> *I would have studied if there were [better] teachers in the courses offered by NGOs, but the people who teach there don't have much education or teaching skills.* [Most teachers have barely passed grade four or five] *so they are not very educated themselves.*

Access to education

At endline, 24% of young people were currently enrolled in educational programming in the camps (see Box 2).

Differences in educational enrolment by gender and age were profound (see Figure 7). Whereas nearly half of young males were enrolled in education (47%), only 5% of young females were. Similarly, enrolment in education programmes was considerably higher among adolescents (35%) than young adults (8%). These disparities intersect such that enrolment among young women is essentially zero (0.5%). There are also disparities in learning by marital status, with ever-married young females excluded from learning (0.4% enrolled) and ever-married young males similarly much less likely to be enrolled than their never-married peers (8% versus 58%). Among enrolled young people, 18% were learning at the primary level, 71% were learning at the secondary level, and 10% were learning at the post-secondary level. There were disparities in learning by gender – 55% of young females were learning at the primary level and 35% were learning at the secondary level compared to 14% and 75% of males at the primary and secondary level, respectively. These learning disparities are also reflected in reading and math proficiency. Half

Box 2: Educational offer in the Rohingya camps

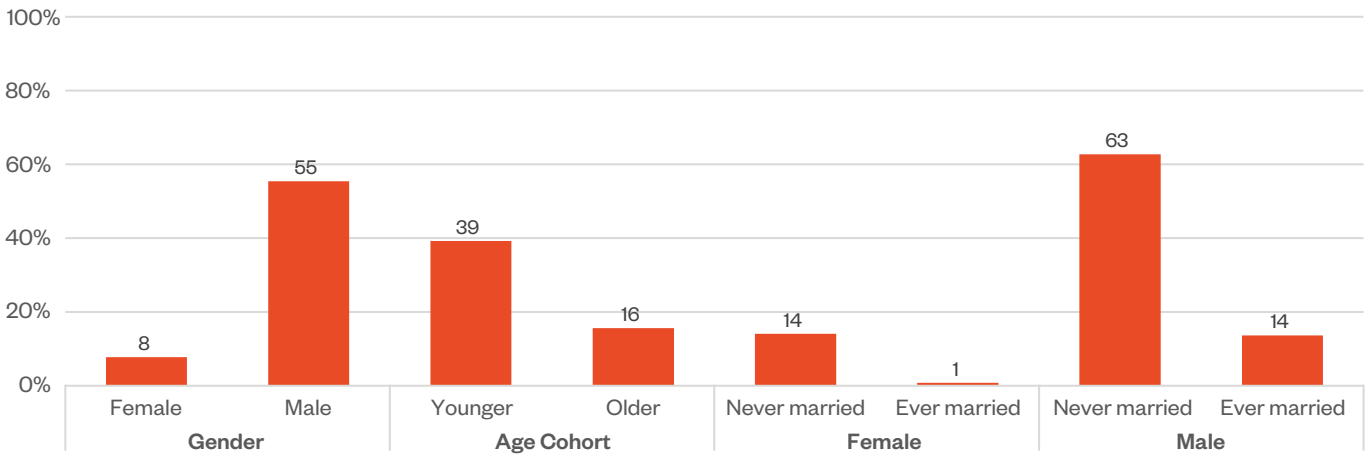
In response to the Government of Bangladesh's restrictions on the Rohingya usint the Bengaldeshi curriculum, and the limitations of the Education Sector-led Learning Competency Framework Approach (LCFA), a non-formal curriculum for ages 4–14 delivered in NGO-run centres, the Government and the Cox's Bazar Education Sector introduced the Myanmar curriculum in 2021. Initially piloted for Grades 6–9 the Myanmar Curriculum rollout has expanded progressively. By mid-2023, it replaced the LCFA entirely, covering kindergarten through Grade 10 (UNICEF, 2023; Guglielmi, 2024a). Instruction is primarily provided in Burmese, with English included. Teaching volunteer training programmes are ongoing to strengthen subject knowledge, language skills and pedagogy. Although the programme remains unaccredited, student progress is documented to support eventual reintegration into Myanmar's education system (Cox's Bazar Education Sector, 2022).

Access to education remains uneven. As of December 2024, approximately 320,000 Rohingya students were enrolled in some form of learning, but participation declines with age. Younger children dominate enrolment, while adolescents, especially girls, face significant barriers. Recent data highlights persistent structural challenges: overcrowded learning spaces, limited trained teaching volunteers, insufficient post-primary opportunities, and continued lack of accreditation pathways. As of 2024, less than one-third of adolescents are engaged in structured learning, and access to certified secondary or skills-based education remains extremely limited (Cox's Bazar Education Sector, 2024 and 2025).

Learning in the camps is delivered through multiple modalities:

- NGO-run learning centres provide Myanmar curriculum instruction and vocational training.
- Multi-purpose centres offer life skills, protection services, and skills training (e.g., tailoring, computing).
- Community Based Learning Facilities (CBLFs) are part of the Education Sector and are part of the private tuition system and provide flexible, locally-led education, including girl-only classes.
- Religious schools (maktabs and madrasas) and informal private tutoring also operate.

Figure 7: Enrolment in education by gender, age and marital status



of young males (50%) reached at least subtraction level on the ASER math assessment compared to 8% of young females; similarly, 31% of young males could read a short story on the ASER reading (grade 3 level, in English) compared to 6% of young females.

These low enrolment rates reflect both an historic dearth of education opportunities for older adolescents and young adults in the camps, and cultural norms that constrain young females' mobility and limit their educational opportunities once they have reached menarche (Guglielmi et al., 2020c; Guglielmi et al., 2021).

Among young adults (who were approximately 13–16 years when they were displaced from Myanmar), 49% had ever been enrolled in education programmes in the camps, compared with 92% of adolescents (who were approximately 8–12 years at the time of displacement). Nevertheless, between midline and endline, current enrolment in education increased from 15% to 25%. This reflects the introduction of the Myanmar curriculum in learning centres and the introduction of a curriculum designed for older adolescents (up to grade 10) during the 2023–2024 academic year (see Box 2). Among enrolled

young people, 43.4% (11% of the sample overall) were enrolled in learning centres.

During in-depth interviews, Rohingya adolescents who were not in school were asked to reflect why they did not attend any form of schooling or learning centre. Persecution of Rohingyas in schools back in Myanmar had marked the end of education for many adolescents, making it difficult to pick up their learning trajectories once they arrived in Bangladesh. A 22-year-old young man described the violence he had encountered, which ended his schooling:

> *I stopped my education when I was in Myanmar. The place where I went for my education, they* [a community in Myanmar] *burned it when the fighting happened. So I stopped going to school there. They tortured and killed students there, so my mother stopped me from going to school.*

A 21-year-old young woman regretted not being able to learn how to read:

> *I had hoped that I would be able to read, but I couldn't… I read as much as I could. There was no class* [grade] *system back then. If there was an education system, I wouldn't have gotten married. When we came here, there wasn't much education. Now the educational situation is slowly improving.*

Although for Rohingya adolescents and young people, their lack of citizenship status limits their access to education, most also talked about gender, and religious and cultural norms, as key barriers to learning. Girls gave reasons that had to do with fear of males or of being harassed – '*Our boys are not good*,' said an 18-year-old. '*If a girl steps out of the house, they tease her…*'. '*They say all sorts of bad things. That's why families don't want to send their girls to study*.' Another 17-year-old girl stated, '*They didn't let me go to school anymore. Because I looked grown up, and men aren't good*.' Girls also reported that they did not feel comfortable being in the same classrooms as boys after a certain age:

An adolescent Rohingya girl attending a learning centre in Bangladesh © Nathalie Bertrams/GAGE 2026

Box 3: Humanitarian efforts to promote educational access and retention for Rohingya adolescent girls

To address structural and gender-based constraints affecting Rohingya girls' school attendance, humanitarian education sector partners have implemented a range of targeted measures that are contributing to improved retention, particularly among adolescent girls. Over the past three years, the humanitarian education sector has expanded access and retention for adolescent girls through community-based learning centres, rollout of the Myanmar curriculum up to secondary level, flexible and home-based learning modalities and targeted re-enrolment initiatives such as placement tests and outreach to out-of-school children (Guglielmi, 2024a; UNICEF, 2024; Global Partnership for Education, 2023). These efforts have been complemented by investments in teaching volunteer training, life-skills programming, and community engagement mechanisms aimed at addressing socio-cultural barriers and sustaining adolescent girls' participation in education, contributing to increased overall access to learning opportunities across the camps. One key informant from the camps highlighted that the introduction of sex-segregated classrooms and female chaperones to accompany female students to school had important implications for sustaining girls' participation in education:

> *Girls were dropping out, not wanting to move into higher grades at all. So, we thought, how do we have the community supporting girls' education particularly for slightly older adolescent girls. And how do we enable the girls to attend school? ..We spoke with the parents and the caregivers and the religious leaders and ...*[they said] *you just need to provide education for our girls in a way which is acceptable for us; in terms of our religion and culturally. So that meant, having the separate boy/girl classrooms at secondary level. So, as soon as we did that, we had girls coming in the separate classrooms.*
>
> *Then we had the female volunteers. This is the chaperone system. And that was really successful because it was a woman from the community who took girls to school, so, she was trusted by the parents and she knew the girls from her area. And often these women were really inspired to help. Because they didn't have the chance to have education themselves or were taken out quite early on. So, they wanted to make sure that the next generation of girls could try and stay in school for longer. ...They stay with them in class. Cause particularly for the upper grades always the teachers are male.*

Community-awareness on the value of education played a critical role in both reinforcing learning and improving adolescent girls' school participation. Teaching volunteers and facilitators not only support girls within the classroom, helping them keep pace, but also actively monitor attendance and follow up with those whose participation is irregular. Outreach to families is a key component of this approach, particularly for out-of-school girls and boys, with staff conducting repeated door-to-door visits to build trust and encourage enrolment. As one key informant noted, it can take '*seven to eight visits to one family to convince them*' to allow their daughters to attend school, underscoring both the persistence required and the deeply rooted barriers to girls' education.

> *Because most of the students were boys, I didn't feel comfortable. Earlier, we used to have separate classes for boys and girls, but here it's not like that.*

The fear of harassment in such contexts, alongside societal pressure on girls and their families to maintain respectability and honour, severely restricts unmarried girls' mobility outside the household. An 18-year-old Rohingya young woman, when asked why she does not study despite wanting to, said, '*Because if we have to study, we have to go outside the bloc. We aren't allowed to go there. I wasn't allowed to go outside the house.*'

Most of these restrictions on girls are enforced around the time they start menstruating. One girl noted that these restrictions have more to do with her status as a Rohingya, saying she would not face the same restrictions if she were a Bangladeshi girl:

> *In Bangladesh, girls are getting education even if they got their period. There is no difference between boys and girls in education. If I were Bangladeshi, I could continue my education. And I had a dream to get education in Bangladesh.*

The learning facilities and curriculum followed by refugees in camps differed from the formal Bangladeshi curriculum. The lack of a system with grade or class progression, the switch in language of instruction (from Burmese in most cases), and the quality of teaching were criticised by several interviewees. The learning centres were criticised as not being an appropriate proxy for formal schooling. '*They're not like proper schools*,' one girl said. '*They don't teach well, they just give us biscuits to make us attend*,' said another.

Physical health

Nutrition and exercise

At endline, 17% of Rohingya young people lived in households that were severely food insecure.[3] The vast majority of these cases (94%) were households where there had been no food in the dwelling at least one day in the previous 4 weeks. Food insecurity did not vary by age or gender, but did vary (for young females) by marital status: those who were ever-married were less likely to live in a household that was severely food insecure than never-married young females (19% versus 13%*). Those who married before the age of 18 were least likely to live in a food-insecure household (9%, see Figure 8). Despite this, most young people (90%) reported eating at least one meal with animal protein (meat, chicken, fish or eggs) on the day prior to the survey, with little variation by subgroup. Nearly all Rohingya households rely on food aid, with 95% of Rohingya young people reporting that their household received food aid via the World Food Programme.

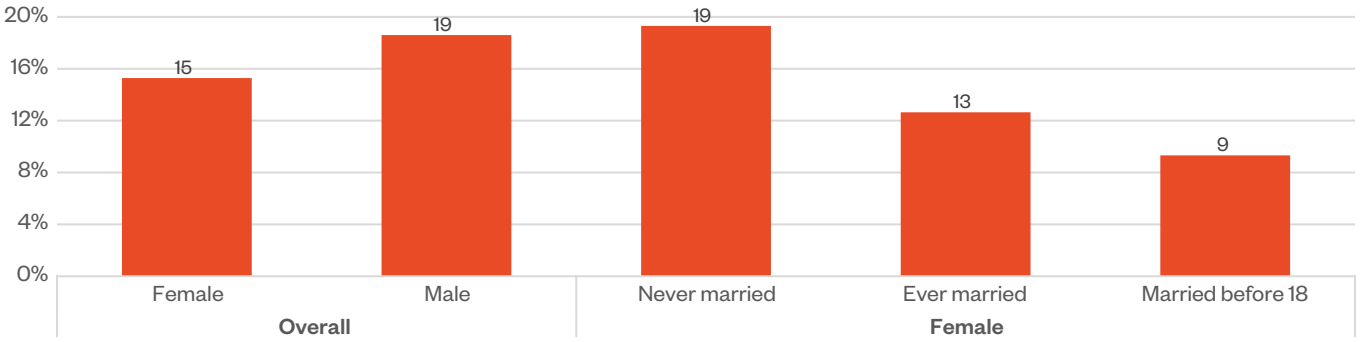
Just under a quarter of young people (23%) reported engaging in no physical activity of at least 30 minutes in the week prior to the survey. Young females were more likely to report no physical activity than males (28% versus 18%), but there were no differences by age cohort. Young people with disabilities were more likely to have been inactive (35%) than those without disabilities (22%). There is no significant difference in inactivity by marital status. On average, young people reported spending an average of 3.8 days a week with at least 30 minutes of physical activity and 3.2 days with at least 60 minutes of physical activity.

Focusing on the panel sample, the share of households experiencing severe food insecurity in the camps has remained constant, while a higher proportion of young people reported consuming meals with protein and engaging in physical activity at endline than at previous rounds. At baseline, 73% of young people reported consuming at least one meal with protein on the day prior to the survey – this had increased to 77% at midline and 89% by endline. In terms of physical activity, at midline, nearly half of young people (43%) reported no physical activity of 30 or more minutes in the past week; at endline, less than a quarter (22%) reported the same. The number of days spent with at least 30 minutes of physical activity nearly doubled, from 2.1 days at midline to 3.8 days at endline. Increases in physical activity were more pronounced among young males than young females (see Figure 9).

In the qualitative data, hunger and limited access to nutritious food (due to poverty) emerged as a recurring theme. Rohingya young people noted that the provided rations are insufficient to meet household needs, possibly due to cultural expectations to eat meat very regularly and often. For example, a 21-year-old female respondent in the camps stated: '*Many times, my whole family has had to go hungry together… The ration we get here is not enough for us.*' A 29-year-old female respondent from the camps stated, '*I want to eat good food. I can't eat because I don't have money. I want to eat beef and buffalo meat. I can't eat it because I don't have money.*'

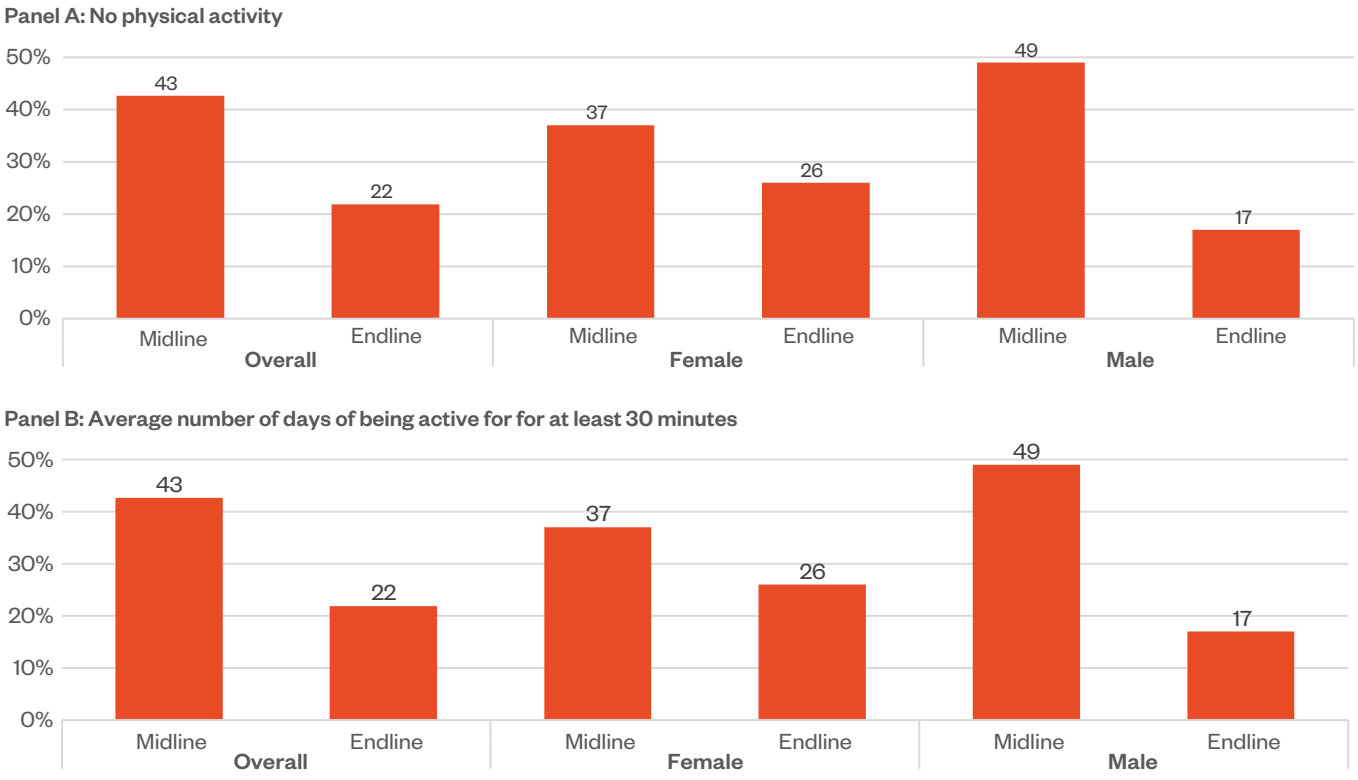
Additionally, female respondents, and particularly married adolescents, frequently reported more restricted access to adequate nutrition compared to their peers. It is important to note key family dynamics at play: while married young women in single-headed households tend to have greater control over meal planning and their own food intake, those living in larger, extended families are often deprioritised, receiving less food than elders, men, and children. A 21-year-old married female from the camps stated:

Figure 8: Food Insecurity overall and by marital status



3 Food insecurity was measured using the Household Food Insecurity Access Scale (HFIAS) (see Coates et al., 2007).

Figure 9: Physical activity over time



I always eat after everyone. And most of the time, they finished everything. I don't have enough food to eat. As we live in my in-laws' house, they have more priority than me. When I live with my parents, I didn't have food scarcity. My father used to bring food and we were having enough food in our family.

Rohingya young people described frequent food insecurity and inadequate nutrition, highlighting how poverty has affected their diet. A 23-year-old female respondent stated, '*I can't have good food regularly. Sometimes I have enough food to eat. Sometimes I don't.*'

Caregivers demonstrated varying levels of awareness regarding the importance of nutrition for children. Many parents emphasised their desire to provide balanced diets despite economic limitations. One father discussed how they try to meet his son's needs:

He told you about his requirements. He studies and that's why he needs more energy. He needs to eat milk and bananas. As parents, we are not able to provide for him, but he is very patient.

Food insecurity was felt acutely by young people with disabilities. The father of a 16-year-old adolescent boy with a disability explained: '*They* [World Food Programme] *are giving rice, eggs, lentils, and some other things... He needs more nutritious food at this age, but we can't manage that.*' A 23-year-old female with a physical disability stated:

They told me to eat nutritious food. At that time, I said, 'Do I have to be a rich man's daughter to eat good food?' I don't even get two proper meals a day. At that moment, I thought – if I could study, I could get a job and afford good food.

The qualitative data supports the quantitative findings that very few adolescents in camps engage in physical exercise or recognise its importance. The findings show that physical exercise is not a common practice among adolescents, who mostly associate physical activity with daily chores or work rather than with health or fitness. A 35-year-old key informant from the camp community said: *I've never seen anyone exercising... Doctors only tell them to move their hands and legs a little bit, like light exercise. But no one really does it.*' An 18-year-old young woman from the camp community said, '*If I could go back in time, I would eat nutritious food. I would go to the gym to keep my body in shape.*'

Broader physical health and access to services

On the endline survey, nearly all young people self-reported they were in good or very good health (88%). Adolescents

were more likely to self-report (very) good health (91%) than young adults (83%), whereas young people with disabilities were much less likely to self-report (very) good health than their peers without disabilities (49% versus 91%; see Figure 10). Experience of serious illness or injury among young people in the past 12 months was relatively uncommon (11% and 3% respectively). Although there were no differences in reports of serious illness or health condition overall by age or gender, among adolescents, boys were more likely to have experienced such an illness (13%) than girls (7%). In terms of less severe illness, 42% of young people in the camps had suffered from illness in the 4 weeks prior to the survey. Young females were more likely to have experienced this type of illness (48%) than young males (35%), with no differences by age cohort.

Many young people reported barriers to accessing health care. Just over a quarter of young people (27%) reported that getting money for treatment is a big problem, while a fifth (19%) reported that distance to a health facility was a big problem. Young people with disabilities were more likely to report that money is a problem in accessing care than young people without disabilities (40% versus 26%). A quarter of young people (25%) reported that they typically pay out of pocket for their health care. Although young people with disabilities were more likely to report money as a problem, they were also less likely to pay out of pocket for health care than young people without disabilities, possibly as a result of humanitarian provision of assistive devices (16% versus 25%*; Figure 11, Panel A)

Although 22% of young people reported that not wanting to go alone to the health facility was a big problem, this varied significantly by gender – 30% among young females compared with 12% among young males. Most young people did not report needing permission to go to the doctor (only 6% reported needing to). Young females were more likely to report needing permission than young males (7% versus 4%*; Figure 11, Panel B), and young people with disabilities were the most likely to require permission (15%).

The qualitative data highlighted high rates of waterborne diseases in the camps, which are exacerbated by poor sanitation and limited access to clean water. Young people demonstrated awareness about the importance of maintaining personal hygiene, often citing useful information received through training sessions in the their camps . A 21-year-old male stated, '*I had a little allergy – itching. It improved after treatment and medicine. We also got training on hygiene – how to wash hands and stay clean.*' A 24-year-old female similarly stated:

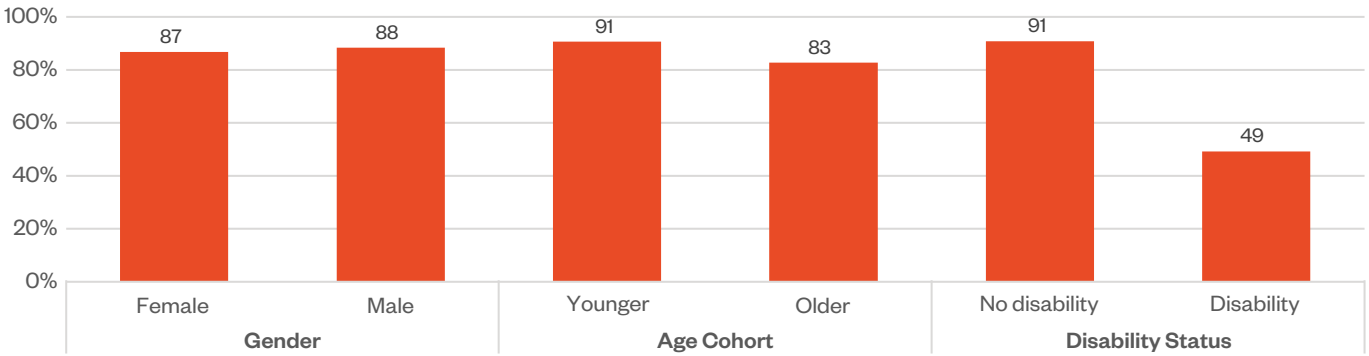
> *If you stay clean, nothing will happen. After intimacy, you should wash yourself properly. If anything remains on the body, it causes problems. You should not leave dirty clothes on your body – wash them. If you don't wash with soap, you get infections.*

However, many respondents emphasised that inadequate access to clean water continues to pose a major barrier to maintaining basic hygiene. A key informant stated:

> *Diseases have increased. If there are clean drains or toilets, if they had cleaned them like before, then people would have been saved from diseases. This is what needs to be done, number one. If what should be clean is not clean, then everyone will get sick.*

Interviews highlighted severe water scarcity in the camps, with some respondents citing only having access to two gallons of water allocated per room for ten people. This limited supply is insufficient for basic needs, including drinking, cooking, bathing, and washing clothes. A 24-year-old young woman explained, '*In my camp, due to lack of water, we can't bathe properly. Sometimes we have to go without bathing, and clothes pile up*' underscoring the daily challenges posed by the lack of water.

Figure 10: Self-reported good or very good health



The qualitative data highlighted persistent challenges in accessing health care services within the camps, particularly around the availability of necessary treatments and costs of obtaining care. These barriers often result in untreated health conditions, as well as the spread of preventable skin and waterborne diseases such as fever, jaundice, dengue and typhoid. The caregiver of a 17-year-old adolescent boy described how they go without food in order to afford medication for her son:

> *There are some hospitals for us, which are free, like IOM* [International Organization for Migration]*... They gave the medicine that will be needed for dengue [for my son]... The medicines did not work so I had to take him to a pharmacy and the doctor gave 500 or 600 taka worth of medicine in the pharmacy and he recovered after that... We have to manage it by starving, otherwise he wouldn't have improved....*

Limited awareness of modern health services acts as a further barrier to effective treatment. A 23-year-old female with a disability stated:

> *My brother and I were both sick. My parents, being from a rural area, didn't understand the severity, and even the doctors didn't take it seriously. They tried Ayurvedic* [ancient therapies that include herbs and meditation] *treatments from people and also sought medical treatment. A lot of money was spent... The doctor said that treatment wouldn't be possible here and that I needed to go abroad. But we had no money. We couldn't even afford proper food. We stayed there for three months, dealing with brokers for everything.*

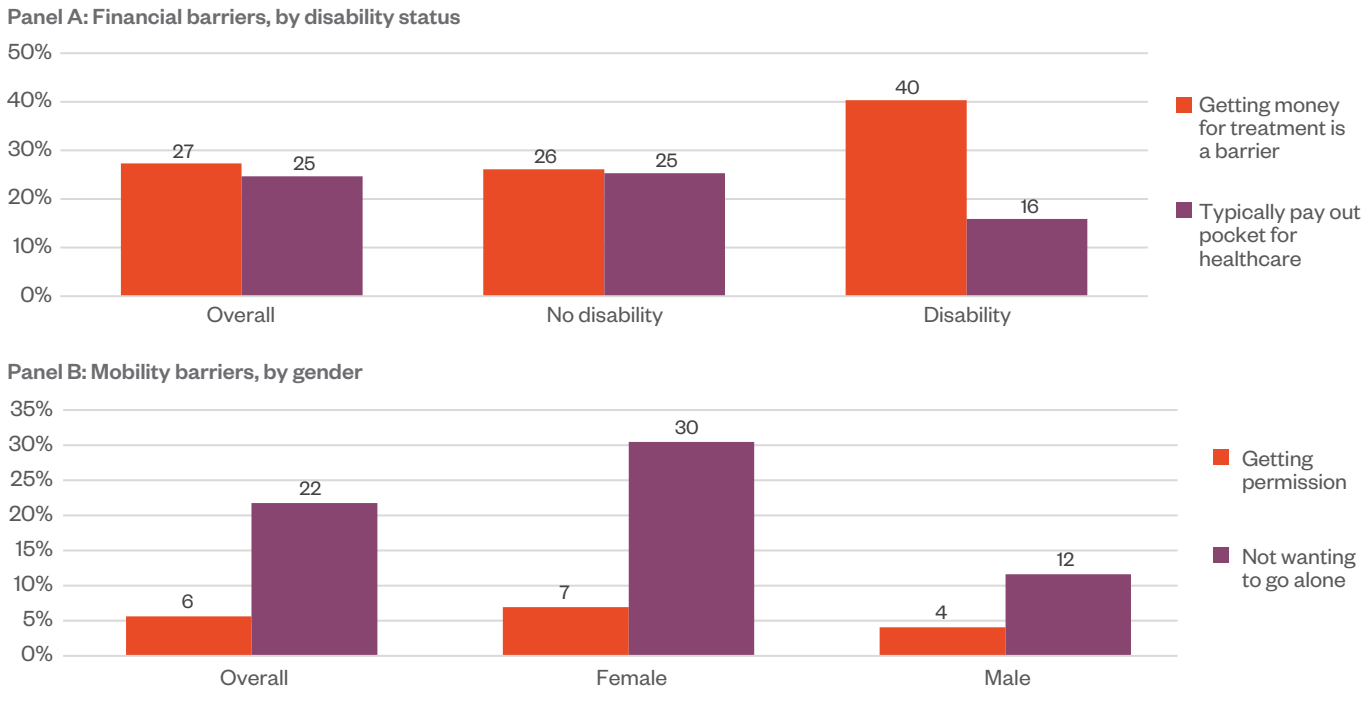
Lack of affordability and limited awareness of modern health care treatments also often leads to the interpretation of illnesses through spiritual or supernatural frameworks. A 35-year-old male key informant, who is a traditional healer, described how he treated one young person:

> *I did some spiritual rituals two or three times, and then I took him to the MSF* [Médicins Sans Frontières] *hospital. I told the doctor, 'There's no possession here. I've already performed all the spiritual rituals. His mother is dead – please, for the sake of God, treat him properly.' Then they treated him, and I personally took him to the hospital two or three times.*

Substance use

The endline survey found that 16% of young males reported having ever smoked cigarettes and 37% reported having a close friend who smokes Although no young females reported smoking, 5% reported having a close friend who smokes.[4] Almost none of the young people respondents reported using illegal drugs or alcohol in the past 12 months;

Figure 11: Barriers to accessing health care



4 The survey does not distinguish the gender of the close friend, but it would be unusual in this context for young people to have close friends of the opposite sex. Therefore, this can be interpreted as males discussing male friends and females discussing female friends.

however, when asked about awareness of drug use in the neighbourhood or among peers, the proportions were 20% and 8% respectively. At endline, young people were also asked whether they thought other young people in the community used different kinds of drugs. The most commonly reported drug was betel leaf (84%), followed by *yaba*[5] (18%), alcohol (15%), and marijuana (14%; see Figure 12).

The qualitative findings revealed that substance use, particularly among adolescent boys, appears to be widespread in the camps. A divorced adolescent girl explained both the implications of drug use amongst her peers, but also the profit it can bring for those who sell drugs:

> *The boys inside the camp are not good at all, they consume various types of drugs, such as yaba and marijuana… they do not study and therefore engage in bad deeds. Those who consume these products have various ways to purchase them. Those who intend to consume these things somehow manage to buy them or stock up on them. Boys* [start consuming drugs] *between the ages of 17 and 18.* [Also] *there are many who are paid a lot of money if they have Yaba tablets and go to the market in Chittagong…*[they may be younger but eventually] *become addicted to these drugs as a result of their involvement in these markets.*

Respondents described drug use as a gateway to multiple negative outcomes, affecting both individual behaviour and community safety. At a minimum, it was linked to idleness, lack of motivation, and disengagement from productive activities, while in more severe cases, it was associated with intimate-partner violence, involvement in illicit drug trade, and even human trafficking. A 17-year-old divorced adolescent girl recounted,

> *It has been four years* [since I left my husband]. *He took drugs and steroids… We didn't know if he was a good person as you never know the intention of people. People said that he was looking to get married. They sent the proposal. We found out about the issues with women afterwards. 3 days after we got married he was sent to jail. He got caught with drugs.*

However, some Rohingya respondents were reluctant to discuss drug use during interviews or felt that it was a matter to be handled by the authorities.. One mother stated:

> *My children don't smoke. The eldest son smokes a little. The other boys don't… Those who are addicted to drugs will not understand even if you beat them. Many people go to jail, get beaten by the police, get beaten by people, but they don't reform.*

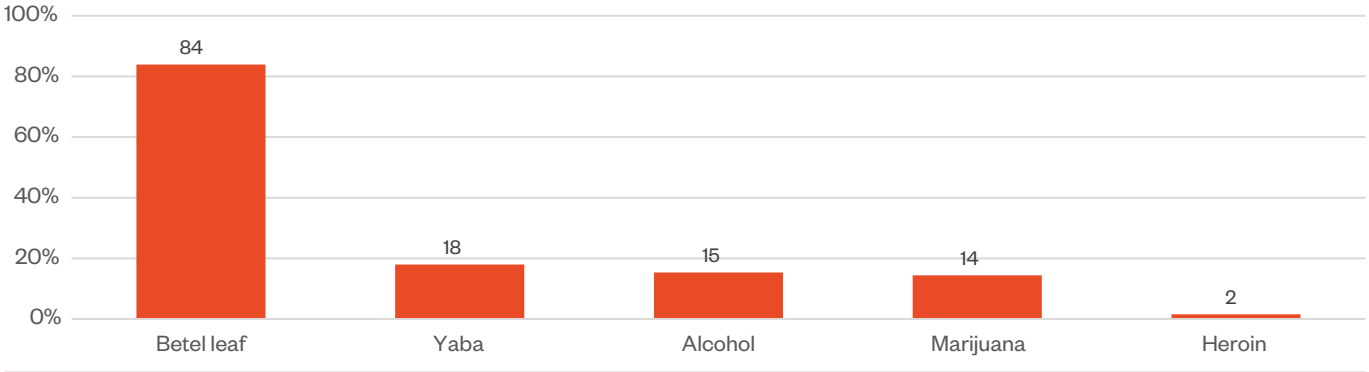
Puberty education and menstrual health

Most young people (90%) reported having a source of information about puberty. Although gender differences in having a source of information were not large (males 87%, females 92%), the source of that information differed significantly. Young females most commonly named their mother as their main source of information on puberty (54%), whereas young males most commonly named their friends (49%). The next most common source of information for young females was sisters (13%), and for young males, teachers (7%; see Figure 13).

Among young females, just over half (54%) reported knowing about menstruation before they experienced menarche. Mothers (70%) and sisters (16%) were the most commonly cited sources of information about menstruation.

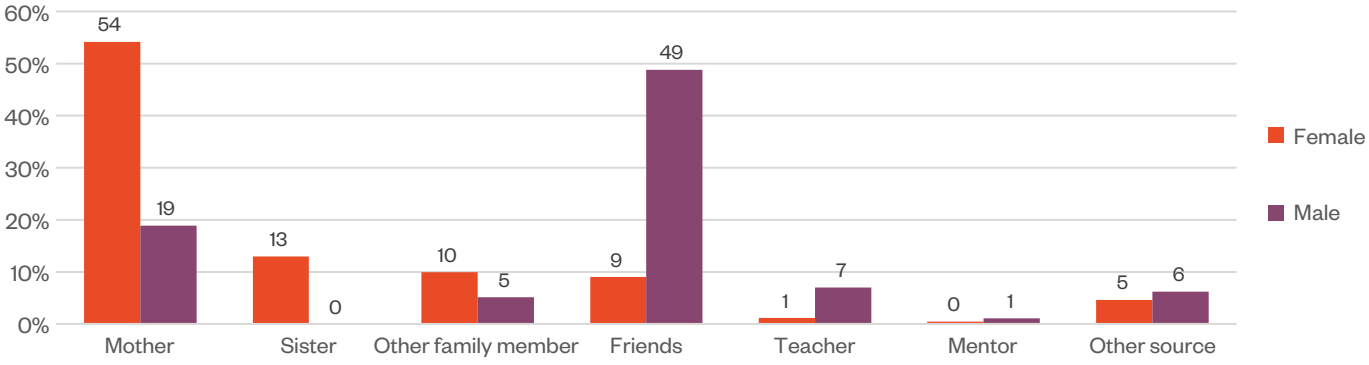
In the qualitative data, it is clear that girls are fearful of menarche, due to the absence of prior information on puberty and menstruation. Across the camps, girls overwhelmingly reported having no prior knowledge of

Figure 12: Share of young people reporting different types of drug use in their community



5 Yaba, meaning '*crazy medicine*' in Thai, is an illicit drug that combines methamphetamine and caffeine.

Figure 13: Source of puberty information by gender



Notes. 'Other family members' includes fathers, brothers, and other family members (was an independent category). For males, fathers are the largest contributor the 'other family member' category (1.9% of males report fathers). Among females, 10% reported 'other family member' on the survey. 'Other source' includes healthcare workers, print, media, web, and boys or girls clubs. For males, web (3.5%) and print (1.3%) sources are most cited among these. For females, healthcare workers are most cited (3%). All other sources included in 'Other source' were named by less than 1% of young people.

menstruation before their first period. The experience was consistently described as frightening, shameful and disorienting – a pattern driven by lack of education around the topic. Although most girls receive information on menarche from their mother, sisters or sisters-in-law upon the first period, girls increasingly mentioned knowledge being shared through trainings in the camps – though again, this takes place once a girl gets her first period, and not beforehand. An adolescent girl participating in a focus group discussion explained:

> *At first, I didn't know much. My clothes would get stained with period blood. No one at home told me anything. Later, there was a meeting here where I learned what to do during my period. My mother didn't know much about it either.*

Adolescent boys and young males also reported limited puberty knowledge, and explained that their parents never talk about puberty-related issues. Instead, they learned from their friends. An adolescent boy, who learned about puberty-related bodily changes from his friend, said, '*We don't talk about it with our parents. I have a friend who I share all the things with.*'

The onset of puberty for girls triggers strict social restrictions, confinement and frequently dropout from school as well as community life. Families and girls themselves cited protection of their honour, religious norms and fear of stigma as justifications for these restrictions. A 25-year-old married young woman explained:

> *Our society has become such that a girl who reaches puberty can no longer leave the house. If that girl leaves the house, she will not get married again. If girls don't get married, they have to stay in their father's house for the rest of their lives. That's why in our society, when girls grow up a little, their families don't allow them to study or leave the house. The girl will be able to study whatever she studied before puberty, but she will not be able to go outside the house.*

On the endline survey, nearly all young females (99%) reported that they had experienced menarche, at a mean age of 12.5 years. A majority of young females (75%) said that they used a purpose-made disposable or reusable pad to manage menstruation, and a similar proportion (76%) reported no challenges with menstrual hygiene management.

Half of young females (48%) reported feeling embarrassed or fearful about asking family members for support with managing menstruation, and 50% reported that their normal activities were restricted while they were menstruating. Among those reporting restrictions, most reported restrictions related to religious practices: 87% reported not fasting and 74% reported not going to their place of worship during menstruation.

During qualitative interviews, young females reported feeling isolated and embarrassed about menstruation. The cultural stigma around menstruation contributes to shame and prevents them from seeking help or support. A 17-year-old girl stated, '*I feel too shy to ask for a pad. My brothers don't know, and I don't want them to know. It's a private matter.*' Another 20-year-old young woman said, '*I don't even tell my mother sometimes. I just handle it myself.*' Young males in the camps typically ignore the

topic of menstruation, leaving girls feeling unsupported and isolated. As 20-year-old young woman noted, '*Boys here don't care about it. They don't even want to talk about it.*'

Young females also identified significant challenges with menstrual hygiene management due to the lack of access to menstrual products, clean facilities, and privacy. These difficulties are exacerbated by crowded living conditions, poverty, and a lack of support from both family members and peers, as highlighted by a 20-year-old female, who said, '*We don't have enough water here. Sometimes I just use a little soap to wash my clothes and pads.*' It is common for young females to use old rags or reusable cloth pads instead of disposable sanitary pads. A 20-year-old young woman said, '*We have to use cloth because pads are too expensive. Sometimes I can't even afford soap, so I use less than I need.*' Some girls also mentioned that while pads were more readily available in the earlier days of displacement, more recently, humanitarian partners have distributed cloths and reusable napkins rather than pads, which they would prefer. An adolescent girl participating in a focus group discussion mentioned:

> *When we first arrived, they used to provide pads, but now we have to buy them. It has been around 5–6 years since they stopped. They distribute cloths every six months. Pads are better.*

Qualitative data also revealed that some girls believe that pads must be washed thoroughly then burned in the ground to prevent evil spirts from haunting them. An 18-year-old young woman said, '*I wash them first and then bury them. Otherwise, ghosts will haunt me*', and an adolescent girl in a focus group discussion stated, '*If we bury them with blood, bad spirits might possess our bodies. We were taught this in a meeting.*'

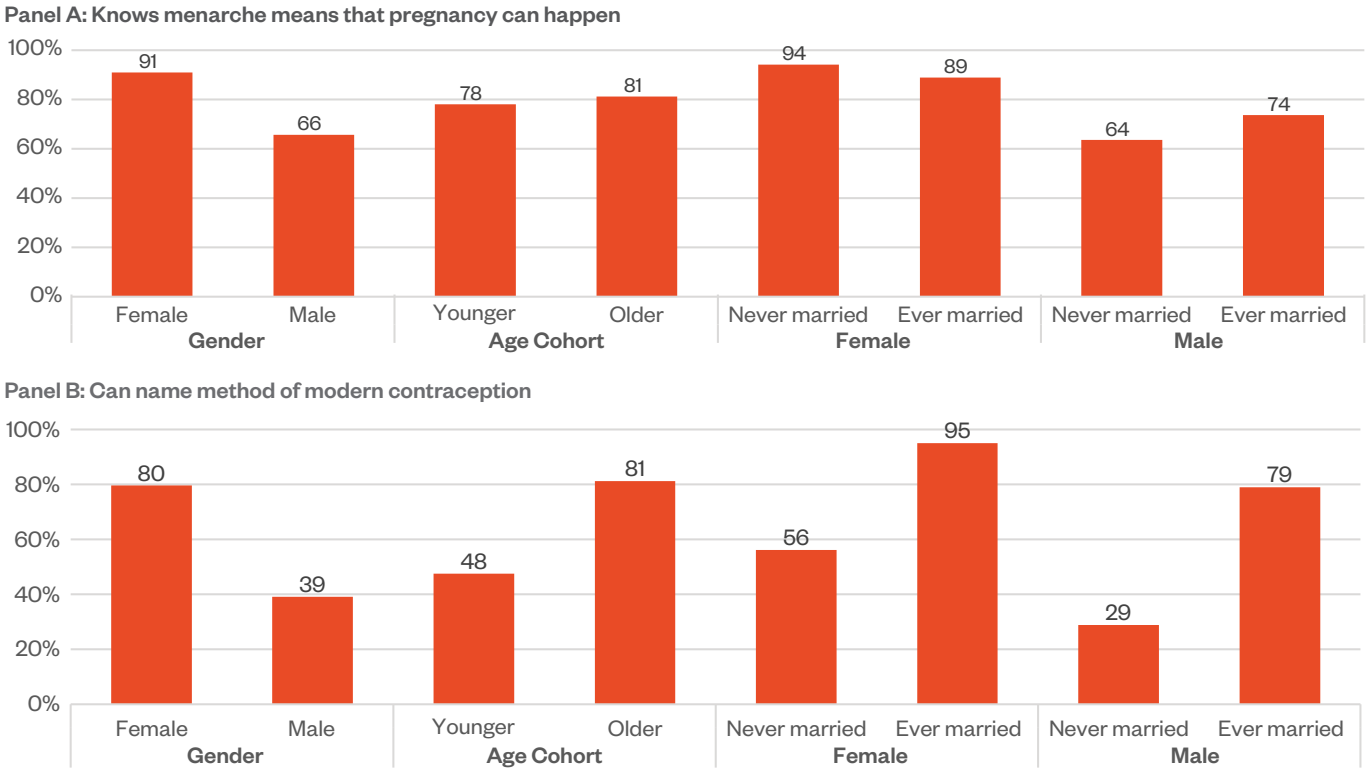
Knowledge about and uptake of contraception

Young females exhibit higher levels of knowledge about pregnancy and contraceptives. Whereas 91% of young females knew that menarche means that pregnancy can occur, only 66% of young males did. Similarly, 80% of young females could name a modern method to delay pregnancy, compared to 40% of young males (see Figure 14). Pregnancy partially drives knowledge around methods to delay pregnancy, with 99% of young females who had a child knowing of a method compared to 62% of those who had not had a child. The most commonly named method was the contraceptive pill (84%), followed by injectables (79%), implants (35%), and male condoms (33%). Young males were significantly more likely to name male condoms than young females (54% versus 24%). Again, there are large differences in the primary source of information on family planning methods by gender: while young females most commonly reported doctors as their source of family planning information (39%), young males most commonly cited their friends (55%).

Nearly all ever-married females were able to name a modern method of contraception (95%) compared to 56% among never-married young females. Interestingly, even among ever-married males, only 80% could name a modern method of preventing pregnancy, though they were significantly more knowledgeable than their never-married counterparts (only 29% could name a modern method). Higher knowledge of contraceptive methods among ever-married young people aligns with greater access to contraceptives for this population. Among young people who have heard of contraceptives, 92% reported knowing where married young people can go for family

A 20-year-old man at the barber, Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

Figure 14: Pregnancy and family planning knowledge by age, gender and marital status.



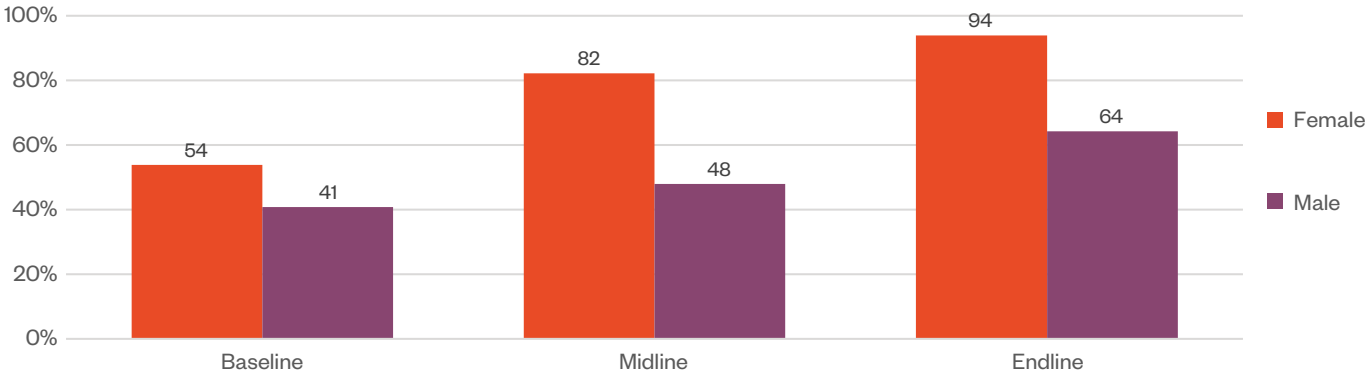
planning, whereas only 55% knew where unmarried young people could go.

Among ever-married females, 32.5% reported that they were currently using a modern method of contraception. Of those using a modern method of contraception, 95% already had one child. Among those, the most common method was injectables (51%), followed by the pill (38%). Most young females (88%) reported that the decision to use contraception was a joint one with their partner.

Knowledge about family planning increased significantly over time. The share of young people who could name a method of contraception increased from 49% at baseline to 84% at endline. This is largely driven by increases in knowledge among young women, increasing from 54% at baseline to 94% at endline (for young men, the increase was from 41% to 64%, see Figure 15). The increase in knowledge among young women largely reflects transitions into marriage (18% married at baseline compared to 45% at midline and 58% at endline) and childbearing (33% had a child at midline compared to 45% at endline.

The qualitative data is mixed regarding sexual and reproductive health (SRH) knowledge, but underscores that adolescents face significant gaps in comprehensive SRH education, relying on informal peer and family networks. NGO-led sessions to promote SRH knowledge and services appear to be inconsistent and declining for girls and young women: '*Earlier, some NGOs used to hold*

Figure 15: Change in knowledge of a modern method of contraception over time



meetings… but these meetings are no longer held.' (17-year-old unmarried adolescent girl). This notwithstanding, females demonstrated knowledge of family planning methods, (albeit somewhat superficial). One 17-year-old unmarried female respondent explained, '*I have heard of pills, injections, and implants, but I never got the chance to learn more about them.*' And a 16-year-old unmarried adolescent boy shared that, '*I learned about family planning… There's something plastic they insert – that works.*' Females are more likely to rely on health workers for family planning education, though access to health care services can be limited. One 25-year-old married young woman reported, '*I learned* [about contraception] *from the hospital and health workers.*'

Boys and young men reported receiving minimal SRH knowledge through structured sessions. They rely almost entirely on peers, with one 18-year-old unmarried young man noting, '*I know somewhat… from what friends have said*' and a 19-year-old young man stating, '*I've heard from my parents about contraceptive methods.*' This notwithstanding, boys mentioned knowing that services exist for family planning. A 20-year-old unmarried young man said:

> *Even if people don't understand anything, they understand protection and contraception. NGOs provide condoms and contraceptive pills. If people go to an NGO, the NGOs provide it. They don't ask questions.*

Although awareness of contraceptive methods is growing, use remains inconsistent and often controlled by husbands or influenced by family and religious norms – captured in the statement by a 20-year-old married young woman, who said '*After taking Dipo* [Depo-Provera]*… Who made this decision? My husband did,*' while noting concerns that methods are '*very harmful to the body*'. Child marriage and pregnancy are widespread, frequently occurring without adequate knowledge or access to care, with one 18-year-old married young woman explaining, '*I got married at 16, and I had a baby before I turned 18… I didn't know I was pregnant.*' Knowledge of sexually transmitted illnesses (STIs), unintended pregnancy and abortion is fragmented and stigmatised, sometimes leading to secrecy and harmful outcomes, as illustrated by accounts that '*Some girls… secretly get an abortion… Others take compensation money and remain silent,*' (adolescent girl in a focus group discussion).

Health care providers described structured but indirect service delivery, particularly for sensitive issues like HIV and STIs, explaining that '*Adolescents don't come specifically for HIV check-ups… We detect it during family screenings*', underscoring low proactive care-seeking with regard to STIs.

Together, these findings reveal a system in which SRH knowledge is uneven, shaped by norms and stigma, and where girls' autonomy over their SRH decisions remains highly constrained.

Pregnancy and maternal health care

At endline, 82% of ever-married females had been pregnant, with the average age at first pregnancy being 17.8 years. On average, married females had been pregnant 1.6 times (including pregnancy loss). Most ever-pregnant young females had sought antenatal care (88%) and half had given birth in a hospital or clinic.

Qualitative interviews in camps revealed that although many women have access to and knowledge of contraceptive education, they still value traditional beliefs regarding family size. This contributes to higher fertility rates in the camps, as young females report having multiple pregnancies in early adulthood. The social acceptance of having children early is also prominent, often influenced by cultural norms that prioritise fertility and procreation. During a focus group discussion, one father said:

> *It is sinful in Sharia to have a pill to prevent pregnancy. They do not talk about these things* [contraception] *because of controversy. If the imam says anything controversial, they will replace the imam.*

In the camps, antenatal care is available through hospitals and health centres, but access to quality care remains a challenge. Adolescent mothers often face difficulties such as long waiting times, overburdened health care staff, and lack of comprehensive care, though integrated service centres and one-stop centres do exist. Additionally, girls and young women are not always able to make their own decisions on maternal care, as a 20-year-old young woman noted, '*When I was pregnant, my in-laws wouldn't let me go to the baby's check-up.*'

Adolescent mothers reported limited access to essential services such as skilled personnel, and inadequate facilities for proper pregnancy monitoring. This lack of quality antenatal care prevents adolescent mothers from receiving the proper care needed during their pregnancies.

Bodily integrity and freedom from violence

Violence at home

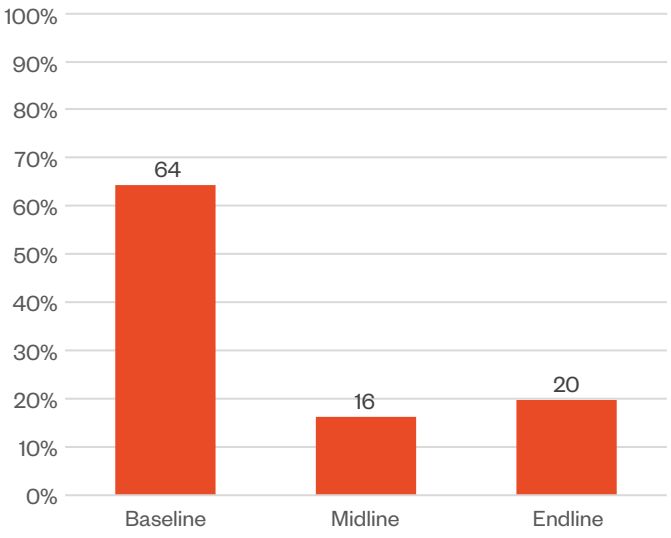
On the endline survey, a quarter of young people (25%) reported experiencing violence at home.[6] While experience of home violence is similar by gender among adolescents (27%), young men are less likely to report home violence than young women (11% versus 27%).[7] The most common form of violence reported was an adult yelling at them or calling them names (19%). Among those experiencing violence at home, only 5% reported talking to someone about this violence, with no differences by gender or age cohort.

Experience of home violence is similar but slightly higher at endline than at midline – 16.2% of young people reported experience of home violence at midline compared to 19.7% at endline – and is significantly lower than at baseline (64.2%); (see Figure 16).

The qualitative data revealed that while parental violence did occur, it was not widely discussed, particularly among adolescents. An 18-year-old young woman shared her experience:

> *Father has a heart problem, blood pressure and his head is light. He is always angry. He always screams at my mother. Verbally abuses* [her] *all the time. Screams at all of us. He doesn't like people. His head is gone. He screams and beats everyone. Yesterday he kicked me and my hand got hurt.*

Figure 16: Experience of home violence over time



Compared to young people, parents and key informants discussed the topic more openly, often framing it as a measure to ensure the welfare and discipline of adolescents. A 50-year-old female caregiver stated:

> *Sometimes I hit her when she doesn't understand or cries… There is no one to earn income at home. Crying to get clothes, crying to get make-up. When a seller comes, she must buy something. That's why I hit sometimes. My daughter doesn't even try to understand.*

A 45-year-old female caregiver corroborated this account:

> *Parents must listen and act accordingly. Children will be beaten if they don't listen. If they don't listen even after beating, you have to convince them. I don't know about others, I have beaten my children.*

The qualitative data also indicates that parents more often beat adolescent boys, especially younger boys (compared to older boys and girls). A 45-year-old female caregiver stated:

> *I used to beat my son, but now I don't beat him. I haven't hit my son since he started reading. I used to beat my son six or seven years ago. I used to beat my son because he wasn't studying properly, and he wouldn't go anywhere when asked to do so. Since he is studying, I have to speak to him affectionately.*

Notably, even when adolescents disclosed instances of parental violence, they were often normalised and framed as being for the child's own benefit. During a focus group discussion with older Rohingya adolescent girls, one of the respondents stated, '*If I do something wrong, my mother should definitely scold me.*'

In the qualitative sample, a greater number of adolescents with disabilities reported experiences of violence in the home compared to their peers without disabilities. This is likely due to wide underreporting of violence by adolescents with disabilities, as they are often more dependent on caregivers and have reduced access to reporting mechanisms, increasing both their vulnerability and the likelihood that abuse remains hidden.

6 For young people living with parents, this captures violence from parents and/or siblings. For married young people, this violence could be from in-laws, and for young people living independently, this violence could be from roommates. Young people living independently and alone (N=4) are excluded from the sample.

7 This may be due in part to their transition into becoming heads of their own households. 20% of young men in the endline survey were heads of their own household.

Peer Violence

In the endline survey, 13% of young people (18% of never married young people) reported experience of peer violence in the past 12 months with significant differences by gender – 20% of males reported experiencing peer violence compared to 7% of females. Ever married females were less likely to have experienced peer violence than their never-married peers (5% versus 11%); ever married males were similarly less likely to have experienced peer violence (13% versus 21%*). Figure 17 summarises these patterns. Lower experience of peer violence among married young people is partially related to their lower likelihood of being enrolled in education. Enrolment in education is a risk factor for experience of peer violence. Among young people enrolled in education, 23% have experienced peer violence in the past 12 months – with no difference by gender – compared to 10% among their peers who were not enrolled. There is no difference in experience of peer violence by disability status in the quantitative data. Three percent of young people report perpetrating peer violence, with no variation by age or gender.

Similar to home violence, experiences of peer violence at endline are similar (though slightly higher) than at midline, but are significantly lower than at baseline (45% at baseline versus 12% at midline versus 15% at endline in the panel sample).

While bullying and peer violence were recognised as common experiences among adolescents through qualitative interviews, they were not widely discussed, except by adolescents with disabilities, who shared more openly about the discrimination, teasing, and physical harm they faced from peers. A caregiver of a 16-year-old adolescent boy with a disability from a camp shared,

> *If he goes outside, people beat him. Once someone beats him very badly. I found him on the road, injured all over. It was a rainy day. I wanted to complain, but he couldn't recognise who had beaten him. I brought him to the doctor and he got treatment. That's something I always remember. If he could be like other children, we would be so happy.*

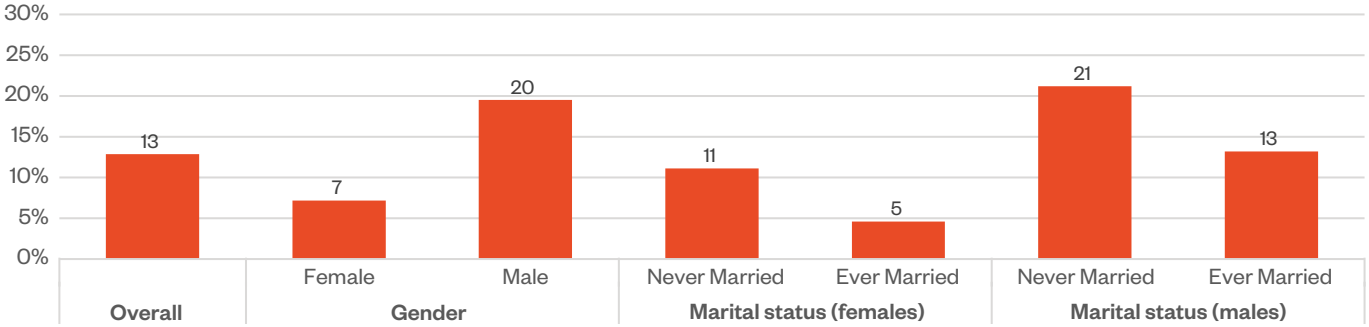
A 24-year-old male respondent from the camp also recalled, '*There was an incident. I was beaten. I don't know why they beat me… I was just sitting in a shop that came and hit me.*' Experiences of peer violence were more commonly discussed by girls with disabilities. A 29-year-old female respondent with a disability residing in the camp shared, '*My friends teased me… They called me limping.*'

In contrast, among adolescent girls without disabilities, the most reported form of peer-related harm was harassment from male peers, which emerged as a major barrier to their education. A 23-year-old female respondent from the camp stated, '*Many times, I didn't study for fear of being bothered by boys when I went to study… I wanted to earn money by studying, but I couldn't do that because I was afraid of being teased by boys.*' Similarly, an 18-year-old female respondent from the camp shared, '*Many people talk about educating girls, but they can't do it because of society. Our boys are not good. If a girl steps out of the house, they tease her.*'

Sexual violence

On the endline survey, very few young people (7%) reported experience of sexual violence, a little under half of whom (3% overall) reported sexual violence when they were under the age of 18. Experience of sexual violence varies significantly by gender and age cohort: nearly twice as many young females reported having experienced sexual violence (9% versus 5% for young males), and twice as many young adults reported having experienced sexual violence than adolescents (11% versus 5%). These differences intersect, with young women experiencing the highest rates of sexual violence (13%). Ever-married females were two and half times more likely to have

Figure 17: Peer violence overall, by gender and marital status



experienced sexual violence than their never-married peers (12% versus 5%). These numbers are all likely an underestimate due to underreporting.

Adolescent girls face heightened risks of sexual and gender-based violence, with some believing that trends are exacerbated by overcrowding, lack of privacy, and weak protection mechanisms. A key informant (camp-in-charge) explained that adolescents are exposed to multiple forms of violence, noting that shared spaces such as water, sanitation and hygiene (WASH) and bathing facilities increase vulnerability – '*they face a lot of violence*' in these environments. The risks are particularly severe for adolescent girls without male guardians, as described by a 17-year-old adolescent boy who also works as a community volunteer: '*If someone sees a good-looking girl who has no father or brother… the bad people try to rape her',* highlighting how gender and protection gaps intersect. Immediate threats are also evident in daily life, with a 17-year-old adolescent girl recounting an attempted abduction: '*The boy was trying to pick up my sister in the car and take her away… After I screamed, some people gathered*,' underscoring females' constant risk of harassment and violence even during routine activities.

Child marriage

At endline, 42% of young people had ever been married and just under a quarter (23%) had experienced child marriage (marriage before the age of 18). Of that latter group, the vast majority were female – 38% of young females had experienced child marriage compared to 5% of young males. Among married young females, 89% reported that they were ready to be married, with no differences by age at marriage. At the same time, 83% reported that their parents had made the decision for them to marry, compared to 17% saying they made the decision themselves – again with no differences by age at marriage. Close to a quarter (21%) of young females who experienced child marriage felt they were pressured by their parents to get married, and 8% said they would have faced consequences if they had refused, compared to 11% and 3%, respectively, among those who married as adults.

Perceptions and experiences of child marriage at endline reflect both a growing awareness of its harms (especially early pregnancy) yet its continued prevalence. Awareness of the health risks associated with early pregnancy is evident among some older youth especially, as a 21-year-old young woman stated, '*Everyone under the age of 18 is a child… Getting married at a young age will harm girls' bodies*,' while another 21-year-old young woman said:

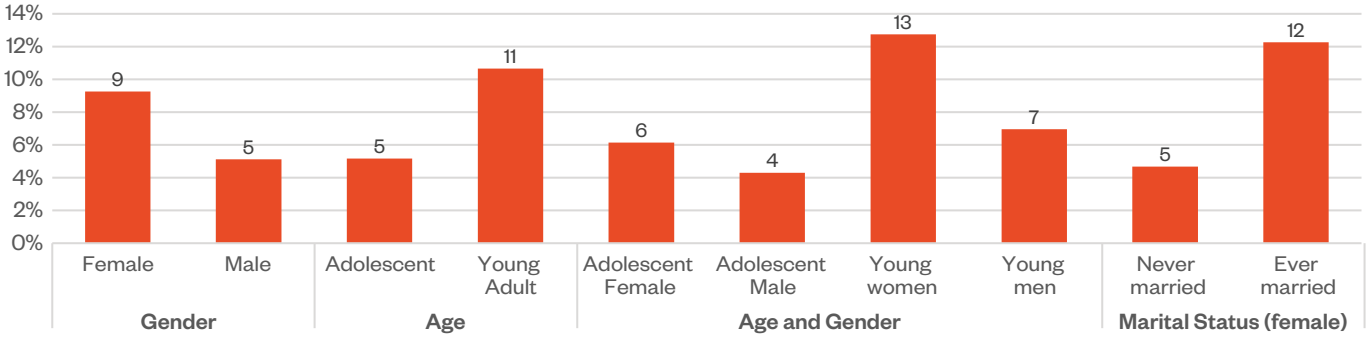
> *Many people get married at the age of 13… They don't even know how to have a baby. The child will be sick, the mother will be sick too. The girl has no idea how to do something that will be good for her body.*

Although the health risks associated with early pregnancy due to child marriage are growing, norms still mandate the practice. In addition, a lack of any viable alternatives for girls or life trajectories mean the practice is maintained. Unmarried adolescent girls and young women thus face increasing social pressure, as a 29-year-old female respondent shared, '*I am getting old… I feel sad about these things*,' reflecting the stigma around delayed marriage in the study communities.

Generally, many adolescents and young adults mentioned the desire to delay marriage to a time when they are more prepared and ready. A 21-year-old young woman explained:

> *I didn't understand much back then. If I had known more and understood the harmful effects of child marriage, I would never have married before turning 18. If my parents had known about these things, they wouldn't have married me off before I was 18 either. But now, there is much more awareness about this among people here, so child marriage has greatly reduced.*

Figure 18: Experience of sexual violence by age, gender and marital status



A 19-year-old young male agreed, saying, '*I should have waited a bit longer… I'm still young and lack the maturity to understand many things*,' highlighting limited readiness among boys as well. There were nonetheless some outlier voices who preferred to stay within the bounds of more traditional and conservative norms, such as a 19-year-old young woman, who said, '*People say that girls should marry at 18, but I considered myself mature enough for marriage, so I was married off at 16*.'

Marital violence

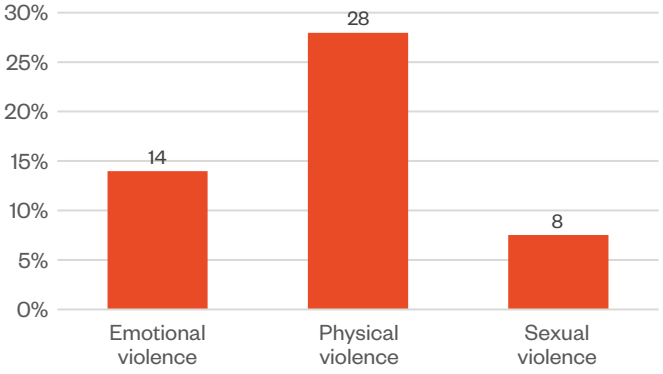
The endline survey found that among married young females, 36% had ever experienced any intimate partner violence (IPV, emotional, physical or sexual) and 32% (90% of those ever experiencing IPV) had experienced IPV in the past 12 months. Experiences of violence were similar for those married as adults and those who experienced child marriage. By type of violence, 14% reported ever experiencing emotional IPV, 28% reported ever experiencing physical IPV, and 8% reported sexual IPV (see Figure 19).

The qualitative data indicates a high prevalence of marital abuse in the camp context, affecting adolescent girls and young women's well-being and safety. Narratives from respondents point to various forms of violence, including physical, emotional and economic abuse, often linked to dowry-related pressures, substance abuse, and the involvement of extended family members. The testimonies also suggest that attempts to seek help may result in further retaliation, reinforcing barriers to reporting. A 21-year-old female respondent from the camp highlighted how violence is often collective and reinforced by the husband's family:

> *Before my marriage, there was no suffering in my life. I was happy. After my marriage, my husband beat me, arguing with me. My in-laws don't give me food to eat. My elder sister-in-law also makes me suffer. When my husband and I had a quarrel, my in-laws also joined with him and asked me to get out of their house. My husband also beat me because of their influence.*

Efforts to seek help frequently backfire or are constrained by social stigma and fear of retaliation, as a 21-year-old young woman explained: '*I made a complaint… but after that, he started torturing me more… He says if I complain, he will leave me,*' underscoring the risks associated with reporting abuse. Even when support systems exist, structural and social barriers limit their effectiveness, and girls and women are often reluctant to pursue legal action due to concerns about family reputation, economic dependence, and fear of further retaliation. Moreover, some authority figures may dismiss or blame survivors for the violence to which they have been subject. As a result, many adolescents and young women endure marital violence without any redress.

Figure 19: Experience of intimate partner violence among married young females



Community violence

In the endline survey, 58% of Rohingya young people cited crime and violence as the main safety risk in the camps. Other safety risks, reported at much lower levels included lack of lighting (5%), criminal groups (4%), and gender-based violence (3%). Young females were significantly more likely to cite crime and violence as a safety risk than young males (63% versus 52%). Forty-six percent of adolescents reported being completely (17%) or moderately (29%) scared about community violence. While a similar proportion of males (30%) and females (28%) reported being moderately scared, females were twice as likely to report being completely scared compared to males (22% versus 11%). This divide was consistent across age cohorts. Ten percent of young people were aware of adolescents in the community being associated with armed forces, with no differences by gender or age.

Community safety concerns in the camps were also highlighted in the qualitative interviews. They were seen as pervasive and shaped by a combination of gender-based risks, criminality and limited uptake of protection mechanisms. Adolescent girls face and perceive acute threats to their safety and mobility, including harassment, abduction and fear of reputational damage and the knock-on effects on marriage proposals and family dishonour, all of which severely restrict their ability to move freely in the camps. A 22-year-old young woman recounted:

If they find a girl beautiful in their eyes, they take her. Even if she's married, they take her. But mostly they target unmarried girls. There are bad people around again. They bring marriage proposals for my sister, and if we don't accept their proposal, they turn hostile and might try to harm her. Because of the fear of defamation, she can't even go to school or step outside.

Similarly, in an FGD with fathers, one mentioned, '*If a girl goes anywhere… she will be hijacked… and fall victim to human trafficking*,' while a 17-year-old girl stated, '*A lot of evil people are here. They forcefully enter girls' houses and harass them or torture them. Some abduct the girls at knifepoint, kill them or sell them*.' These risks create an environment where adolescent girls' safety is constantly at risk, and prioritised over autonomy.

At the same time, broader insecurity affects entire communities through violence, kidnapping, and human trafficking. Respondents described incidents of abduction for ransom, killings and forced disappearances, contributing to a climate of fear. A 21-year-old young man shared, '*My friend was kidnapped… the kidnapper asked for money for his freedom*,' while a 24-year-old young woman's account described extreme violence: '*They took him out of the car, beat him, pulled his nails off, and demanded 2 lakh taka*.'

Intimidation by armed or criminal groups further compound insecurity, undermining livelihoods and daily life. Households reported being threatened and unable to seek justice due to fear of retaliation. A 23-year-old young man stated, '*They humiliate us and intimidate us, saying 'We will take your children… your shelter will be destroyed*,' while a 20-year-old young man noted, '*I know who did it, but I can't do anything. I have no security*.' These dynamics point to a community protection crisis in which fear and lack of accountability shape everyday experiences of safety in the camps.

Support-seeking for violence

In the endline survey, 77% of young people (73% of young males and 80% of young females*) knew of a place to go for support if they were experiencing physical violence. However, only 5% have ever accessed such services. There were no differences by gender in support-seeking, but young adults were significantly more likely to have accessed services (9%) than adolescents (2%).

The qualitative data highlights that adolescents are increasingly aware of the right to live free from violence, with NGOs playing a key role in educating and creating awareness on how to stay safe and seek support. A 21-year-old married respondent stated:

We received training, so we shared it with others. If there is a fight between husband and wife, or if there is any kind of abuse against women, that would be GBV [gender-based violence]. *Mental turmoil, financial abuse, physical abuse, If physical abuse is forcible, it is GBV.*

A few older adolescent girls also reflected that gaining this awareness earlier in their lives would have been more beneficial, as it could have better equipped them to recognise and respond to violence. A 21-year-old unmarried Rohingya young woman stated, '*If I knew about bad touch, I would've warned other people as well… I would've gone to an NGO to have knowledge about these matters. I would've talked to my people about it*.'

Similar to the quantitative findings, reporting and legal action were more common among married adolescent girls compared to their unmarried peers. This is largely attributed to the higher prevalence of marital and dowry-related violence, which often leads to more frequent and severe incidents that demand intervention. However, despite this, key informants emphasised that overall, reporting remains low due to barriers such as lengthy legal procedures, fear of retaliation, and the strong social stigma attached to speaking out. A 20-year-old married young woman explained her experience:

I used to get angry and go to my maternal house. Sometimes I resolve it, sometimes other representatives do that. There's also a community office, but if we drag [our problems] there, I fear our respect will get lessened in society. My husband will also be shamed, and I'd feel bad… I won't inform the NGO and will try to resolve it at home by ourselves. Because I didn't have a father while growing up, I know the importance of a father. I can't let the kids suffer the same fate. That's why I bottle up my issues, problems, or suffering within me. I want all our well-being.

A 35-year-old male key informant corroborated some of these barriers to taking action:

We can't always take strong legal action against them. We face some limitations. To file a case, we need the victim's consent, and most of the time they don't want to. If we try to follow up, the same thing happens again two or three months later. Very few – maybe one or two – are actually willing to file a case.

Psychosocial well-being

Mental health and resilience

The GAGE endline survey included three internationally validated instruments to capture mental health concerns: the General Health Questionnaire-12 (GHQ-12),[8] the Patient Health Questionnaire-9 (PHQ-9),[9] and the Generalised Anxiety Disorder scale (GAD-7).[10] All three measures paint a similar picture: young females have worse mental health than young males, young adults have worse mental health than adolescents, and young people with disabilities have worse mental health than their non-disabled peers. Females with disabilities appear to be most at risk.

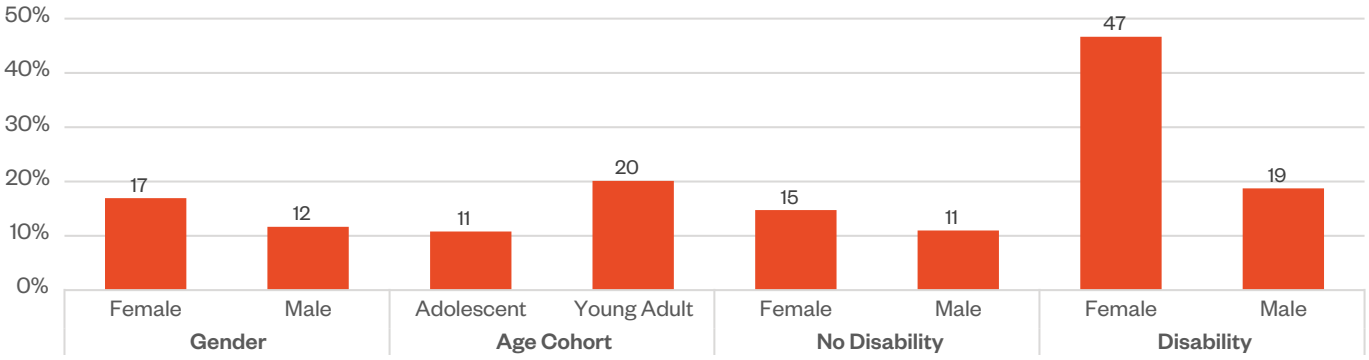
The endline survey found that 15% of Rohingya young people in camps had GHQ-12 scores suggestive of emotional distress (score >=3). Differences by gender and age cohort were statistically significant, with females (17%) more likely to experience emotional distress than males (12%), and young adults (20%) more likely to than adolescents (11%). Gender differences in emotional distress appear to be driven by gender differences among young people with disabilities – 46% of young females with disabilities had GHQ-12 scores suggesting emotional distress compared to 15% among young females without disabilities (see Figure 20).

Similarly, 20% of Rohingya young people had PHQ-9 scores suggesting mild-to-severe depression (16% mild, and 4% moderate-to-severe) – again, with significant differences by gender and age. Females were more likely to report signs of depression than males (24% versus 15%). Young adults were more likely to than adolescents (25% versus 16%*). Gender differences were statistically significant within age group* (see Figure 21). Among Rohingya young people, 8% reported suicidal ideation. Aligning with signs of depression, suicidal ideation is statistically higher among females than males (9% versus 6%) and higher among young adults than adolescents (10% versus 6%). According to the GAD-7, 14% of adolescents showed symptoms of mild-to-severe anxiety.

Young people with disabilities were three times as likely to have symptoms of moderate-to-severe depression (10% versus 3%) and had higher rates of mild-to-severe anxiety (20% versus 13%*). Among young people with disabilities, females had had higher rates of mild-to-severe depression (33% versus 16%). Compared with other subgroups, young females with disabilities had the highest rates of mild to severe depression (see Figure 21) and suicidal ideation, at 13%.

The endline survey also included the Child and Youth Resilience Measure (CYRM-28)[11], which captures young people's ability to respond to life challenges and the emotional support they have to help them do so. We divided the GAGE sample into three categories (low, moderate or high resilience) according to whether the respondent scored more than one standard deviation above the sample mean (high resilience), within one standard deviation of the mean (moderate resilience), or more than one standard deviation below the mean (low resilience).[12] We find that young females were significantly less likely to have high resilience compared with young

Figure 20: Emotional distress (GHQ-12>=3) by gender, age cohort and disability status



8 The GHQ-12 is an internationally validated measure of psychological distress. Scores equal to or above 3 suggest distress.

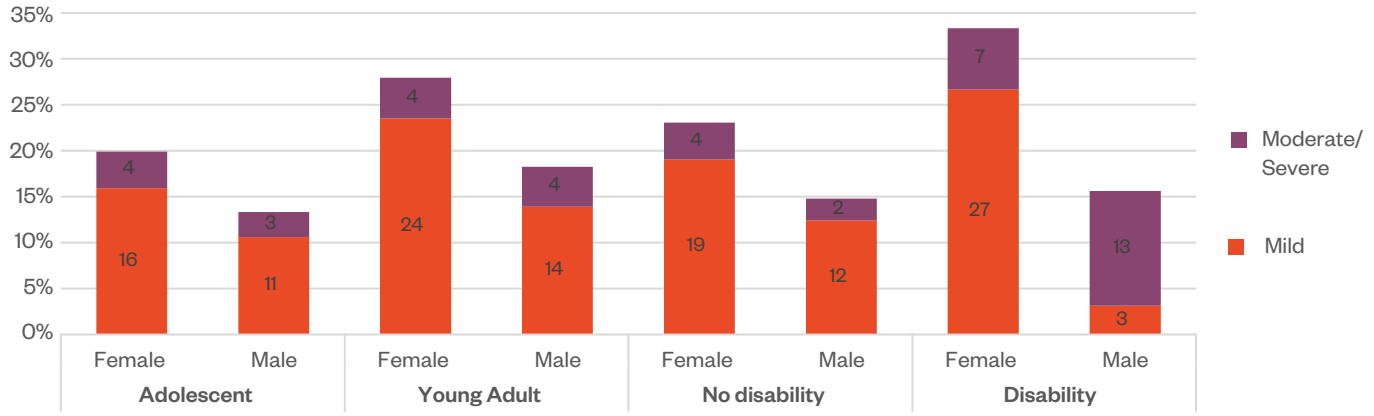
9 The PHQ-9 is an internationally validated measure of depressive symptoms. Scores of 5–9 indicate mild depression, 10–14 indicate moderate depression, and 15 or above indicate severe depression.

10 The GAD-7 is an internationally validated measure of anxiety. Scores of 5–9 indicate mild anxiety, 10–14 indicate moderate anxiety, and 15 or above indicate severe anxiety.

11 The CYRM-28 is an internationally validated measure of resilience.

12 Young people scoring more than one standard deviation above the sample mean were classified as having high resilience, those within one standard deviation of the mean had moderate resilience, and those with a score more than one standard deviation below the mean had low resilience

Figure 21: Mild (PHQ-9 >=5) and Moderate/Severe (PHQ-9>=10) Depression by age, cohort and gender and disability status



males (9% versus 21%) and that young adults were less likely to have high resilience compared with adolescents (11% versus 17%*). Gender differences were significant within age cohorts (see Figure 22). Young people with disabilities and young females who married before age 18 were least likely to have high levels of resilience (3% and 5%, respectively); in both cases, the percentage was significantly lower than for their peers without disabilities (15%), and who were never-married (13%; see Figure 22).

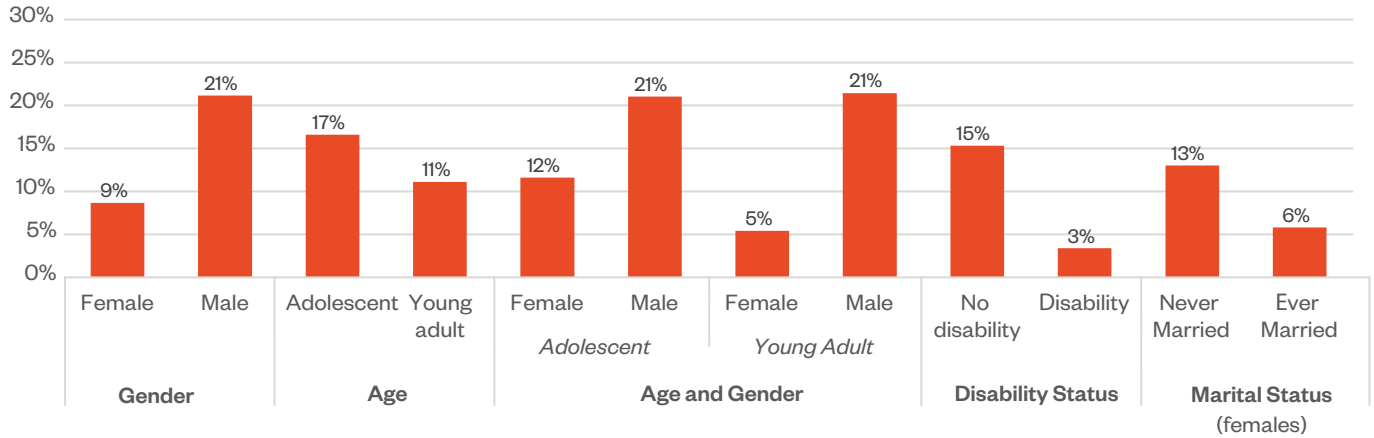
In our panel sample, fewer young people showed signs of emotional distress at endline (14%) than at midline (22%), suggesting reduced stressors in the camps between 2023 and 2025. Emotional distress is similar between baseline (16%) and endline (14%).

The qualitative data shows that many young people struggle with emotional distress. Participants widely reported feelings of distress, sadness and frustration. The years of protracted displacement have entailed multiple and intersecting challenges for young people, which is best illustrated by a quote from a 14- year old girl from a Bangladeshi host community, describing why girls in the camps have headaches: '*They are always in tension.*'

Some participants described their feelings of sadness, which affects their health. One 16-year-old Rohingya boy explained, '*I feel very sad and sometimes I can't even sleep the whole night.*' Several stressors were reported that could be linked to respondents' emotional distress. Whereas poverty, limited mobility and opportunities, community violence, and pressure to get married were reported by young people they also made specific references to the harsh life of the camps, their displacement from Myanmar, and discrimination against refugees. As this quote from a 17-year-old Rohingya boy illustrates: '*I'd prefer to return to Myanmar... I don't feel good here.*'

Rohingya respondents reflected on their traumatic experiences fleeing from violence in Myanmar and being forced to settle in refugee camps. In the words of a 21-year-old young Rohingya woman: '*I had to leave behind my home and house, so I feel very bad.*' Still, fleeing from Myanmar also provided safety from the persecution and violence, as a 16-year-old Rohingya girl reported: '*Our lives were saved – so it was obviously good. I'm happy my family is with me.*' Respondents also described more joyful memories such as marriage, academic achievements, gifts, and work

Figure 22: High Resilience (CYRM-28 > 1sd), by age, gender, disability and marital status

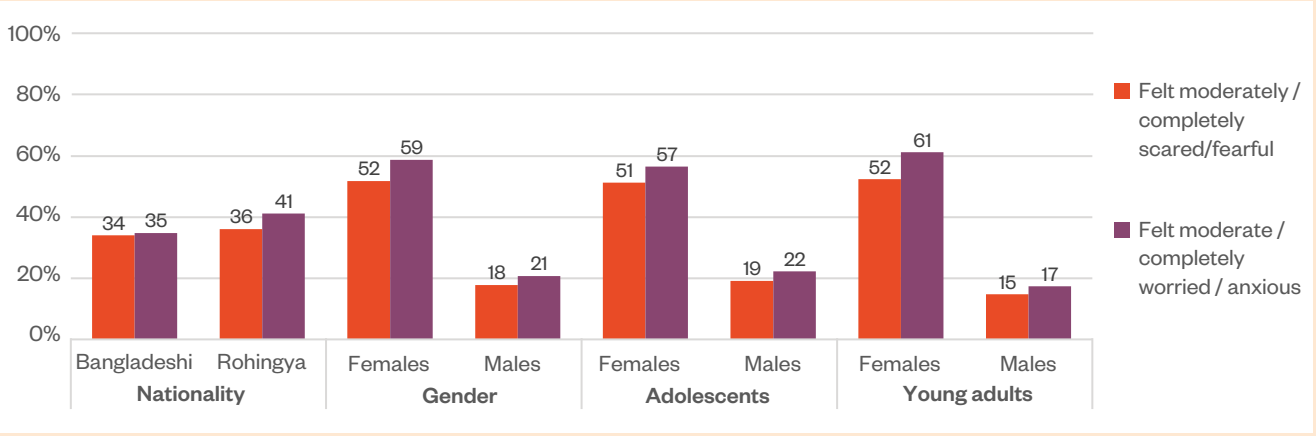


Box 4: July Revolution impacts on young people's emotional well-being

The political landscape of Bangladesh was recently upended when protests ousted the prime minister Sheikh Hasina in what has also been called the July Revolution. Rohingya young people felt the effects of these events in the camps as the leadership transition created uncertainty around provision of aid and funding (WHO, 2024).

The endline survey included questions about how young people felt following the government turnover in 2024. Overall, 36% of Rohingya young people felt moderately or completely scared/fearful, and 41% felt moderately or completely worried/anxious, with noticeable differences by gender across age cohorts (see Figure 23). Young females were more likely than males to feel scared/fearful across both age cohorts (adolescents: 51% versus 19%; young adults: 52% versus 15%) after the July Revolution (see Figure 23). A similar gender pattern was also seen among those feeling moderately or completely worried/anxious, with additional differences by nationality. Rohingyas (41%) were more likely than Bangladeshis (35%) to report feeling worried. Females were more likely than males to feel anxious (59% versus 21%), with young adult women being the most anxious (61%) – three times more than their male counterparts, and also the least (17%). In addition, 7% of Rohingya young people reported that anyone in their household had experienced restrictions to their ability to move freely and safely in their area (compared to 4% among Bangladeshis). In the qualitative data, young people expressed their anxiety during the unrest, with a 16-year-old girl describing her feelings: '*A lot of uncertainty. A lot of news. A lot of people are dying. Nobody knows what is happening. We had nothing much to eat. So we felt bad.*'

Figure 23: Proportion of young people who felt moderately/completely scared/fearful, worried/anxious following government turnover in 2024, by nationality, gender and age



opportunities. A 23-year-old Rohingya young man recalled: '*The day I got married, my friends came from far away. That was my happiest experience.*' Still, these positive experiences were reportedly rare and short-lived, offering only a brief respite from the harsh realities many young people face.

Rohingya young people also described how their refugee status affects their mental health. Some focused on the challenges of accessing adequate services and support as their displacement grows increasingly protracted. A 29 year old young woman with a disability explained:

> *When my father died, I didn't understand so many things, I didn't understand tension or anything like that. I didn't know what tension was. Now, as I get older, I am stressed because I can't eat properly, I can't take medicine, I can't run the family properly.*

Other young people described the harsh conditions in the camps, which are especially pronounced during the heat of the summer and the rainy seasons, which bring the risk of landslides. There is also a constant risk of fires in the camp that can spread quickly. These seasonal challenges are compounded by overcrowded housing, which creates additional stressors, as a 22-year-old young woman highlighted:

> *The houses we live in here are very small... I have to live at my father's house, so there are a lot of problems with everyone living together here... Because the house is small, there are many problems living there and there are many quarrels among themselves.*

Many young people also emphasised that Rohingya refugees are living in perpetual insecurity, without

citizenship, affecting their ability to build a life. A 24-year-old young man explained: '*We have been living as refugees in the camp for the last 8 years, so that's not a good feeling for me.*'

In line with the evidence from midline, another frequently cited stressor was the security situation in Cox's Bazar, experiences of which were strongly gendered. Due to their precarious legal situation, fear of the host community, and lack of security in the camps, Rohingya boys and young men are particularly fearful of community-level violence. A 17-year-old boy reported: '*They* [people from the host community] *beat me with wooden sticks. I still live with constant anxiety.*' Another 20-year-old young man added: '*Just last night, someone held me at gunpoint and took two more phones.*' This fear of violence weighs heavy on the mental health of Rohingya males, and they blamed both the lack of security in the camps and violence from the host community. As a 17-year-old boy framed it: '*This isn't my country, so I'm not treated well.*'

Whereas young men reported worrying about limitations caused by their displacement and non-refugee status (i.e., lack of employment and education) as well as financial issues, young females reported that their mobility is affected by strict gender norms, leading to feelings of isolation and limited opportunities for contact outside the home. Especially after reaching menarche, adolescent girls are restricted to the household and can only leave if accompanied and completely covered (wearing a burqa). An 18-year-old Rohingya young woman shared the frustration she felt when she had her period for the first time: '*I felt bad thinking that I wouldn't be able to leave the house from now on and would have to stay at home all the time.*' Girls also reported worrying about their financial situation because in order to marry, they need financial means, as a 16-year-old Rohingya girl explained: '*To arrange marriage, we need a lot of money. Without money it cannot happen.*'

The qualitative findings at endline were very similar to the reported stressors at midline. In both data rounds, girls and young women described their frustration with gender norms that require girls to stay inside the household after menarche and marry young. Boys and young men, on the other hand, reported stressors around employment, education, their legal situation, and the lack of security. Rohingya males were particularly fearful of violence around the camps, reporting being targeted by armed groups and some among the host community.

Access to psychosocial support services

At endline, survey findings indicate that 56% of young people were aware of where to access mental health services and that 14% of young people were interested in accessing such services. Although there were no gender differences in awareness of services, young males were significantly more likely to be interested in accessing services (18%) than young females (10%). Young people with disabilities were half as likely to be interested in accessing services as young people without disabilities (8% and 14% respectively*).

However, only 5% of Rohingya young people reported actually accessing services, with no differences by gender. Young people with disabilities were significantly more likely to access mental health services than young people without disabilities (22% versus 4%).

Compared to midline findings, by endline there was a 10 percentage point increase in the proportion of young people who know where to access mental health services (45% and 56% respectively). There were no significant changes in service utilisation over time overall; however, young males were half as likely to access services at endline as they were at midline (10% compared with 5%), whereas young people with disabilities were three times more likely to access services (21% at endline versus 7% at midline).

Shanti Khanas (meaning 'place of peace') are the most common places that provide psychosocial support services in Cox's Bazar, which mostly focus on girls and women. During the qualitative interviews, several young women discussed these centres, and described the kind of activities they participated in (including awareness sessions on gender-based violence and sexual and reproductive health, in addition to mental health support). Overall, girls and young women welcomed these types of activities. One adolescent girl taking part in a focus group discussion described her experiences:

> *Shanti Khana is a place made to bring joy. No men are allowed to enter. Inside, some women are applying henna, some are engaged in crafting, and others are doing machine work. There's a TV as well – some are watching it, while others are combing their hair.*

In *Shanti Khanas*, girls and young women have the opportunity to meet inspiring and supportive people, or as one 23-year-old young woman described it: '*There is a girl like you* [addressing the interviewer] *who used to give me*

confidence and peace.' While there are also mental health programmes for boys, they appear to be more sparse, less well-attended and less appealing. A 16-year-old adolescent boy mentioned, '*A For mental peace, mental health services exist, but the training* [and exercises] *are long and boys don't want to sit for that long.*'

Still, as was already observed at midline, some Rohingya young women described how they are barred from participating in such spaces, either because their husband forbids it or because they fear community stigma. As a 21-year-old woman reported, '*No I didn't go to Shanti Khana, because Rohingya people gossip about a woman who goes to Shanti Khana.*' Another woman, married, described why she is not allowed to go to the centre: '*Why would I go? I'm married now. They don't allow me to go out. Mostly unmarried women go there.*'

Several other women reported that they had never heard of these centres or never had the opportunity to attend.

Emotional support

More than half of the Rohingya young people (52%) reported having a trusted adult in their lives, and 49.7% reported having a trusted friend (see Figure 24). Although there were no differences by age and gender for having a trusted adult, young people with disabilities were less likely to report having a trusted adult (38.1%) than their peers without disabilities (53%). On the other hand, young males were significantly more likely to have a trusted friend than young females (60% versus 42%), and adolescents were more likely to have a trusted friend than young adults (53% versus 45%). Once again, young people with disabilities were significantly less likely to have a trusted friend than their peers without disabilities (32% versus 51%).

The endline survey asked young people whether they talked to their parents about various topics, including education, future work, dreams and aspirations, bullying (in school and online), and religion. In general, young females were less likely to talk to their father than young males, and young adults were less likely to speak to their parents than adolescents (see Figure 25).

Figure 24: Share of young people who have a Trusted Adult or Trusted Friend, by gender, age and disability status

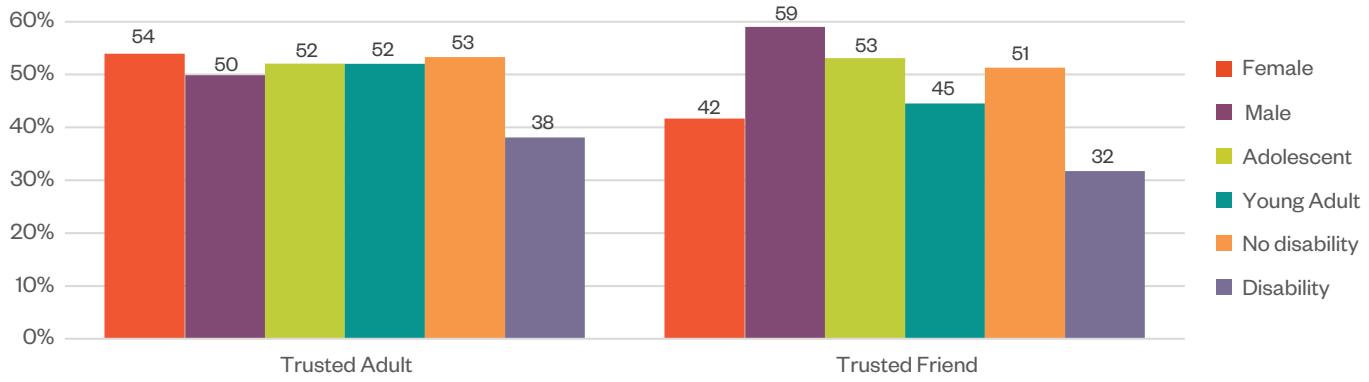
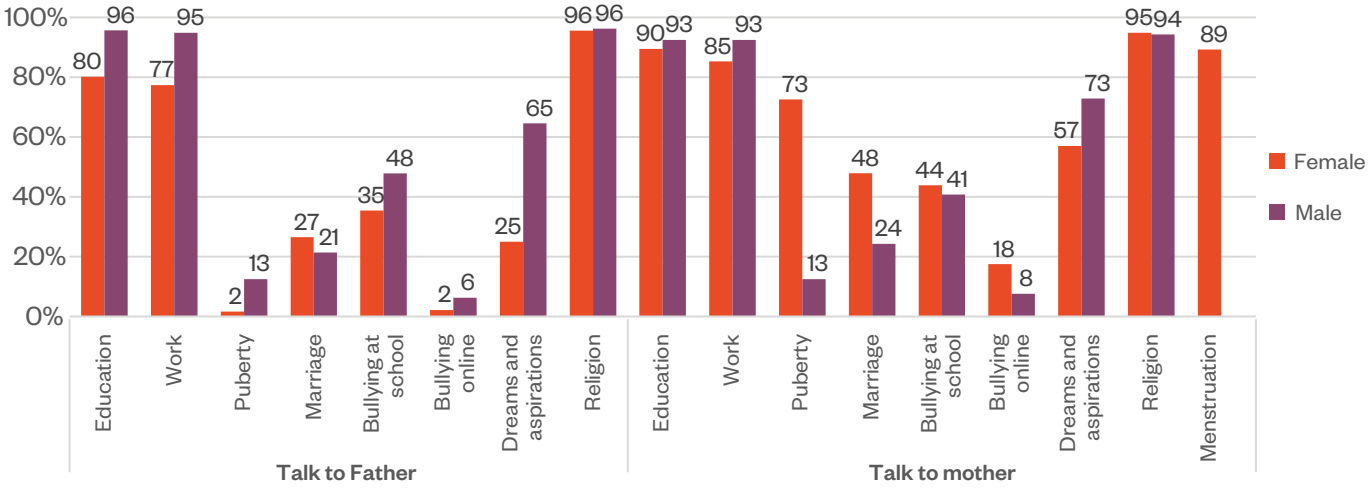


Figure 25: What young people talk to their parents about, by gender



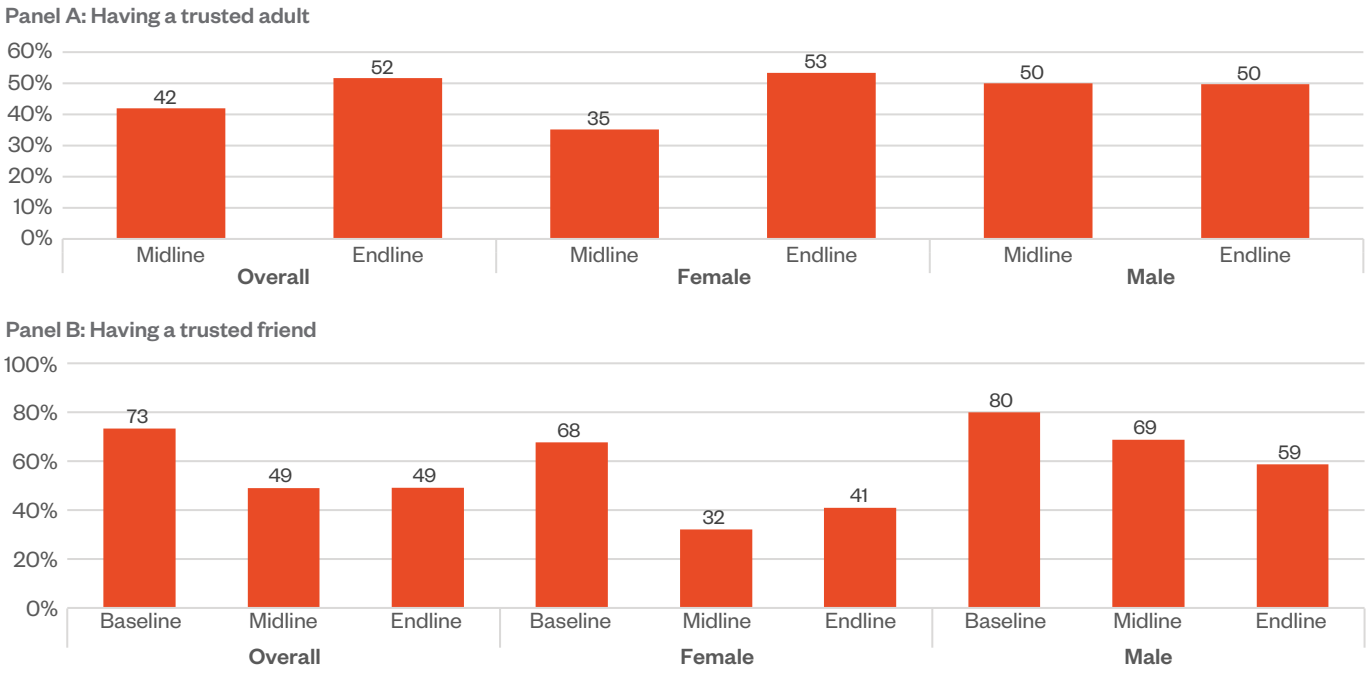
Focusing on dreams and aspirations, 44% of young people reported that they could talk to their father and 64% could talk to their mother, with significant variation by gender and age. Young females were significantly less likely to talk to both their parents about their dreams and aspirations than young males. Only 25% of young females reported speaking with their father, and 57% reported speaking with their mother, compared with 65% and 73% for young males, respectively. Adolescents were more likely to discuss their dreams and aspirations with their parents than young adults; 49% of adolescents reported speaking with their father about their dreams and aspirations and 68% reported speaking with their mother, compared with 36% and 58% of young adults respectively. Young people with disabilities were also less likely to discuss their dreams and aspirations with their father (31% versus 45%) and their mother (48% versus 66%) than their peers without disabilities.

Half of young people (51%) identified having a role model outside of the household, with young males significantly more likely to than young females (63% versus 41%), and adolescents more likely to than young adults (56% versus 43%). Young people with disabilities were least likely of all subgroups to identify a role model outside of the household (30%, compared to 53% of their peers without disabilities). The most commonly named role models for both young males and females were teachers (41%). Among young males, the second most commonly named role models were religious leaders (30%), whereas young females named female friends (30%). Other cited role models by young males included male friends (8%), someone famous (8%), and community leaders (6%). Among young females, other role models included religious leaders (16%), someone famous (4%) and community leaders (3%). Other role models were named by less than 2 percent of adolescents.

Within the panel sample, the proportion of young people having a trusted adult increased from 49% at midline to 55% at endline. This change was more pronounced among females, with a 13 percentage point rise (from 46% at midline to 59% at endline). Whereas among young females there was an increase in the likelihood of having a trusted friend between midline and endline, there is a significant decline between baseline and endline (falling from 68% to 41%). Young males also saw a decline in terms of having a trusted friend between baseline and endline (see Figure 26).

The qualitative data shows that young people relied on family members (siblings, parents and grandparents) for emotional and practical support. Young males and young females alike described their immediate family as sometimes being the only dependable presence in their lives. The supportive role of parents was emphasised, with mothers playing a central role, particularly when it came to emotional support. Young people felt they could share their worries and secrets with their mother the most. Fathers instilled less trust but were still important for some aspects of practical support, such as education and motivation.

Figure 26: Changes in social support over time, by gender



An adolescent Rohingya boy in Cox's Bazar, Bangladesh
© Nathalie Bertrams/GAGE 2026

A 19-year-old Rohingya young man highlighted the importance of his immediate family, saying, '*Except for my family, there's no one else to comfort me. I want my family beside me most of all – I want my mother closest.*' A Rohingya father confirmed that mothers are essential for emotional comfort and provide knowledge to their daughters that fathers cannot offer:

> *They tell it to their mother. 90% of the time they share it with their mother and sometimes with their father... Let me tell you what you want to know. You are asking us if the girls share their puberty changes with us? They do not share it with us. They talk to their mother about these things, and they're mostly shy to talk to their fathers.*

As was also observed at midline, fathers were less available for support and less trusted, as participants reported their father is sometimes unavailable, aggressive, and lacks understanding. A 17-year-old Rohingya boy explained: '*My father has a temper. That's why I share everything with my mother.*'

Although limited, some participants also mentioned receiving emotional and practical support from siblings or their grandmother. A 14-year-old Rohingya boy reported: '*I usually talk to my elder brother first. Even though he's also mentally disturbed, he tries to comfort me.*'

Aside from family, the qualitative data showed that peers are important in providing psychological support to young people. Respondents reported that they shared their feelings with friends and enjoy spending time with them. A 17-year-old adolescent girl stated: '*If I feel down, I visit my friend's house, or they come to mine.*'

Still, young people reported limitations in making friends. Young males ascribed this to life in the camp, which is difficult to leave. A 20-year-old young man reported that: '*We did make friends, but the scope is very limited because we do not get to go outside.*'

Qualitative interviews identified that young females become increasingly isolated from society and their peers as they age, corroborating the quantitative data. Upon reaching menarche, many girls are required to stay indoors most of the time, restricting their ability to form friendships. The qualitative data shows that young females befriend neighbours, because such friendship requires very little movement. An 18-year-old Rohingya young woman explained: '*We can't go anywhere far. We go to the neighbouring houses and talk.*'

This isolation deepens after marriage, as husbands often restrict their wife's mobility and limit outside contact. A 24-year-old Rohingya young woman reported: '*What can we do? We sit quietly. I talk to my husband, or to the neighbours. I sit with them with my children.*'

Several young women recounted how dependence on their husband can quickly shift, leaving them in extremely difficult circumstances. A 17-year-old adolescent girl stated: '*I felt so bad because he wasn't there for me during my bad times.*'

As well as being trapped in the confined spaces of the camp, there are also few recreational areas for Rohingya young people to meet or play. As a 30-year-old mother of an adolescent put it: '*There has never been any playground for our children since we arrived.*'

Young males reported going outside the camp to play, with the risk of being attacked by people from the host community or encountering armed groups. A 17-year-old boy from the camps described what happens if they do venture outside: '*We go to village fields to play with a ball. They take our ball and destroy it and beat us until we go away.*' These realities limit Rohingya young people's ability to establish friendships and create networks of emotional support that can build their resilience.

Voice and agency

Physical mobility

The endline quantitative survey found that young people living in camps, particularly young females, faced significant restrictions on their mobility. While 73% of young people reported ever leaving their camp block in the past three months, only 27% reported doing so daily. Breaking this down by gender reveals that this mobility is enjoyed only by young males: whereas 57% of young males report leaving their camp block daily, almost no (0.9%) young females do. Young people with disabilities also face greater restrictions on their mobility: 16% of young people with disabilities reported leaving their camp block daily compared to 28% of young people without disabilities. No females with disabilities reported leaving their camp block daily.

Furthermore, compared with young males, young females were more likely to report needing permission to visit common places in the community: 83% reported needing permission to visit the market, 79% reported needing permission to visit the home of a friend or relative, and 75% reported needing permission to go to a place in the community – whereas less than a quarter of young males reported needing permission to travel to any of those locations (See Figure 27).

Adolescent females' mobility has become even more restricted over time, reflecting the restrictions on mobility due to menarche. In the panel sample, a quarter of adolescent girls (24%) reported being able to leave their camp block daily at baseline, compared to just 0.5% at endline. Among young women, most of whom had already reached menarche at baseline, restrictions on their mobility were relatively stagnant over the study period (3.6% left the camp block daily at baseline compared to 1.2% at endline).

The qualitative data indicates that girls and young women face severe restrictions on their mobility, particularly after menarche. They are largely confined to the home and permitted to go out only when accompanied by a male guardian and wearing a burqa. Parents reported they want to protect their daughters' dignity and so not endanger their marriage prospects, as the mother of an adolescent girl explained:

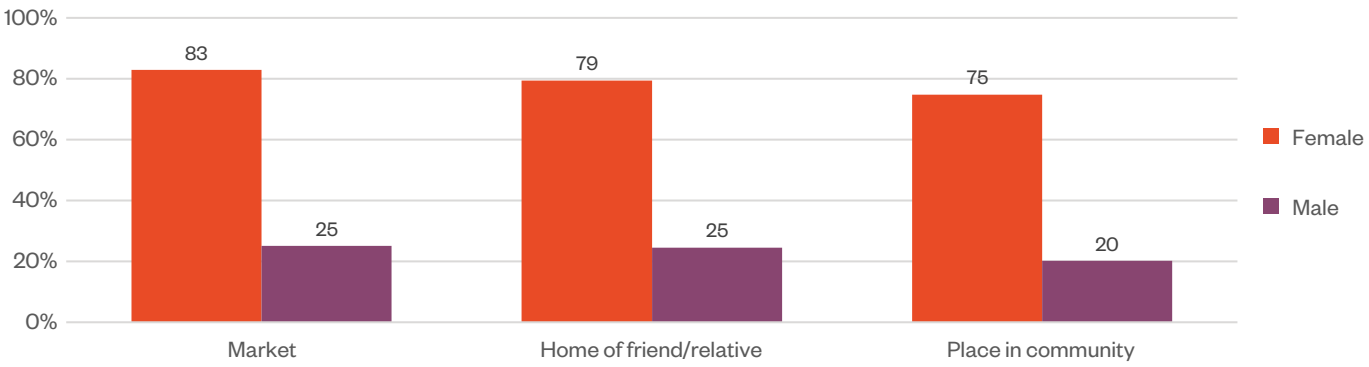
> *I have two daughters. One of them is 15 years old and has started menstruating. I want to keep her inside the house with dignity. No matter what happens, I will not let her go down the wrong path. If necessary, I will work twice as hard, but I will keep her at home and not let her go out in public. I will ensure she remains safe inside the house.*

Girls feared being judged by community members, with a 21-year-old young woman noting that, '*If adolescents go outside of their home, neighbours and people gossip about it and that impacts their marriage.*' In the local mosque, these norms are propagated by the preachers who '*tell the girls not to go out. Because in Islam, women are forbidden from leaving the house*' (19-year-old young woman).

However, one 22-year-old young woman reported that the situation in Bangladesh is better than it was in Myanmar: '*When I was in Burma, I couldn't go out, but here I can – that feels good. But girls are not allowed to work or study – that feels bad.*' Some girls and young women have internalised these rules and believe it is for their own good, as young women (aged 15-19 years) in a group discussion described:

> *Actually, it's good that we are not allowed to go out. There are many men outside. And during fairs, there are a lot of people. We will dress up nicely and go to the fair. If a man admires our beauty, we will commit a sin... Sometimes, it feels bad. But thinking this way makes me feel that our parents are doing the right thing by not letting us go out.*

Figure 27: Share reporting needing permission to visit places in the community by gender



Still, many girls described feelings of sadness and injustice because of their confinement, or in the words of a 22-year-old Rohingya young woman: '*If we were boys, we could do everything as we pleased... But now, because I am a girl, people in society say many things.*'

Rohingya boys and young men also reported barriers to their mobility, mainly related to their legal status and the danger of violence outside the camps: '*I can't move freely. There's risk of kidnapping*' (17-year-old adolescent boy). This lack of freedom also affects males: '*We have mobility restrictions. We couldn't eat whatever we want. We couldn't go anywhere wherever we wanted. That's the worst part*' (24-year-old young man).

Digital access

The endline survey found that about half (46%) of young people had access to a phone, tablet, or laptop for their own personal use and 29% have access to a device with internet connectivity. Access to technology varies significantly by gender and age cohort. A quarter of young females (24%) have access to a device compared to three-quarters of young males (73%). And although a similar share of adolescents as young adults have access to a device with internet connectivity (28% versus 30%), more young adults have access to a device at all (54%) compared to young people (40%). More than half (61%) of adolescents had ever gone online, again with significant variation by gender (75% of young males versus 50% of young females), but no differences by age cohort. Devices are most commonly used for talking to family (66%), access to social media (41%), reading or access to news (24%), and gaming (18%). Figure 28 summarises device use by gender.

Access to phones has increased significantly over time. In the panel sample, 15% of young people had access to a phone for personal use at baseline (23% of males and 8% of females). This had increased to 22% (39% males, 9% females) by midline and more than doubled to 46% (74% males, 23% females) by endline. Looking at overtime trends for adolescents and young adults separately by gender reveals that the increase in access to phones from baseline to midline is driven by adolescent males having increased access to phones as they aged, whereas the increase in phone access from midline to endline likely reflect broader trends in increased access to phones in camps, as this increase occurs across all subgroups (see Figure 29).

The qualitative data on digital mobility corroborates the survey findings, revealing that adolescent girls have limited access to phones or other digital devices. Despite

Figure 28: Ways that young people use devices, by gender

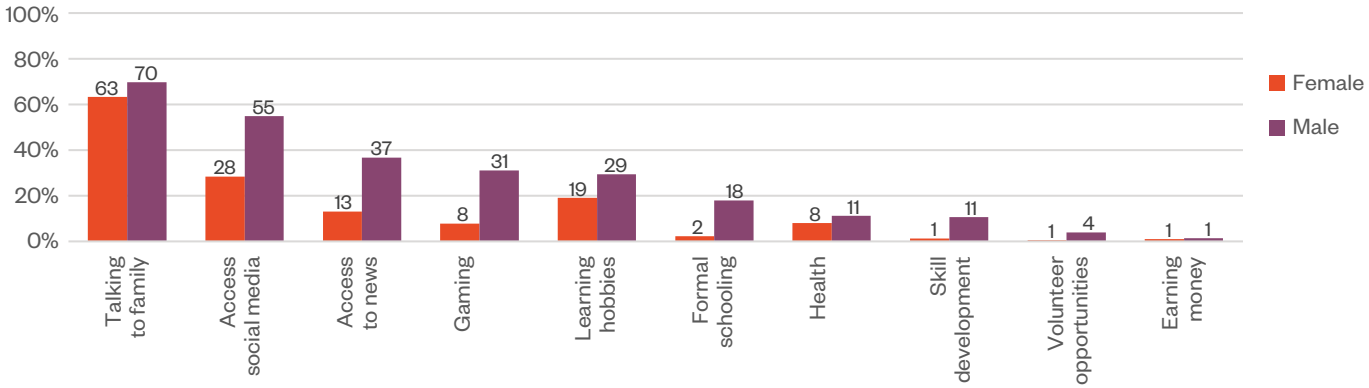
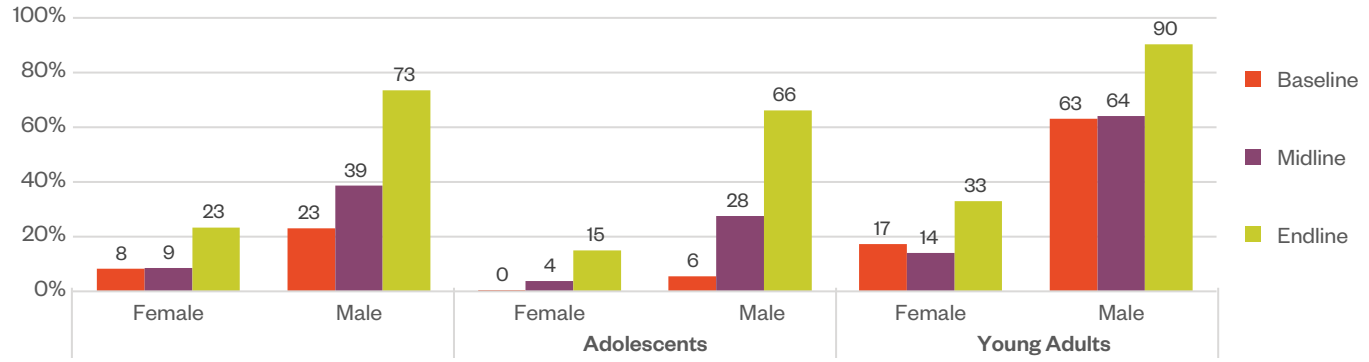


Figure 29: Phone access over time, by age and gender



their desire to own a device, most girls do not possess one and can only use a phone by borrowing it from a brother, father, or husband. The rationale for restricting girls' access to phones and the internet mirrors broader mobility constraints: parents and key informants fear '*corruption*' if girls engage online, believing they might communicate with boys or encounter inappropriate content. Similarly, parents kept tight control over what their children watch while using phones. A father from the camp described that he closely monitors his daughter's online viewing:

> *I don't let my daughter watch movies or many serials. There are many bad scenes in movies. Children may be devastated if they see these. That's why I forbid my daughter from watching them. Only watching dramas. Nothing illegal is shown here. There is a religious prohibition against watching these. Even then, I let girls watch these kinds of dramas to pass the time.*

Still, some parents also realised that phones are necessary to access online study material, so do allow their daughter to borrow a phone sporadically. Although parents also expressed concerns about their sons' phone use, these worries mainly related to time management, as excessive gaming or online chatting is perceived to hinder boys' academic performance.

Young adult women had more digital access that the younger cohort but especially those who were married highlighted that this use was under the surveillance of male family members. A 21-year old Rohingya young woman noted: '*I used to use my husband's smartphone but after some time, he stopped me… He doesn't let me touch it*' (21-year-old Rohingya young woman).

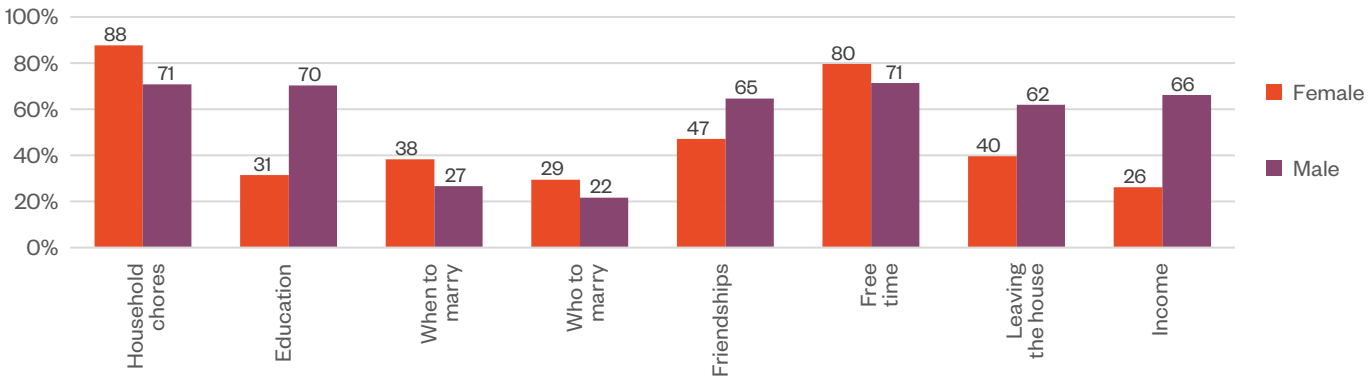
Still, females expressed the desire for greater digital access: '*I wish I had a mobile phone*', said a bedridden 26-year-old Rohingya woman with a disability. However, some girls complied with community norms and agreed that the digital world presents certain dangers: '*If I were using a touch mobile, I would be corrupted by watching various bad videos on YouTube*' (18-year-old young woman). This shows that some girls themselves fear being 'corrupted' by the outside world, showing that they have internalised and accepted the limitations imposed on them by society.

Decision-making, voice and participation

On the endline survey, young people reported varying levels of say over important aspects of their lives, such as time spent on household chores, on education, and decisions around marriage, and friendships. Most young people reported having at least some say in how much time they spend on household chores (80%), what they do with their free time (76%), and how much time they spend with friends (55%). Females were more likely to report having at least some say around time spent on housework (88% versus 71% of males) and what they do with their free time (80% versus 71% of males), but males were more likely to report having a say in how much time they spend with friends (65% versus 47% of females; see Figure 30).

Males were significantly more likely than females to report having at least some say in how much education they will receive (70% versus 30%), leaving the house (62% versus 40%), and what income-generating activities they will engage in (66% versus 26%). Among unmarried young people, a minority reported having at least some say in who (31%) and when (25%) they will marry. However, young females were more likely to report having a say in when to marry than young males. In terms of voice, there were very few differences by age, with the exception being how much education the young person will receive: more than half (57%) of adolescents reported having at least some say, compared to 38% of young adults.

Figure 30: How much say young people have on various topics, by gender



Patients at a health centre in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

The qualitative data shows that when it comes to life-changing decisions such as marriage, work and education, girls and young women rarely have the agency to make these decisions themselves. Girls have very little control over who and when they will marry; this decision is made by their parents: '*My parents will decide… I don't know anything*' (13-year-old adolescent girl). Although girls are asked to consent when a partner is found, this is merely a symbolic gesture, and girls almost always say yes. A 21-year-old young woman from the camp described her lack of input in the decision to get married: '*I don't have any preference, whenever my parents decided to marry me, they arranged a marriage for me.*'

Also, when it comes to education or work opportunities, girls and young women reported relying on either their parents or husband. An 18-year-old married young woman from the camp described why she is not working: '*He* [her husband] *wouldn't let me work. Some husbands allow, some don't. Mine earns enough to provide, so why should I need to work?*' Many girls are denied their right to education due to costs, distance of the school, and conservative gender norms. Parents often prioritise boys' education, especially when household income is limited: '*When they* [the household] *face financial difficulties, the first thing they stop is the girls' education*' (22-year-old Rohingya young woman). The lack of control over their academic career frustrates girls, as one 18-year-old young woman said: '*Once you grow up in the camp, you can't study anymore..*' Girls and young women who manage to continue their education after menarche or marriage often do so with the support of their husband or family, yet the choice is seldom truly their own.

The qualitative data shows that within their household, adolescent girls and young women struggled to make their voices heard. A 20-year-old young woman from the camp community described her behaviour towards her boyfriend and soon-to-be husband: '*If I don't obey him now, he might think I won't listen to him after marriage either.*'

Still, there are exceptions. Some husbands are more supportive and allow their partner more freedom. One 18-year-old Rohingya young woman with a physical impairment described how, through awareness trainings from the BRAC SASA Together programme[13], she changed her attitude in the household. When asked if she can make decisions for herself, she answered: '*Yes, we can. We didn't know anything about these things before. Now we have learned about many things through different types of meetings, training, etc. I can make many decisions myself*'.

Nevertheless, some females feel unheard. This seems to be related to age, as one 14-year-old girl noted: '*If I grow up in life, they will respect my opinions*'.

13 SASA! Together is a social mobilisation approach developed by the NGO Raising Voices. It seeks to spark community-wide change and transform imbalances of power. By initially targeting Rohingya community leaders and institutional allies, the SASA! programme scales individual behaviour change to the community-wide level.

Economic empowerment

Household economic status and access to social protection

In the endline survey, 42% of young people reported that the household head was currently working. The main sources of income for households were transfers from non-governmental organizations (49%) and wage income (35%). Other sources of income include government transfers (8%) and nonfarm activities (e.g., running a small business, buy-and-sell) (6%). In terms of household assets, very few households have high value assets. Forty-six percent of household have a fan; otherwise, only six young people report that their household has an expensive asset (vehicle, computer, refrigerator, air conditioning unit or television.

Nearly all camp households (99%) reported benefiting from social protection programmes. The vast majority of this receipt of aid was from the World Food Programme (WFP). (98%). Aside from the WFP, 9% of young people reported benefitting in the past 12 months from a programme that provides educational tuition, educational materials, such as books or uniforms, health or nutritional support, employment for youth, economic skills building, a girl's or boy's club, or any other programme like these. The majority of this (87%) is young people benefitting from programmes providing educational tuition and materials. In addition, among those benefitting from programmes, 17% reported health or nutritional support. Young males are more likely to benefit from these programmes than young females (11% of males versus 7%* of females) and adolescents are more likely to benefit than young adults (11% of adolescents versus 6% of young adults).

WFP-coordinated e-voucher outlets and fresh food corners provide monthly food aid to Rohingya households through local retailers, supporting dietary diversity and Bangladeshi farmers, but malnutrition has reached its highest levels since the humanitarian crisis began despite integrated nutrition services. Chronic funding shortages, evident in 2023 ration cuts, have increased malnutrition and harmful coping strategies, and, although rations were restored in 2024, the Rohingya remain highly vulnerable due to fluctuating aid and limited livelihood opportunities (ISCG, 2025) (See Box 5). The endline findings indicate that household food insecurity and economic hardship are pervasive, shaping daily survival strategies and influencing broader decisions about adolescents' lives, such as around education and early marriage. Respondents across age groups described a heavy reliance on insufficient rations, with a 29-year-old woman with a physical impairment explaining, '*If we get it, we eat it, if we don't get it, we don't*

Box 5: Dire finances – economic status of households impacting their food basket

Rohingya refugees in Bangladesh have limited opportunities for earning wages because of government restrictions on their participation in the labour market. During qualitative interviews, respondents described extremely dire financial conditions, reflecting widespread poverty in the camp. Government rations cover essentials such as lentils, rice and oils, and the Rohingya families were heavily dependent on them. For many, this is their only source of livelihood, yet these rations alone are not enough for refugees' survival, as one mother explained: '*The family cannot function properly with ration food... It is not possible to run our family properly with the rations we are given in the camp.*'

For households with children in particular, nutritional needs as well as basic satiety are not being met. Parents who have been out of work for a long time sustain their children only on rations of rice and lentils. '*We eat rice and lentils every day*,' said a 61-year-old father, explaining that, '*We get lentils in the ration. I cannot buy beef for 1,000 taka. I have to survive 10 days with 1,000 taka* [approximately 7 GBP] *by spending 100 each day* [approximately 0.70 GBP].'

To contextualise these rates, during qualitative interviews, adolescents or their parents who reported receiving any wages at all (from temporary labour) received as little as 200 taka a day, with barely any earning more than 500 taka a day.

When discussing their finances, young people expressed that they longed to have more money so they could eat a better diet: '*There is nothing in the house. There is nothing to eat. I don't have 5 taka to eat a handful of vegetables now. I ate a little rice with lentils in the morning. I don't want to eat rice with lentils*,' said a 29-year-old young woman. A 17-year-old boy speaking about his father's wages said that he wishes they were more so that he could eat better: '*It would be better if I could eat more fruits*.' Beyond food, respondents also mentioned that medicines for ill family members are a prominent unmet need, and compromised because of lack of finances. Many of them resorted to borrowing money in these cases.

eat it.' These economic constraints also drive difficult household decisions, particularly for girls. One 35-year-old mother stated, '*Unable to afford everything, I stopped my daughter's education and got her married,*' highlighting how poverty directly contributes to early marriage and limits girls' future opportunities.

Professional aspirations

On the endline survey, 41% of young people aspired to skilled or professional work and 60% reported that there will be constraints to achieving their desired job. Interestingly, young females were more likely to aspire to a skilled or professional career than young males (46% versus 36%) and less likely to report that there would be any constraints to achieving that career (48% versus 74%). There were no differences in aspirations by age cohort. Among those reporting constraints, the most commonly cited constraints were finances (36%), education (30%), and needing permission (14%). Young females were significantly more likely to report needing permission than young males (31% versus 0%); in turn, males were more likely to report financial constraints than females (46% versus 22%; see Figure 31). Just over a third of males (34%) believed they would need to migrate to achieve their career aspirations.

Qualitative data indicates that young people associate their professional aspirations with personal empowerment and the ability to support their families. However, they are also aware that achieving fulfilling and well-paid employment requires access to educational pathways, which are often constrained by the realities of the camp context. A 17-year-old adolescent boy stated:

> *I want to finish studying abroad, then get a job and build a good life. I would chose teaching Arabic* [as a job]*...I can probably study for one more year here. After that, I want to go abroad. I won't be able to continue here. If I go abroad, I can learn skills and work to support my family. It's not enough if only I study – my younger brother and others need to study too. Education is necessary for everyone.*

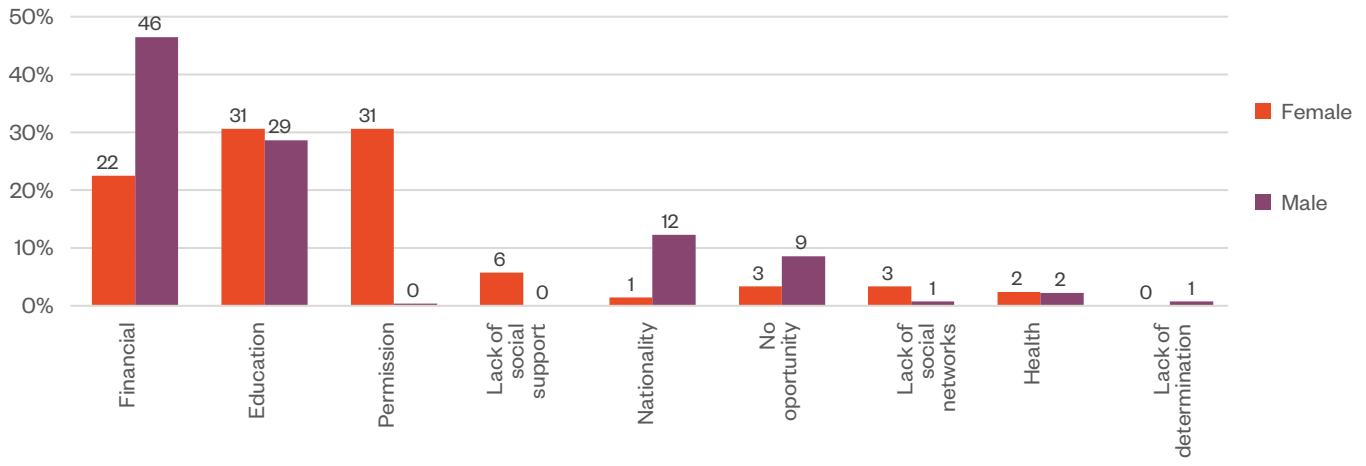
While a 17-year-old divorced adolescent girl mentioned her frustrations with camp realities not matching her aspirations:

> *I want to work for an NGO in the camp, but you have to pay a bribe to get these jobs Many people here can get jobs without education, but they have to pay bribes to get jobs. I have no education and no money, so I can't get a job.*

Livelihoods and paid work

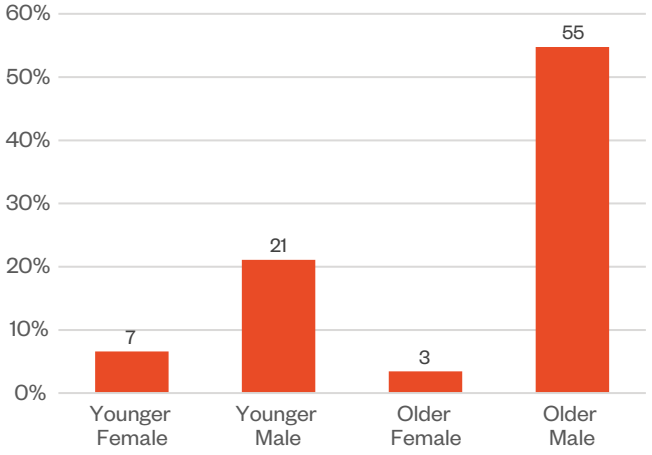
The endline survey found that just over a quarter of young people (26%) had ever participated in paid work, and that 17% of young people had worked in the past 12 months. There were significant differences by gender and cohort. A third (32%) of young males reported working in the past 12 months compared with 5% of young females. This gap is significantly wider among young adults than among adolescents. Among young men, 55% have worked in the past 12 months compared with 3% of young women, whereas 21% of adolescent males had worked in the past 12 months compared with 7% of adolescent females (see Figure 32). On average, young males reported working 25 hours in the seven days prior to the survey and females reported working 17 hours.[14]

Figure 31: Constraints to achieving professional aspirations, by gender



14 Only 22 young females reported working in the past 12 months and answered this question.

Figure 32: Paid work by gender within age cohort



Among young males who were currently working at endline, 46% reported engaging in non-agricultural wage labour, 25% reported selling goods and services, 8% reported working in farm labour, and 2% reported engaging in agricultural work within their household. Among the few young females who reported currently working, 25% were working in non-agricultural wage work, 21% were selling handicrafts, 16% were engaging in agricultural work or domestic chores within their household, and 5% were selling goods or services.

Engagement in paid work has increased over time for young males: at baseline, 18% had worked in the past 12 months, compared with 25% at midline and 31% at endline. This increase is driven by adolescent males, as they have aged into work over the time period – their likelihood of working increased from 7% at baseline to 21% at endline. Among young men, the likelihood of working in the past 12 months increased more modestly from 44% at baseline to 54% at endline.

Among the types of work available in the camp, 'NGO jobs' (volunteering opportunities that international organisations provide for Rohingya in exchange for honoraria) were considered the most coveted. Those who had successfully graduated would be selected for these jobs; some also mentioned that certain students do this work alongside their education. Other than roles in teaching, a few young people who were educated and over 18 mentioned being hired for translating material from Burmese (creating awareness videos on topics such as contraception), and taking on assistant roles with international organisations. The monthly wages mentioned were between 4,000 and 9,000 taka [approximately 30-70 GBP]. NGOs at the camps also hire individuals for duties such as cleaning if they possess a smart card. In one interview, an adolescent girl mentioned that her family depends on her sister getting cleaning appointments at NGOs once a week, and sometimes just once a month, for their sustenance. NGOs and other international organisations are one of the major employers in the Rohingya camps. Another interviewee mentioned that NGOs are often looking out for young people with an education or some form of training. A 35-year-old mother described her daughter's experience of getting a job:

> *An NGO has been keeping a close eye on my daughter since she was 10 or 11 years old. One day they took her picture. They would come every few days and give my daughter various kinds of advice. When my daughter was 12 or 13 years old, when she was in her teens, she looked for a job on her own and got a job. My daughter would walk for two hours and then go to work. Which had to be walked to get closer to Camp Eleven. She had to walk a long distance to get to work.*

In an interview with a key informant, a man working with an NGO mentioned that they try to keep young people engaged with different skills training programmes, which provides an avenue for generating income: '*So legally, they can't work officially, but through skills training, adults do.*'

Other than this, many young people spoke about doing private tutoring in people's homes as a way of earning money. Tuition expenses came up as a recurring difficult-to-meet essential cost when adolescents and their parents discussed their financial difficulties during interviews. In one, a 23-year-old young man spoke about teaching his neighbour's children and using the money to pay for his own tuition fees: '*There's no one to support me financially. I teach some children from my neighbour...*[I earn] *1,000 to 1,500 taka. I can cover my tuition expenses with them.*' Similarly, a 61-year-old father spoke about how his 17-year-old son earns 400–500 taka a month to cover his tuition expenses: '*He goes out for tuition, which he does for some money to pay his own tuition fees because I cannot provide it.*' Teaching and tutoring were reported to be prominent income-earning opportunities for young girls who were studying or had completed their education. In another interview, a mother revealed that her daughter started doing paid teaching as young as 12 years of age. Similarly, another mother mentioned that her daughter received her first pay at age 15 for teaching a group of students.

Beyond teaching positions, NGOs also provide wages in exchange for menial jobs or tasks. A 20-year-old Rohingya young man discussed how this was harmful in that it was drawing children away from education. '*Children go sit*

at NGOs or learning centres and earn 100–200 takas a day by doing small tasks,' he explained. '*Because of that, they lose interest in studying. Naturally, when a child sees money, the desire to study fades. Because of child labour, even the limited opportunities for education in the camps aren't fully used.*' However, this might be subject to contention, as in another interview, a 22-year-old young man spoke about how NGOs strictly refuse jobs to those under the age of 18, noting that he had to increase his age to be hired, '*When I got the data card, in 2020, I increased my age there.*'

Instances of child labour both within and outside the camp were mentioned during qualitative interviews. A 16-year-old adolescent boy estimated that roughly 20% of the people who go outside the camp for work in agriculture or construction might be under the age of 18. He mentioned, '*People go to the host community for labour work like construction or agriculture work, they are mostly over 18 but about 20% are under 18*'. There were other experiences of child labour recorded in interviews.

Livelihood options for young people were influenced by their gender. Consistent across interviews, girls and women without secondary or post-secondary education would be restricted to money-making opportunities that could be done within the household (typically sewing or handicrafts, or sewing quilts, masks, bags, and selling them), in line with the restrictions on their mobility. There was a consistent pattern of young girls engaged in such activities from home, with their earnings probably going directly to the parents, suggesting that girls too were involved in child labour. For instance, a 22-year-old young woman mentioned that she started helping her mother in tailoring at the age of 7 or 8. Eventually, she started earning on her own, with the help of her mother. '*I continued it for almost 12 years*,' she said. When asked why she stopped, she responded that the extended periods of work were making her sick: '*I gradually became sick. I didn't feel like sitting for long periods doing tailoring, and also, after my miscarriage, I felt sicker.*' However, it must be noted that despite the detrimental effects of child labour, especially at the cost of their education, for many girls the opportunity to make money in this context was reported to be economically empowering. For instance, in an FGD, an 18-year-old unmarried adolescent Rohingya girl spoke about a desire to be able to make money from home: '*If we know handicrafts, we can earn on our own and fulfil our own desires*,' she said. The girl benefited from a skills development programme in sewing that was conducted in her locality – which was important in enabling her to take part:

> *We were able to learn these skills because they were taught near our home. If the training had been far away, we wouldn't have been able to learn.*

Whereas many girls discussed working from home, the availability of girls and women's paid work outside the home was rarely reported in interviews, other than a few mentions of girls aged over 18 working for NGOs. Some male respondents revealed that there was a cultural preference for men and boys to work (rather than women) – '*In our community, girls do not work,*' said a 17-year-old boy, explaining why girls (including his sister) cannot support themselves: '*Here, girls do not have jobs*.' A father, when asked if girls and women engage in any income-generating work, responded: '*They wash clothes, read the Quran.*' When the interviewer clarified the definition of income-generating work, he responded that that kind of work does not exist for women: '*It simply does not exist*.' A father from Ukhia upazila reported that one does not see girls (especially Muslim girls) doing work often: '*Very few work in NGOs. Muslim girls do less, but some Barua* [Buddhist] *girls do* [work in NGOs].' In the camps, older women (parents of adolescents) mentioned a few domestic work and cleaning opportunities.

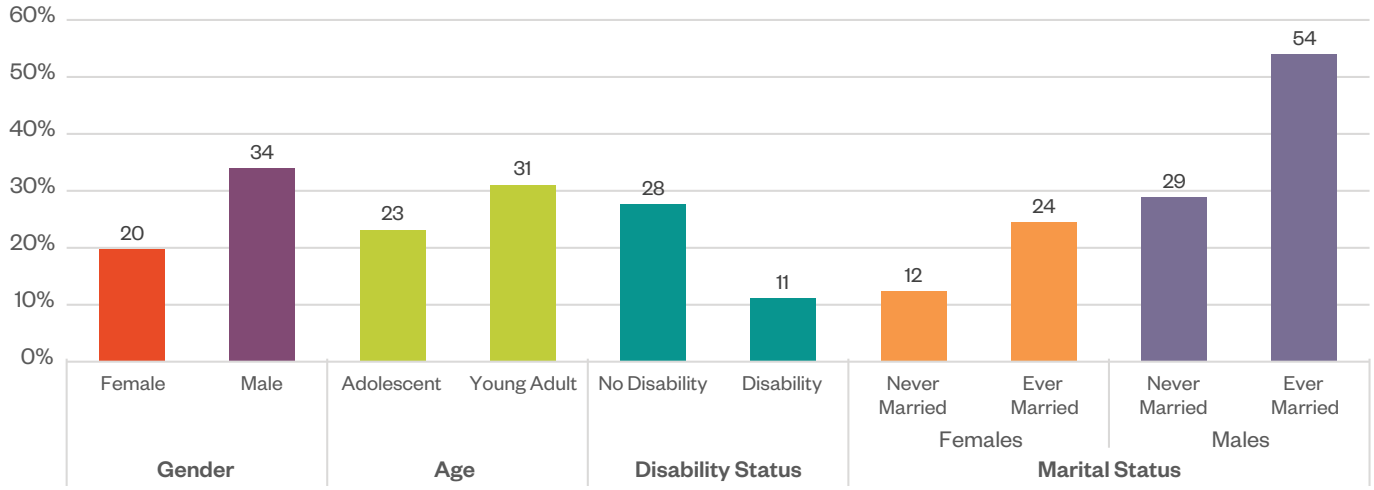
Access to assets and financial inclusion

Only a quarter (26%) of young people reported having money they control in the past 12 months, with significant differences by gender (34% of young males compared to 20% of young females) and age (31% of young adults compared to 23% of adolescents*). Young adults with disabilities were less than half as likely to have money they control as their peers without disabilities (11% versus 28%).

Marital status appears to provide some advantage for young people in terms of access to money. Ever-married young females were twice as likely (24% versus 12%) to have had money they control in the past 12 months as their never-married peers. Likewise, ever-married young males were nearly twice as likely to have money they control than never-married males (54% versus 29%). Figure 33 summarises these patterns.

Very few young people reported having savings and access to formal or informal loans. Only 8% of young people reported having any savings and only 3% reported having personally saved in the past 12 months. Similarly, just 3% of young people reported that they could take out

Figure 33: Control over money, by age, gender, disability status and marital status



a loan from a formal source, but 18% reported they could take out a loan from an informal source. Interestingly, young females were more likely to report having savings than young males (11% versus 3.5%), likely due to dowry savings. Although there is no difference in reported access to formal loans by gender, young females were more likely to report access to informal loans than young males (22% versus 13%). This appears to be driven by ever-married young females, who are more likely to report being able to take out informal loans (29%) than any other subgroup.

As per the qualitative findings, few adolescents had ever received any kind of financial education, with their only knowledge or understanding of finances being passed down from their parents. A few even reported not having sufficient numeracy, including recognising the value of different currencies. In one interview, a 17-year-old adolescent girl explained that in 2017, when the Rohingya arrived in Bangladesh, they did not have a very strong grasp over the currency and were often confused:

> *After arriving from Burma, the Rohingya were not very familiar with Bangladeshi money. This is why shopkeepers cheat the Rohingya a lot. After the Rohingyas arrived in Bangladesh, if they gave shopkeepers 1,000 taka notes* [approximately 8.90 pounds sterling in 2018]*, they would give them some snacks and keep a lot of money for themselves. Everyone has slowly learned about these things.*

In most interviews, adolescents were well aware of the need to both be taught financial education and to start saving, though this was very hard as they had little money to budget with. A 17-year-old adolescent boy explained, '*We can't save up because we have to buy things. Even if we can save for a year, we have to buy something at the end of the year.*'

According to the qualitative data, informal savings groups or '*samitis*' exist among peer groups, generally comprising mothers. These provide a common pool of money; each month, one member contributes a small amount and upon one's turn (sometimes chosen through a lottery system) the individual has the fund at their disposal. An 18-year-old young woman described how it works:

> *My mother and some women formed a group of 20 people. Each person contributes 2,000 taka per month. Every month, one name is drawn, and that person receives 40,000 taka. It's a family-run savings group with no outsiders.*

Although the girl admitted that generally, it is older women that participate in such groups, she too had a small group with her friends: '*We started a small one among ourselves. We contributed 20 taka per week. I received 800 taka.*' And although some adolescent respondents might have been aware of groups like samitis, very few were taking part in them.

In terms of access to any kind of credit, nearly all adolescents considered that it was not possible for them to take out a loan. In fact, most adolescents (who were dependent on their parents for their livelihood) were very averse to the idea of external loans. Even if they wanted to, many reported that there was no access to loans for Rohingya – even through NGOs. If one must, they would have to borrow money from their neighbours or kin.

Conclusions and implications for policy and programming

GAGE endline mixed-methods evidence underscores that Rohingya adolescents and young people living in camps in Cox's Bazar are at high risk of vulnerability. Despite ongoing critical humanitarian efforts across every sector and capability domain, the daily reality for young people in the camps is defined by protracted displacement, restricted mobility and limited opportunities, leaving a generation of young people aspiring primarily to secure dignity, safety and a viable future.

Although educational aspirations among Rohingya young people remain high, particularly for younger cohorts and boys, access to quality learning pathways is constrained. While learning centres and informal education and skills development programmes have expanded thanks to the humanitarian presence, they often do not lead to recognised certification or long-term, stable livelihoods – even in within the camp context. This being said, the introduction of the Myanmar curriculum saw enrolment increase, as seen in differences between midline and endline data. As young people age, however, participation in education drops, especially for adolescent girls, due to safety concerns, gender norms, caregiving responsibilities and child marriage. For boys, pressures to contribute economically, alongside restricted legal access to work, further undermine continued learning. Livelihood opportunities for Rohingya young people are severely restricted by legal and policy constraints that limit formal employment. As a result, many young people rely on informal and precarious forms of work. While humanitarian programming has supported skills-building and savings initiatives, these are not sufficient to overcome systemic barriers to economic inclusion.

The health and nutritional status of Rohingya adolescents is shaped by overcrowded living conditions, water scarcity, food insecurity and limited access to viable comprehensive services. While health provision exists through humanitarian actors, and, increasingly through integrated services, gaps remain in adolescent-responsive care and, especially in the uptake of services, particularly in sexual and reproductive health and mental health services. Contraceptive use is uneven, though knowledge of pregnancy spacing and antenatal/prenatal care seems to have increased. Child marriage remains common, driven by norms, protection concerns and economic hardship. At the same time, sexual and gender-based violence persists, with stigma and barriers to reporting limiting access to support. Exposure to violence, within households and communities, continues to undermine adolescents' safety and well-being. Girls face heightened risks of child marriage, restricted mobility and risks of human trafficking, while boys appear vulnerable to trafficking, substance abuse and psychosocial distress. Young people with disabilities face compounded exclusion due to stigma, inaccessible services, and heightened protection risks.

Gender disparities in voice and agency remain pronounced. Adolescent girls experience significant restrictions on their mobility upon reaching puberty, as well as their decision-making and participation in community life. Some adolescent girls and young women have taken up volunteering opportunities in the camps, while these remain inaccessible to others. While boys may have relatively greater mobility, their agency is also constrained by structural barriers, including lack of legal work opportunities and limited pathways to civic engagement. Across genders, meaningful participation in decision-making processes, both within the camps and in broader policy discussions affecting their futures, is limited.

Overall, Rohingya adolescents' transitions to adulthood are shaped less by individual aspiration than by structural constraints linked to displacement, statelessness and gender-based norms. Without expanded access to education, protection, livelihoods and meaningful participation, there is a significant risk that a generation of young people will remain trapped in cycles of dependency and marginalisation.

The following recommendations stem from these findings:

Education:

- Leverage strong demand for education: Despite highly constrained opportunities in Cox's Bazar, many Rohingya young people nonetheless aspire to at least secondary education. This highlights a clear appetite for catch-up classes and additional pathways to non-formal learning, making investment in bridging education a key priority.
- Strengthen caregiver and community support: By working through humanitarian partners, ensure the delivery of parenting and community dialogues that engage fathers, mothers, religious and community

leaders and address norms limiting girls' mobility and boys' participation due to work that hamper young people's school enrolment and attendance.

- Continue to boost young people's motivation and agency for learning. Increase the offer of adolescent clubs, including for boys, that build life skills, confidence and aspirations, with targeted approaches for girls (mobility restrictions) and boys (pressure to earn), as well as outreach to families.
- Expand flexible learning pathways, especially for married girls, adolescents with disabilities and vulnerable adolescents, including community-based, girls-only, girl-chaperones, and skills-linked programmes that fit camp realities; and consider expanding low-bandwidth digital learning options that leverage existing device access.
- Link private tutoring networks with humanitarian programming: Acknowledge and support the role of informal tutoring by improving quality and equity through light guidance and fee subsidies for the most vulnerable learners.
- Enhance learning outcomes and quality: Strengthen teaching quality by prioritising ongoing teaching volunteer training focused on learner-centred approaches.
- Expand Inclusive education: Promote inclusive education for adolescents with disabilities by acknowledging and addressing barriers, equipping teaching volunteers with inclusive practices and providing targeted support.

Health, nutrition and sexual and reproductive health

- Strengthen nutrition support and targeting for adolescents: Expand access to nutritious food assistance prioritising adolescent girls, pregnant adolescents and young people with disabilities, whose needs are often higher and less visible in household-level distributions.
- Integrate nutrition education across adolescent, youth and caregiver programming. Embed practical, context-appropriate nutrition education into learning centres, youth programmes and parenting interventions, focusing on affordable diets given the camp context, adolescent nutritional needs and the importance of girls' nutrition before and during pregnancy.
- Ensure access to dignified menstrual hygiene management (MHM) Equip learning centres, health facilities and safe spaces with clean, private and accessible MHM facilities and ensure consistent distribution of menstrual products, including in the context of funding cuts, to ensure a minimum package.
- Deliver age-appropriate, culturally sensitive puberty education: Integrate adapted, rights-based sexuality and puberty education into learning centres and adolescent programmes, covering puberty, reproduction, consent and family planning in ways that are context-appropriate, inclusive and accurate.
- Strengthen adolescent-responsive SRH services and outreach. Improve access to adolescent-friendly SRH services through health facilities, integrated programmes and community outreach, including counselling for married and unmarried adolescents, support for first-time mothers and confidential referral pathways for GBV.

Bodily integrity:

- Strengthen family-based prevention through parenting and caregiver support. Scale up culturally-adapted parenting programmes delivered through community and humanitarian platforms that promote non-violent discipline while addressing harmful gender norms that are adolescent-specific and impact adolescent girls and boys differently.
- Engage boys and young men, as well as girls and young women, to shift harmful gender norms and reduce violence: Expand gender-transformative programming for adolescent boys, girls, young men and women, through learning centres, youth spaces and community venues, to promote non-violent masculinities, challenge norms that justify control and violence against girls and young women and encourage positive, reinforcing roles as allies, peers and future partners through gender-equitable behaviours.
- Continue to address structural drivers of violence, including lack of opportunities and safe spaces Invest in safe spaces, including for boys, and structured activities for adolescents, especially girls, to reduce isolation and protection risks and counter a culture of silence when experiencing violence. Expand access to skills-building, livelihoods training and social protection support (where feasible within policy constraints) to reduce household stress, child marriage and engagement in harmful coping strategies.

Street scenes in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

- Sustain and scale up context-appropriate child marriage prevention efforts: Keep prevention high on the humanitarian agenda, given the wide-ranging risks for girls. Pair this with targeted support for married girls, including safe spaces, life skills, childcare support, and psychosocial services so they are not left behind.
- Continue to monitor and reduce the risks of community violence: Continue to patrol and expand safety measures in the camp context, with particular attention to instances of trafficking, kidnapping and community violence, particularly at night.

Psychosocial well-being and voice and agency:

- Consider extending the use of female chaperones within camps who can escort girls to integrated centres offering mental health and psychosocial support services. This could ensure that adolescent girls with limited mobility and young women whose husbands do not want them to venture beyond their homes will have a greater chance of participating in humanitarian-led sessions and socialising with their peers and community members.
- Strengthen parenting support to promote adolescent well-being and gender equality. Expand parenting education programmes for mothers and fathers of adolescents, focusing on building open parent–child communication and fostering emotional resilience. These programmes should also address harmful gender norms and how they shape risks and opportunities for both girls and boys. Particular emphasis should be placed on the importance of girls' socialisation, the risks associated with child marriage, and the prevention of intimate partner violence.
- Expand safe livelihood and engagement opportunities for young people. Increase access to structured volunteer opportunities with stipends, alongside skills-building initiatives that prepare adolescents and youth for income-generating roles within the camp context. Expanding such opportunities can help address poverty-related stress, reduce negative coping mechanisms, including involvement in drug use and trade, and support more positive transitions to adulthood.

- Improve young people's access to supportive peers and mentors: Expand young people's access to the connections and content that support their immediate and longer-term psychosocial well-being through safe space programming.

Economic empowerment:

- Expand market-relevant skills-building for adolescents and youth: Education and livelihoods section partners should seek to increase opportunities for skills training (tailoring, repair, digital basics where feasible) that integrates literacy and numeracy, recognising that many older adolescents have been excluded from education.
- Link skills to sustainable opportunities within camp systems and design interventions with pathways in mind: Pair training with camp-based volunteer roles that are long-term. Conduct skills-to-opportunity assessments during programme design to ensure training aligns with realistic income-generating or engagement pathways, and leads to longer-term outcomes rather than one-off activities.
- Target both girls and boys with tailored approaches to financial literacy and economic empowerment: Ensure girls can participate through home-based and safe gender-sensitive options (such as tailoring, handicraft creation), while supporting boys who face pressure to earn.
- Protect investments in social assistance programming: Sustain humanitarian food assistance (including e-voucher systems and fresh food outlets) alongside volunteering opportunities with stipends to reduce harmful coping strategies recently driven by funding volatility and limited livelihood options.

An 18-year-old man attending vocational training in Cox's Bazar, Bangladesh © Nathalie Bertrams/GAGE 2026

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A 15-year-old Rohingya girl who does not attend school © Nathalie Bertrams/GAGE 2026

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About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org for more information.

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