

Rohingya Crisis and The Concerns for Bangladesh

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Abstract— This paper aims to analyze the concurrent overview of Rohingya refugees who fled to Bangladesh and the number is increasing day by day. It also gives importance on the concerns for Bangladesh in the context of food security, environment, tourism, national security and so on. Although Bangladesh government along with international organizations and Non-Government Organizations is trying to ensure the quality of living of the Rohingyas, impediments are evident. Furthermore, intensive cooperation and support from allies and the rest of the world can certainly reduce certain burden from Bangladesh Government by providing foods, medications and other necessary goods for the Rohingyas.

Keywords— Rohingya, Refugees, Genocide, Concern, Myanmar & Bangladesh

1 INTRODUCTION

The Rohingya people (historically also termed Arakanese Indians) are a stateless Indo-Aryan people from Rakhine State, Myanmar. The Rohingya maintain they are indigenous to western Myanmar with a heritage of over a millennium and influence from the Arabs, Mughals and Portuguese. On 22 Oct 2017, the UN reported that an estimated 603,000 refugees from Rakhine, Myanmar had crossed the border into Bangladesh alone since August 25, 2017. This number increased to 624,000 by November 7, 2017. The majority are Muslim while a minority are Hindu. Described by the United Nations in 2013 as one of the most persecuted minorities in the world, the Rohingya population are denied citizenship under the 1982 Myanmar nationality law. According to Human Rights Watch, the 1982 laws effectively deny to the Rohingya the possibility of acquiring a nationality. Despite being able to trace Rohingya history to the 8th century, Myanmar law does not recognize the ethnic minority as one of the eight "national races". They are also restricted from freedom of movement, state education and civil service jobs. The legal conditions faced by the Rohingya in

Myanmar have been widely compared to apartheid by many international academics, analysts and political figures, including Desmond Tutu, a famous South African anti-apartheid activist.

The Rohingyas have faced military crackdowns in 1978, 1991–1992, 2012, 2015 and 2016–2017. UN officials and HRW have described Myanmar's persecution of the Rohingya as ethnic cleansing. The UN human rights envoy to Myanmar reported "the long history of discrimination and persecution against the Rohingya community... could amount to crimes against humanity," and there have been warnings of an unfolding genocide. Yanghee Lee, the UN special investigator on Myanmar, believes the country wants to expel its entire Rohingya population.

The Rohingya community claims it is descended from people in precolonial Arakan and colonial Arakan; historically, the region was an independent kingdom between Southeast Asia and the Indian subcontinent. Rohingya legislators were elected to the Parliaments of Myanmar until persecution increased in the late-20th century. Despite accepting the term Rohingya in the past, the current official position of the Myanmar government is that Rohingyas are not a national race, but are illegal immigrants from neighboring Bangladesh. Myanmar's government has stopped recognizing the term "Rohingya" and prefers to refer to the community as Bengalis. Rohingya campaign groups, notably the Arakan Rohingya National Organization, demand the right to "self-determination within Myanmar".

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Probes by the UN have found evidence of increasing incitement of hatred and religious intolerance by "ultra-nationalist Buddhists" against Rohingyas while the Myanmar security forces have been conducting "summary executions, enforced disappearances, arbitrary arrests and detentions, torture and ill-treatment and forced labour" against the community. According to the UN, the human rights violations against the Rohingyas are "crimes against humanity".

Before the 2015 Rohingya refugee crisis and the military crackdown in 2016 and 2017, the Rohingya population in Myanmar was around 1.0 to 1.3 million, chiefly in the northern Rakhine townships. Since 2015, over 900,000 Rohingya refugees have fled to southeastern Bangladesh alone, and more to other surrounding countries, and major Muslim nations. More than 100,000 Rohingyas in Myanmar are confined in camps for internally displaced persons. Shortly before a Rohingya rebel attack that killed 12 security forces, August 25, 2017, the Myanmar military had launched "clearance operations" against the Rohingya Muslims in Rakhine state that left over 3,000 dead, many more injured, tortured or raped, villages burned. Over 603,000 Rohingya from Myanmar, fled to Bangladesh alone, and more to other countries. According to Refugee Relief and Repatriation Commission, about 624,000 Rohingyas entered Bangladesh until November 7.

Refugees International described the actions of the Myanmar military as "crimes against humanity."

2 OBJECTIVES

Notable objectives of this paper are given below.

1. To assess current situation of Rohingya crisis
2. To identify the role of international agencies in providing aid
3. To figure out the current health condition of Rohingya children
4. To draw concerns for Bangladesh
5. To assess overall facilities for Rohingyas from Bangladesh Government.

Though these are the notable objectives of this

research paper, this paper will also focus on the perception of the Rohingya women regarding birth control, sex education and complications in pregnancy.

3 FINDINGS AND DISCUSSIONS

In total, more than 8,30,000 Rohingya refugees are sheltering in Bangladesh, having escaped violence and persecution in Myanmar according to Bangladesh Government. This includes more than 6,24,000 people, the vast majority women and children, who have fled since violence erupted on 25 August. The momentum and scale of arrivals make this the world's fastest growing refugee crisis. The incoming refugees are housed or have sought shelter in Cox's Bazar and its upazilas, where extensive pressure is being placed on resources. The people who have arrived in Bangladesh since 25 August came with very few possessions. They have used the majority of their savings on transportation and constructing a shelter, often out of no more than bamboo and thin plastic. They are now reliant on humanitarian assistance for food, and other life-saving needs. Basic services that were available prior to the influx are under severe strain due to the massive increase in people in the area. In some of the sites that have spontaneously emerged, water and sanitation facilities are limited or of poor quality, with extremely high density raising the risks of an outbreak of disease. The Rohingya population in Cox's Bazar is highly vulnerable, having fled conflict and experienced severe trauma, and now living in extremely difficult conditions.

Population movements within Cox's Bazar remain highly fluid, with increasing concentration in Ukhia, where the Government has allocated 3,000 acres for a new camp. People have begun arriving at the new, proposed site before infrastructure and services can be established. Crucially there is limited access to the site and no roads through this site; this is preventing the development of infrastructure including water and sanitation facilities.

One significant resource is increasingly limited cooking fuel. Wood fuel collected from protected forest reserves is the main source of cooking fuel for refugees. The speed of the influx of arrivals is contributing to the lack of cooking fuel in markets and its high prices, now reaching more than 60 percent of refugee households' weekly expenditure. To afford fuel, people are resorting to selling food and assets. More and more food,

firewood and other commodities are being imported from neighboring districts, as local people are unable to meet the demands of the burgeoning market. High prices of goods and transportation are increasing the negative impacts on the local population.

3.1 SERVICES FROM INTERNATIONAL AGENCIES

Mobilizing resources to support one of the world's poorest and most densely populated countries has proved challenging. The Government of Bangladesh is responding to the crisis in partnership with national and international humanitarian and development agencies. Short- and medium-term solutions are needed to increase support to host communities and families supporting refugees, and improve the wider food and agriculture environment of impacted areas outside camps. The Food and Agriculture Organization of the United Nations (FAO), with government partners, civil society and other United Nations agencies, is working to meet early response needs and contribute to longer-term solutions to the region's endemic poverty.

By building on successful work with partners through the Safe Access to Fuel and Energy (SAFE) initiative, FAO is addressing energy needs during this crisis to build resilience. The coordinated response is guided by the Food Security cluster, co- led by FAO and the World Food Programme (WFP). The Inter-Sectoral Coordination Group, headed by the International Organization for Migration (IOM), coordinates ongoing humanitarian assistance. A joint project with WFP and IOM that contributes to the Humanitarian Response Plan is planned for December 2017-2020.

3.2 CONCERNS FOR ROHINGYA CHILDREN

More than half are children, according to Unicef. Children who have seen things that a child should never witness. Children are losing their childhood.

One in five Rohingya children under the age of five is estimated to be acutely malnourished, requiring medical attention. There is a very severe risk of outbreaks of water-borne diseases, diarrhea and quite conceivably cholera in the longer-term.

About a third of those children are "severely" malnourished, meaning they are nine times more likely to die than the children who are not malnourished, says a research conducted by Save

the Children, Action Contre La Faim, UNHCR, Unicef, and WFP in last two weeks. Children are significantly more vulnerable to infections and diseases like diarrhea and chest infections.

In addition, a large number of Rohingya children are arriving in Bangladesh already malnourished. Then they are put in a situation where they have to rely on food rations to survive, where hygiene standards are poor, where clean drinking water is hard to come by and lots of people are getting sick as a result. Every day children arrive at health clinics in desperate need of therapeutic food to stave off death. It is rare to see this level of malnutrition among children, even in a crisis like this, and even rarer to see it affecting adults as well.

The threat of cholera is like a "ticking bomb" for the hundreds of thousands of Rohingyas who have flooded into Bangladesh in recent weeks, according to Red Cross. The International Federation of Red Cross and Red Crescent Societies (IFRC) stated that there is every certain reason to fear that the way Rohingya children is in a situation can lead to cholera outbreaks. They stated the conditions are "difficult to describe" and "very heartbreaking".

Unicef is providing clean water and toilets, and has helped to vaccinate children against measles and cholera, which can be deadly. The agency is seeking \$76m under a \$434m UN appeal for Rohingya refugees for six months, but is only seven percent funded. UN agencies are still demanding access to northern Rakhine, where an unknown number of Rohingya remain despite UN reports that many villages and food stocks have been burned.

The call for the need for protection of all children in Rakhine state; this is an absolute fundamental requirement. The atrocities against children and civilians must end.

3.3 NOTABLE DISEASES

1. One of the biggest concerns is the poor sanitation and lack of hygiene facilities that has sparked growing fears over the emergence of cholera, which spreads through dirty water and can kill if untreated.

2. The IFRC, which last month opened a field hospital near the camps, has treated numerous patients for acute diarrhea.

3. At the same time, the UN began a massive vaccination campaign in a bid to avoid a cholera epidemic, but while no cases have appeared so far, the IFRC warned unhygienic conditions could see the disease spread.

4. Up to 12,000 more children join them every week, fleeing violence or hunger in Myanmar, often still traumatized by atrocities they witnessed, it said in a report "Outcast and Desperate".

3.4 FAMILY PLANNING PROGRAM

Large families are the norm in the camps, where some parents have up to 19 children and many Rohingya men have more than one wife.

District family planning authorities have launched a drive to provide contraception, but say they have so far managed to distribute just 549 packets of condoms among the refugees, who are reluctant to use them. They have asked the government to approve a plan to launch vasectomies for Rohingya men and tubectomies for women. But they are likely to face an uphill struggle.

Many of the refugees believed a large family would help them survive in the camps, where access to food and water remains a daily battle and children are often sent out to fetch and carry supplies. Others have been told contraception is against the tenets of Islam.

Farhana Sultana, a family planning volunteer who works with Rohingya refugees in the camps, said many of the women she spoke to believed birth control was a sin.

"In Rakhine they did not go to family planning clinics, fearing the Myanmar authorities would give medicine that harms them or their children," Sultana said.

Volunteers have been struggling to sell the benefits of birth control to Rohingya women, most of whom came to them for advice on pregnancy complications or help with newborns.

Sabura, a mother of seven children, said that her husband believed the couple could support a large family. "I spoke to my husband about birth control measures. But he is not convinced. He was given two condoms but he did not use them," she said.

"My husband said we need more children as we have land and property (in Rakhine). We don't have to worry to feed them," she said.

Pintu Kanti Bhattacharjee, who heads the family planning service in the district of Cox's Bazar where the camps are based, said there was little awareness of birth control among the Rohingya.

"The whole community has been deliberately left behind," he said, citing a lack of education in Myanmar, where the Rohingya are viewed as illegal immigrants and denied access to many services.

Bangladesh has for years run a successful domestic sterilization programme, offering 2,300 taka (\$28) and a traditional lungi garment to each man who agrees to undergo the procedure. Every month 250 people undergo sterilization in the border town of Cox's Bazar.

4 FACILITIES FROM BANGLADESH GOVERNMENT

As of 11 November 2017, the passport and immigration department of Bangladeshi government has registered 482,877 people through biometric registration. The Local government and Engineering Department (LGED) has completed 82% of 10 access roads in different camps areas. The Armed Forces Division (AFD) has completed the first stage (soil work) of 5.8KM of the 22KM road (noted on the map in red) throughout the mega camp. They have also completed 515 meter of brick work. The road will be constructed with bricks. The Rural Electricity Board (REB) has expanded 9KM of electric line in the new mega camp area. They have also installed 50 street lights and 10 flood lights as well as 33 solar lights.

The latest arrivals have joined hundreds of thousands of Rohingya refugees who fled in earlier waves from Myanmar's Rakhine state, where the stateless Muslim minority has endured decades of persecution. Most live in desperate conditions with limited access to food, sanitation or health facilities and local officials fear a lack of family planning could stretch resources even further. Bangladesh is planning to introduce voluntary sterilization in its overcrowded Rohingya camps, where nearly a million refugees are fighting for space, after efforts to encourage birth control failed.

5 CONCERNS FOR BANGLADESH

One of the notable concerns for Bangladesh is the shortage of food. Though it has certain food storage for its own people, it would be difficult to feed additional 8 million people.

Secondly, the area, where the Rohingyas have been sheltered, is a tourist place and geographically carries significant importance. As the Rohingyas are entering through the way of going to St. Martin Island of Bangladesh, the tourism business is almost shut due to the cancellation of ship service as per security concern.

The environment of the Cox's Bazar, moreover, is severely damaged by the Rohingyas as there are insufficient sanitary latrines. Safe drinking water and toilets are in "desperately short supply" in the chaotic, teeming camps and settlements.

In addition to this, the security concern is above all. As the national election of Bangladesh is coming soon, the entrance of Rohingya would be a clear threat to the nation.

This is not going to be a short-term problem, it is not going to end anytime soon. As it is absolutely critical that the borders remain open and that protection for children is given and equally that children born in Bangladesh have their birth registered.

6 CONCLUSION

The Rohingya refugees are an "unbearable burden" to Bangladesh. Solutions lie with (Myanmar) because the problem was created by the Myanmar government. Bangladesh wants Rohingyas to take back to their own homeland. Most Rohingya are stateless in Myanmar and many fled without papers adding of the newborns in Bangladesh: "Without an identity they have no chance of ever assimilating into any society effectively." How would they be sent back? UN should take initiatives to compel Myanmar to take their citizens back and ensure safety and security. The whole process should be monitored by UN officials.

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