

Policy Brief

April 2026



Bhasan Char, Bangladesh © Khadija Mitu/GAGE 2026

Young people's well-being and development in Bhasan Char Rohingya refugee camps in Bangladesh: GAGE endline findings

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Introduction

The mass displacement of Rohingya populations into Bangladesh began following the 2017 military crackdown in Myanmar, with the vast majority settling in highly congested camps in Cox's Bazar District, Bangladesh, now hosting over one million refugees. In response to overcrowding and environmental pressures in the camps, the Government of Bangladesh initiated relocations to the island of Bhasan Char in the Bay of Bengal starting in 2020, with most relocations taking place between 2021 and 2022. By 2026, approximately 34,000 Rohingya reside on Bhasan Char, and while the relocation has been framed as a way to ease pressure on Cox's Bazar, emerging evidence highlights new challenges linked to isolation, service access, limited work opportunities, protection concerns, particularly at night, limited healthcare for serious health conditions and emotional distress (Khan, 2026, CARE, 2023, UNHCR, 2024). Additionally, in October 2025, Bangladesh's Refugee Relief and Repatriation Commissioner stated that 'the government is not interested in continuing the Bhasan Char project', describing it as 'a kind of confinement' that deprives Rohingya refugees of freedom, as mounting evidence shows the relocation project driven by former Prime Minister Sheikh Hasina, has resulted in severe movement restrictions. This has prompted calls for the interim government to close the island facility and restore refugees' rights to movement and even increase refugees' legal status (Fortify Rights, 2026).

Within this context, there is limited data specific to the lives of adolescents and young people in Bhasan Char. Recent evidence from both Cox's Bazar and Bhasan Char highlights that many young people face limited access to education, skills training, and decent jobs, with poverty and restrictive gender norms deepening these challenges and increasing risks such as school dropout, child labour and child marriage, especially for girls, as families cope with economic pressure (Guglielmi, 2024a, 2024b, 2024c, 2024d). At the same time, few opportunities to participate in community decision-making leave young people marginalised, despite their potential to support local solutions. To strengthen the evidence base on young people's well-being and development so as to inform the humanitarian response, this policy brief presents endline findings from the Gender and Adolescence Global Evidence (GAGE) longitudinal research and evaluation programme, on young people's capability outcomes in Bhasan Char, including education and learning; freedom from violence; health, nutrition and sexual and reproductive health; and economic empowerment. Drawing on mixed methods data with 127 young people collected in 2025, we focus on differences by gender, age, as appropriate, and offer comparisons with the camp context in Cox's Bazar. We conclude by discussing implications for policy and programming actions needed to accelerate progress for young people in Bhasan Char as they move into adulthood.

Sample and methods

This policy brief draws on mixed-methods data collected in Bhasan Char in 2025, following up on one earlier round of research in the island camp during midline (2023). It is nested within a larger data collection effort, the Cox’s Bazar Panel Survey (CBPS), following the lives of Bangladeshi and Rohingya communities since the 2017 mass influx of Rohingya in Bangladesh. As such, this policy brief is a companion product to the report *Young people’s well-being and development in Rohingya refugee camps in Bangladesh* (Seager, 2026) which presents GAGE’s full set of mixed-methods endline data on Rohingya young people’s lives in Cox’s Bazar².

The quantitative sample evaluated in this brief includes 127 young Rohingya people residing in Bhasan Char. The sample includes nine young people from the CBPS who moved to Bhasan Char during relocations. Other young people were selected through purposeful sampling to be equally distributed by gender (64 male and 63 female) and to represent adolescents (57 young people) and young adults (70 young people). Table 1 summarises these sample sizes.

In the quantitative analysis, this brief summarises young people’s outcomes in Bhasan Char, comparing differences by gender, and putting these outcomes in perspective in comparison with young people in Cox’s Bazar. For the latter comparison, we use data from the endline CBPS sample of Rohingya young people living in camps in Cox’s Bazar. The Bhasan Char sample was sampled to be comparable to the CBPS sample in terms of age and gender disaggregation. In both samples, the average age is around 20 years old and about half (49% in Bhasan Char and 54% in Cox’s Bazar) are female.

Quantitative data collection was complemented by qualitative data, which was collected in May 2025 (see Table 1). 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 1: Quantitative sample

	Male	Female	Total
Adolescent	38	32	70
Young adult	26	31	57
Total	64	63	127

Table 2: Qualitative sample

Bhasan Char qualitative sample		
Categories	Bhasan Char	
	Female	Male
Adolescent interviews young cohort	7	7
Adolescent interviews old cohort	5	5
Adolescents living with a disability	0	0
Adolescents married before 18	9	5
Total adolescent IDIs	12	12
Parent IDIs	0	0
Focus group discussions adolescents	1	1
Focus group discussions young parents	0	0
Focus group discussions parents	1	1
Key informant interviews	1	2
Total interviews	15	16

² For additional information on the CBPS, on the GAGE methodology or on the sample breakdowns over rounds please refer to Seager (2026).

Findings

The findings are organised by education and learning, health and well-being (including physical health, nutrition, mental health, and sexual and reproductive health) and economic empowerment. When discussing quantitative findings, we highlight differences by gender within Bhasan Char and by location (Bhasan Char or Cox's Bazar) where 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. In each section, we present qualitative findings after the quantitative findings in order to identify possible underlying drivers for observed patterns.

Education and learning

In the quantitative data, 15% of young people are currently enrolled in educational programmes, with a large disparity in enrolment by gender (25% of young males and 5% of young females). Restricting to those under the age of 18, the share of young people enrolled increases to 22%, with this increase being driven entirely by adolescent boys (11 out of 26 adolescent boys are enrolled in school compared to 2 out of 31 adolescent girls). Of those who are enrolled, most (58%) are enrolled in learning centres. Aspirations for additional education were low, with just over a third (35%) aspiring to at least secondary education and 3% aspiring to at least some post-secondary education, with no differences by gender.

We measure educational achievement using the ASER (Annual Status of Education Report) tool, which measures grade 1 reading (reading a short paragraph) and grade 3 math (able to solve a division problem with carry-over). Only 5% of young people were able to read a short paragraph, and even fewer (3%) were able to perform division with carryover.

In comparison with young people living in the camps in Cox's Bazar, young people in Bhasan Char are less likely to be enrolled in educational programming (15% versus 25%), perform worse on math and reading assessments, and have significantly lower aspirations to secondary (35% versus 67%) and to post-secondary education (3% versus 10%; (see Figure 1).

Across qualitative accounts, limited access to education emerges as a key barrier, particularly for young adults, alongside the differences in educational quality and opportunity between Bhasan Char and Cox's Bazar camps. A 25-year-old young man explains: *There are no learning centres for students after class 5 here. I studied for one year in private tutoring in Bhasan Char, in 2023 [but then I stopped]. My dream is to become a successful businessman. I don't want to do any old job.*

Similarly, a 22-year-old young man noted disparities in provision:

There are more teachers in the [Cox's Bazar] camp...many children here don't have access to education. There are fewer teachers. Over there [Cox's Bazar camps], many students get private tutoring. Here, very few teachers offer private lessons. Also, they provide certificates after completing studies – which is not available here.

Sometimes, these interrupted educational trajectories are met with resilience and the quest for further opportunities to study, as a 22-year-old young man shared:

I stopped studying when I came to Bangladesh in 2017. I didn't study at any learning centre [in Cox's Bazar], but I did study privately. Currently, I'm taking an online course. For those of us who are older, there's no education available here.

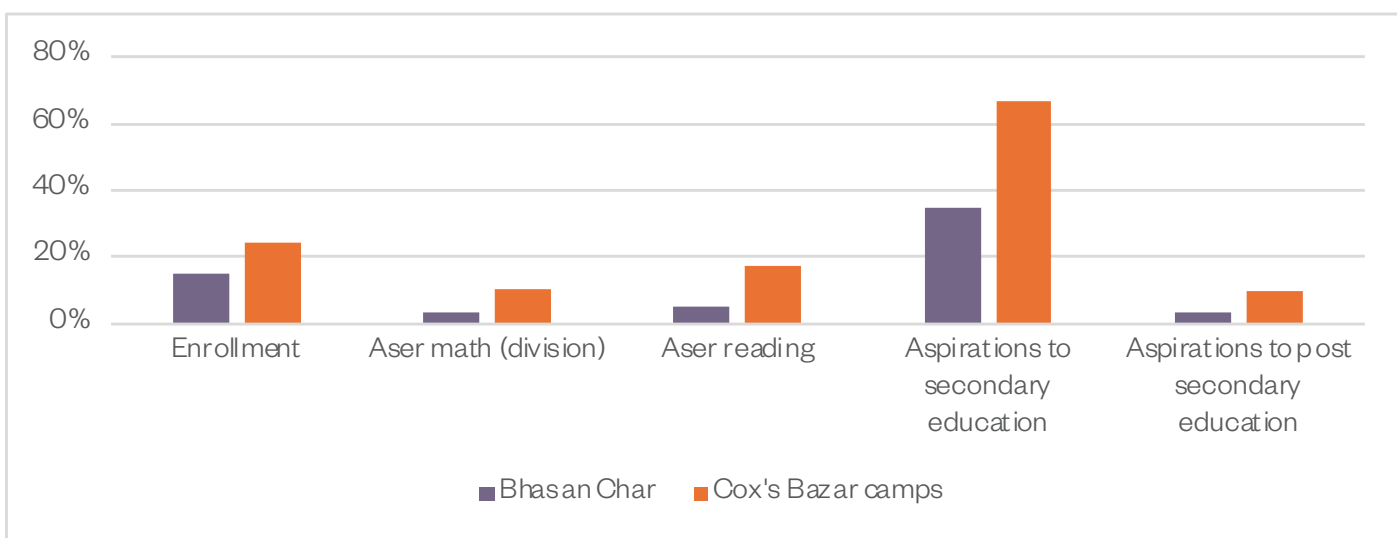
Despite this, aspirations for professional careers seemed to be intact with young people speaking of wishes to become doctors, teachers or entrepreneurs, although opportunities for higher education are described as effectively non-existent. A 23-year-old young man mentioned, 'In the current situation, it's not possible... Even if I want to, there's no opportunity for higher education here.' These narratives highlight a systemic lack of post-primary and accredited learning pathways, compounded by shortages of qualified teaching volunteers.

Gender norms in Bhasan Char shape educational access and opportunities, similarly to experiences in Cox's Bazar. Adolescent girls face restrictive cultural and religious expectations mandating their extremely limited mobility, although there are signs of gradual change, stemming primarily from NGO-led outreach. One 22-year-old young man explained that: *'For Rohingya, the culture is such that once a girl reaches adolescence, she stops studying. However, now on Bhasan Char, thanks to trainings and discussions from NGOs and various organisations working with parents, the situation is improving a bit.'* This is further illustrated by a 17-year-old adolescent boy, who describes both support for girls' education and constraints on their mobility and employment and crystallised that the overarching decision-making on girls' lives does not rest with girls themselves: *'My mother says...we will make my sisters study as far as possible... But there was never talk of them doing jobs... if a girl studies and goes outside... people spread false stories about them. So parents are scared... they will only do tailoring work from home... Our wish is either they become teachers or become Hafiz [religious teacher].'* In contrast, a 21-year-old young woman points to shifting attitudes and the perceived value of education for girls, even as she herself remains excluded:

In Bhasan Char, girls are now studying after they grow up... the girls realise that there is no progress without education... People value those who are educated... I can't read. My younger sister got the opportunity to study.' Others as discussed in Box 1 also point to the role that greater perceived safety in Bhasan Char is playing in facilitating improvements in girls' mobility.



Figure 1: Education outcomes in Bhasan Char compared to Cox's Bazar



Box 1: Greater community safety

Notwithstanding the lack of space in the island, as mentioned by one 23-year-old young man, *'There is no space to move around freely in Bhasan Char'*, respondents overwhelmingly shared perceptions of a safer community. Many participants contrasted conditions between Bhasan Char and Cox's Bazar, and the lack of safety in the latter prompted many to relocate. A 22-year-old young man explained, *'It is safe here, the camps [Cox's Bazar] are unsafe because of the nature of the location. It's not possible to take someone far away [kidnap] from Bhasan Char.'* Similarly, a 17-year-old adolescent boy noted, *'My parents relocated here because of fear of gangs [in Cox's Bazar].';* and a young married young woman stated, *'I didn't come here [to Bhasan Char] with much joy. I came here because there was a lot of fear of robbers there.'*

The quantitative data corroborates greater feelings of safety in the community. Nearly all young people (84%) report feeling safe in the community at night. Even among young females, 76% report feeling safe in the community at night (92% of young males feel the same). In comparison, only 34% of young people (46% of young males and 23% of young females) feel safe walking in the community at night in the camps in Cox's Bazar.

Health and well-being

General health

In the quantitative data, 92% of young people report their health is good or very good, with young females being less likely to report (87%) than young males (97%). Aligning with this gender gap, no young males reported experiencing any serious illnesses or injuries in the past 12 months compared to 11% of young females. Young females are also significantly more likely to report barriers to accessing health services than young males. Among young females, 27% reported that having enough money for treatment was a big problem for accessing care, 14% reported that distance to the health facility was a big problem, and 13% reported that not wanting to go alone was a big problem. By comparison, only 3% of young males reported that money represented a big problem in accessing care, while 2% identified distance as a big problem (see Figure 2).

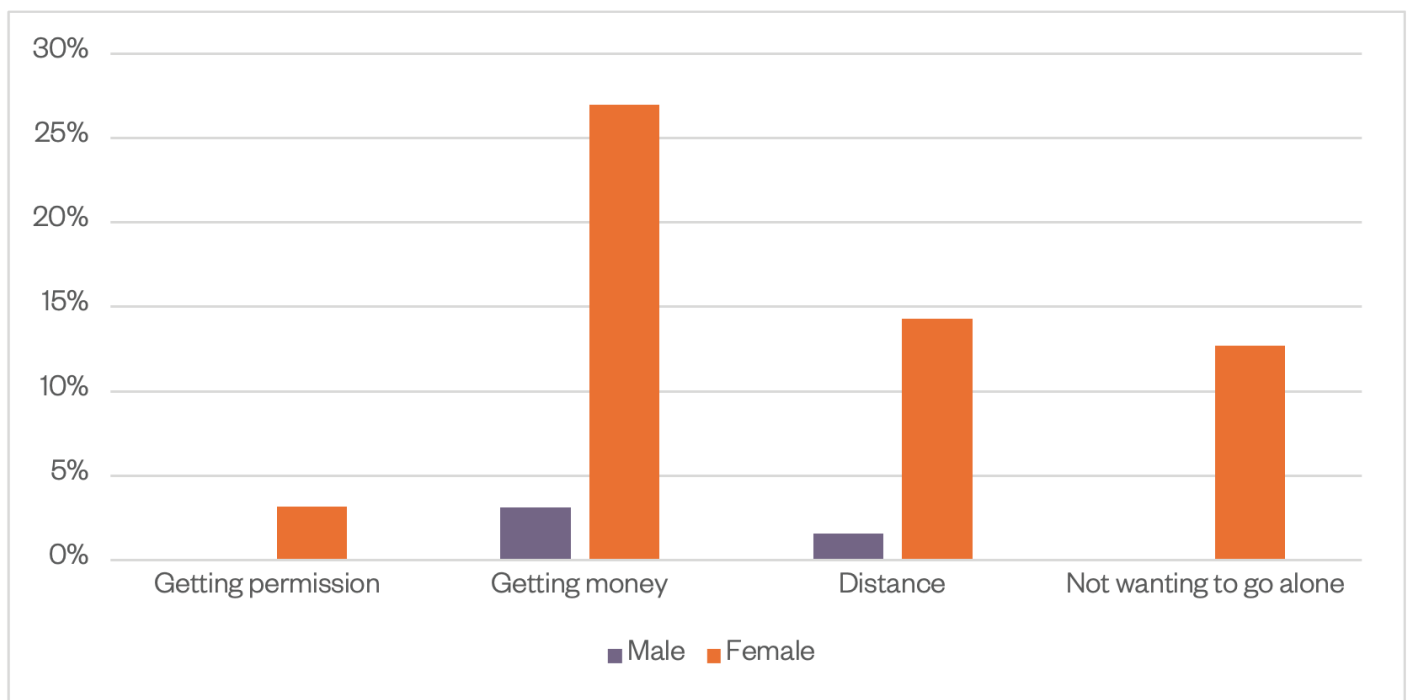
In comparison to Cox's Bazar, young people in Bhasan Char are less likely to report barriers to accessing health services (see Figure 3)

Qualitative findings on general health suggest mixed perceptions and experiences. With regards to general health services, respondents noted that while there were a significant number of health centres, pharmacies and doctors

available, chronic illness and limited specialised care were prominent concerns, particularly for families managing ongoing conditions, as illustrated by another woman who shared, 'My father is very sick... After arriving in Bhasan Char, my father was taken to Chittagong seven times.' A 25-year-old young man confirmed this view by crystallising the situation in Bhasan Char:

There is very much difference between Cox's Bazar camps and here. In Cox's Bazar there are many big organisations like IOM and MSF, here there is less. [Comparatively] Bhasan Char has more hospitals but there are no big hospitals so the serious diseases can't be treated. They do not do the important tests here, they refer the patients to Chittagong or to Noakhali. Overall, the health service quality is better in Cox's Bazar.

Figure 2: Barriers to access health services by gender



Traditional healers continue to play a trusted role in healthcare-seeking behaviours in Bhasan Char, often filling gaps left by overstretched or less trusted formal health systems. Accounts highlight cultural familiarity of traditional healers, but also practical considerations such as accessibility and time. A 17-year-old adolescent boy shared, *'The problem is that there are many patients with the doctors there [NGO hospitals]. To go to them, there's a very long line. They can't give everyone proper time. But with the Rohingya doctors, there's no such problem, no line. You go, talk slowly, and the doctor gives treatment.'*; and a 20-year-old young man said, *'if the doctor's medicine does not work, we go to 'Motaya'. It's an old man who fixes minor injuries. If it is a major injury, you have to go to the doctor.'*; and a 20-year-old young woman reflected, *'I am feeling pretty good now. I was fine when I was in the camp, but I got sick after coming here. Even though the doctor's treatment here is not good, the traditional healer's treatment is good.'*

Mental health

Turning to mental health, in the quantitative survey, we measure mental health using three internationally validated instruments to capture mental health concerns: the General Health Questionnaire-12 (GHQ-12)², the Patient Health Questionnaire-9 (PHQ-9)³, and the Generalised Anxiety Disorder scale (GAD-7)⁴. On the GHQ-12, 6% of young people in Bhasan Char exhibited symptoms of emotional distress (a score of 3 or higher), with young females (11%) more likely to exhibit symptoms than young males (2%). Likewise, 6% of young people exhibited any symptoms of depression on the PHQ-9 scale (a score of 5 or higher), again with young females (10%) more likely to exhibit symptoms of depression than males (2%). Young people exhibited symptoms of anxiety at similar rates as depression (6%, GAD-7 score of 5 or higher), with no difference by gender. In comparison to camps in Cox's Bazar, young people in Bhasan Char appear to fare better – 15% of young Rohingya exhibit symptoms of emotional distress in Cox's Bazar, 20% exhibit symptoms of depression, and 14% exhibit symptoms of anxiety (see figure 4).

Figure 3: Barriers to health services in Bhasan Char compared to Cox's Bazar

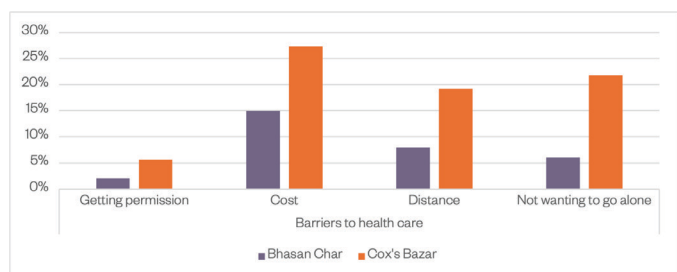
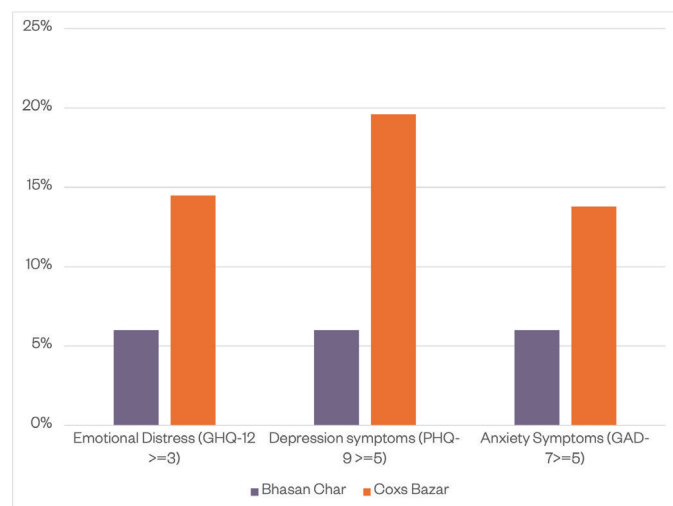


Figure 4: Mental health outcomes in Bhasan Char compared to Cox's Bazar



² The GHQ-12 is an internationally validated measure of psychological distress (Mäkikangas et al., 2006). Scores equal to or above 3 suggest distress.

³ The PHQ-9 is an internationally validated measure of depressive symptoms (Kroenke et al., 2001). Scores of 5–9 indicate mild depression, 10–14 indicate moderate depression, and 15 or above indicate severe depression.

⁴ The GAD-7 is an internationally validated measure of anxiety (Spitzer et al., 2006). Scores of 5–9 indicate mild anxiety, 10–14 indicate moderate anxiety, and 15 or above indicate severe anxiety.

In the qualitative data mental health concerns were apparent, due to the compounded stressors facing young people living on the island. A 17-year-old adolescent girl mentioned, *'I like Bhasan Char [because it's safer]. But there are no relatives here, everyone is in the camp [Cox's Bazar]. It feels bad. I can't go anywhere, it's so bad...My mother tried to go visit Cox's Bazar, but there was no further progress. You cannot go if you are not 18 years old so I can't go.'* and a 21-year-old young woman said, *'Many people die because of suffering...After coming here to Bhasan Char, I saw many people commit suicide.'* While we also report statements of helpful support services available for mental health concerns, as mentioned by a 23-year-old young man, *'I saw someone who was suffering from severe depression and frustration. He was even contemplating suicide. But after receiving these services [NGO-led mental health support services], he is doing much better now.'* many others preferred keeping their emotions inside or speaking to immediate family and friends.

Emerging concerns around substance use, particularly among men, were also raised as a growing social and health issue. One 20-year-old young woman described a noticeable shift in community dynamics, explaining, *'There is no work for boys here... Men are addicted to various types of drugs now.'* and further noting, *'men are more addicted to marijuana, alcohol and cigarettes... because they are staying at home.'* These patterns suggest broader implications for household well-being and community health.

Nutrition and food security

In terms of nutrition, 6% of young people list in a household that is severely food insecure. On average, young people report eating 3 meals a day, 1.6 of which contain protein. Young females report consuming fewer meals (3.1 meals among young males versus 2.9 meals among young females) and, especially, fewer meals with protein than young males (1.9 meals versus 1.3 meals).

This broadly aligns with the qualitative findings, where perceptions about access to food were relatively positive. While one young person said *'yes, the food here is sufficient'* (20-year-old young woman), another shared, *'When we first arrived on Bhasan Char, we used to eat only two meals a day instead of three, and I went to bed hungry many times'* (23-year-old young man). Overall, food security seems to have increased over the time that the Rohingya have resided in the island camp. A 27-year-old NGO representative stated:

Food security is manageable now. For instance, last month, it was announced that we would get rations worth \$6. But instead of \$6, we got \$13. And families identified as vulnerable received an extra \$3. So yes, we have food. Disabled individuals are given an extra \$3 or \$4 separately.



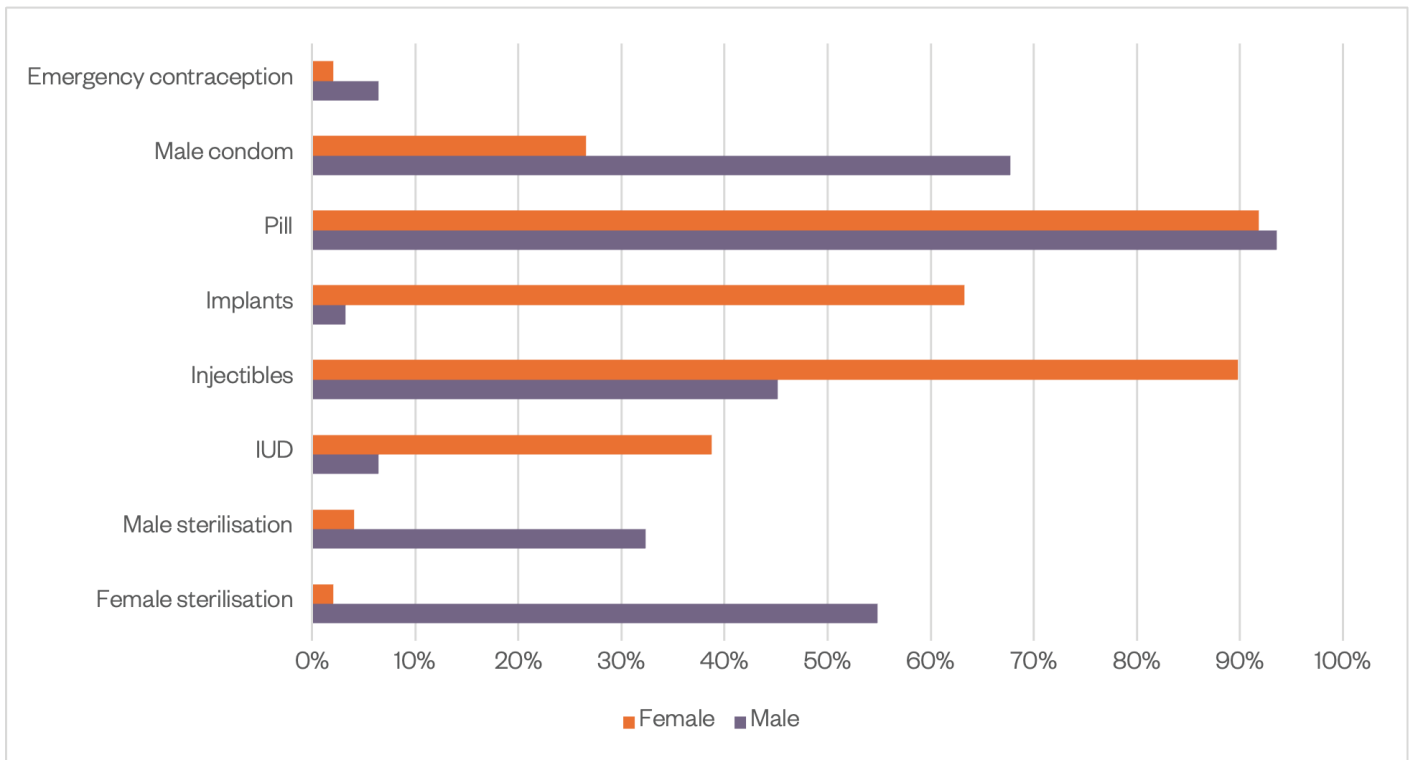
Adolescent boy in Gaza © GAGE 2026

Sexual and reproductive health

In terms of family planning knowledge, 64% of young people can name a method to delay or avoid getting pregnant (77% of young females compared to 49% of young males). Among those who could name a method, the most commonly named method is the pill (93%), followed by injectables (73%), male condoms (43%), implants (40%), intrauterine devices (26%), female sterilisation (23%), male sterilisation (15%), and emergency contraception (4%). Young males and females are equally likely to name pills most commonly, but young males are significantly more likely than young females to name condoms (68% versus 27%), female sterilisation (55% versus 2%), and male sterilisation (32% versus 4%). Young females are more likely to name all other methods (see Figure 5). Among ever-married young people, 55% report that they are using a method to prevent or delay pregnancy. The most commonly used methods are injectables (47%), the pill (26%), and male condoms (24%). Levels of knowledge of family planning are similar, but married young people in Bhasan Char are more likely to be using a modern method of contraception to prevent or delay pregnancy (55% versus 37%).



Figure 5: Knowledge of methods of to prevent or delay pregnancy, by gender



Box 2: Experiences of marital violence

The patterning and experiences of intimate-partner violence in the qualitative transcripts mirror data from Cox's Bazar. In the quantitative data, a third (36%) of young married females had ever experienced intimate partner violence – the same rate as in the camps in Cox's Bazar. Qualitative accounts highlight that domestic arguments often lead to physical beatings. A 19-year-old young man said, *'Many beat their wives for things like wanting a mobile phone from her parents' house.'*; a 17-year-old adolescent boy mentioned, *'Many women have had their hands or legs broken by their husbands – this has happened many times.'* One 21-year-old young woman recounted experiences of intense suffering leading to believing suicide was her only way out, *'my husband and mother-in-law beat me. My mother-in-law and I don't get along. She argues with me about housework. Even though I worked, my mother-in-law said I didn't work. Sometimes I want to kill myself. I didn't like all this suffering in my in-laws' house, so I once thought about ending myself. Now we're separated so they don't beat me anymore.'* While some respondents mentioned reporting cases to the police, or to community leaders, some also mentioned, *'There are caseworkers at WFS [Woman Friendly Space]. They resolve the issues.'* (Adolescent girls' focus group discussion)

With regard to sexual and reproductive health (SRH), qualitative findings reveal growing awareness alongside persistent gendered constraints and inequities in access. It is clear that NGO-led trainings have improved general knowledge and acceptability of family planning and have reduced stigma in discussing sensitive sexual topics. Many young people spoke at length about the trainings they received, covering topics spanning contraception, family planning, and sexually transmitted diseases. The availability and uptake of these programmes seem to be impacting norms. A 23-year-old young man stated:

When we first arrived from Myanmar, we had negative perceptions about contraception. But now those views have changed a lot. NGOs have played a major role in this change.'; and a 16-year-old adolescent boy shared, *'They call us weekly to meetings and teach us about sexuality, what to do, how to stay safe. Mukti [NGO] provides the training. They teach both boys and girls. I know that when girls' bodies change, they go to a doctor or an older woman. They talk about issues like bleeding, pregnancy.'*; and a 19-year-old young woman said, *'During meetings at the hospital, they talked about these things – what to take after having a baby, like injections or Depo.'*

One 23-year-old young man equated learning about SRH as one of the most important things in his life:

A good thing is that after coming to Bangladesh, I got to learn about the culture here, and especially after coming to Bhasan Char, I've learned a lot about health issues – especially the risks faced by pregnant mothers – which I didn't know before.

The qualitative data also showcases accounts of adolescent girls' and young women's experiences mediated by cultural pressures around reproductive choices. A 17-year-old adolescent girl emphasised the prioritisation of family planning, recounting:

The doctor told her [respondent's sister] to use family planning methods... While one child is still young and another child enters the womb, then the child is aborted. There is no greater sin than this.'

Restrictions on girls' and young women's mobility (especially when there is the threat of marital violence see Box 2) more generally, further limit care-seeking, as one adolescent boy observed about girls in his community, noting that 'some girls don't get adequate care, usually those controlled by the imams who don't let them go out,' underscoring how decision-making power and access to health services are not equally distributed. Access to SRH services is also uneven for unmarried individuals and often mediated by secrecy and social control. A 22-year-old young man claimed:

Secretly, unmarried people also [are sexually active], about 30% of unmarried young people. They usually aren't provided services. If they become pregnant, then healthcare is provided. They go secretly to get health services, so that no one knows. If an unmarried couple becomes pregnant and both agree, they are married off.

Economic empowerment

In the quantitative data, 29% of young people had engaged in paid work in the past 12 months, with young males being significantly more likely to have worked (44%) than young females (13%). Among those who are working, 43% were selling goods or services, 30% were working for wage in non-agricultural work, and 27% worked as volunteers.

A quarter (23%) of young people aspire to skilled or professional work, with no significant difference by gender. Nearly half (45%) of young people report constraints to achieving these aspirations, with young males more likely to report constraints than young females (58% versus 32%). Among young people reporting constraints, financial constraints are most commonly cited (38%), followed by education-related constraints (18%). While no young females reported nationality as a constraint, nearly half of young males do (16 out of 37 young males). Young females reported needing permission as a constraint to attaining their professional aspirations (4 out of 21 young females), whereas no young males report this. Other reported constraints include lack of work opportunities (3 people), social networks (1 person), and determination (1 person).

In comparison with Cox's Bazar, a higher proportion of young people report working in the past 12 months (29% versus 17%), and aspirations for skilled work or a professional career is notably lower (23% versus 41%). See Figure 6.

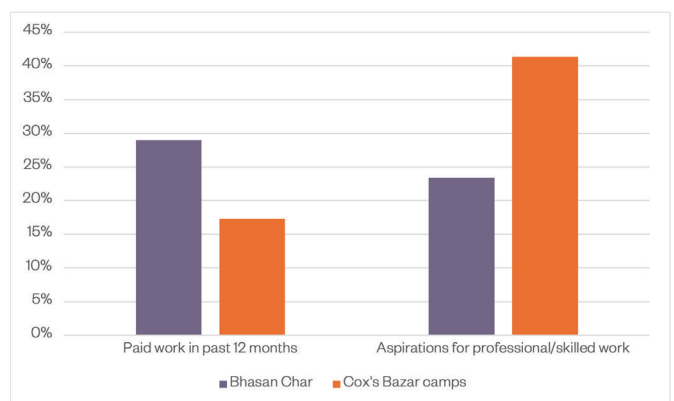
In the qualitative data, livelihood and economic empowerment opportunities in Bhasan Char are shaped by restricted mobility in a heavily confined context and uneven access to work between young people and the importance of education and skills. Accounts frequently referred to life in Cox's Bazar, and young people spoke of petty jobs and making ends meet in Cox's Bazar due to daily labour inside and outside the camps, while in Bhasan Char this is not a possibility. It appears that young people have stipend volunteerships within humanitarian organisations, which many do, otherwise there is a dearth of income-generating opportunities. A 25-year-old young man describes how he was able to work outside the camps when residing in Cox's Bazar, 'There are restrictions, but I would still go out since I know the language. Those who do not know the language of the locals cannot go out,' and goes on to mention that after relocation, he and his wife navigated NGO-related volunteering constraints: 'They made a rule that in one family, more than one person cannot have a job in an NGO... So, we made a decision that I will leave the job, and she will continue. She still does the job... I was a Community Health Worker, and she is a Community Para Counsellor.' He now runs a small informal business: 'I set up a shop... I do not get a monthly salary. I get daily income from my business and manage my expenses... I did not have any financial training, but I know how to manage my expenses.' Additionally, a 22-year-old young man explains, 'In the [Cox's

Bazar] camp, there are more job opportunities... Here, people do NGO jobs and shop work mostly... Those who are 18 or older and educated can get jobs. Those who aren't educated do manual labour, but jobs for manual labour are very limited.' Another 22-year-old young man highlights the role of training and NGO engagement in shaping paid work opportunities, 'I've received training in community development, first aid... Life Skills Development training and English Speaking from the Danish Refugee Council, CODEC, GK [Gonoshasthaya Kendra], and Friendship.'

Gender and age differentiate access to paid labour. While there are accounts of entry points for girls' participation in stipend volunteer opportunities, other respondents have contrasting views for girls' empowerment. A 20-year-old young woman underscores limited mobility and livelihood options: 'It's like a prison here, everyone is trapped... There is not a very good work system here... Only those who are educated can live comfortably in Bhasan Char. There is nothing here for the uneducated and less educated', a stark contrast with Cox's Bazar, 'We were able to do very well in the camp... you can at least earn some money by working here and there.' Age also restricts access, as a 17-year-old adolescent boy notes, 'I can't work now, I am not old enough to earn.' And this is also correlated to the offer of humanitarian sensitisation campaigns as noted by a 22-year-old young man, 'Child labour is less common in Bhasan Char. It's more prevalent in the camps. Because of child protection and awareness programmes. These programmes are available in the camps but much less compared to Bhasan Char.'

Finally, aspirations reflect a broader desire for dignity and autonomy beyond immediate economic concerns. As one 22-year-old young man states, 'In the future, I want freedom. In our current situation, we have no freedom. We don't have any of the rights a person needs to live a decent life.' This highlights how livelihoods are not only about income generation but are deeply connected to rights, agency, and the ability to pursue meaningful futures.

Figure 6: Paid work in the past 12 months and aspirations for professional or skilled work in Bhasan Char versus Cox's Bazar



Conclusions and recommendations

The mixed-methods findings reported here illuminate a situation in Bhasan Char that is in flux. Limited access to education remains a barrier, especially for young adults, exacerbated by perceived differences in educational quality and opportunity compared to camps in Cox's Bazar. While higher-quality learning in Cox's Bazar is often associated with community-based initiatives and private tutoring, these options are not as widely accessible or as high-quality in Bhasan Char. Moreover, although adolescent girls, in particular, continue to face restrictive cultural and religious norms that limit their mobility, there are emerging signs of gradual change driven largely by NGO-led awareness, outreach, and programming, which is incrementally shifting attitudes and reinforcing the perceived value of girls' education. In terms of health services, young people noted the presence of numerous health centres, pharmacies and health workers; however, gaps persist in the management of chronic illnesses and access to specialised and hospitalised care. Findings related to sexual and reproductive health show increased awareness of pubertal changes, contraception and family planning, largely due to NGO-led training, yet entrenched gendered constraints continue to shape unequal access for some. Although community-level violence is perceived as less prominent than in Cox's Bazar, patterns of intimate partner violence remain largely unchanged. At the same time, limited livelihood opportunities and a less vibrant market and entrepreneurship environment due to physical constraints and isolated geography of the island camp constrain young people's ability to engage in income generation beyond the camp clusters. Even so, NGO engagement has amplified opportunities, with males and females participating in trainings and stipend-volunteer activities.

As the Bhasan Char response progresses, and close monitoring of the Government announcements and plans related to the island camp are prioritised, the findings point to the following key implications for policy and programming:

- **Prioritise tackling low-quality teaching, poor learning outcomes, and low educational aspirations** by investing in teacher training and accountability and implementing targeted programmes to raise student motivation and achievement, including in collaboration with the Rohingya community.
- **Expand community health facilities for girls and young women who face** barriers to accessing health services, whilst ensuring the referral practices to large health complexes and hospitals in mainland Bangladesh are in place for more serious health concerns facing young people and their families.
- **Continue effective NGO-led humanitarian trainings on sexual and reproductive health and family planning** that promote joint decision-making between men and women on family planning uptake, and target both married and unmarried young people.
- **Continue to promote the value and solace provided by safe space programming** for girls and young women facing intimate partner violence, by supporting access to respite, peer connection, counselling, and, where chosen, referral to legal protection services.
- **Scale up camp-based paid work opportunities** for young people, with a particular focus on increasing the participation of young women in these skilling opportunities and paid roles through dedicated outreach to community leaders, parents and husbands on gender equality and the value of work for young women.



An adolescent girl in Bhasan Char, Bangladesh © Khadija Mitu/GAGE 2026

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