IOSR Journal of Research & Method in Education (IOSR-JRME)
e-ISSN: 2320–7388, p- ISSN: 2320-737x Volume 15, Issue 6 Ser. 1 (Nov. – Dec. 2025) 47-49
www.iosrjournals.org

A field Survey among Rohingya Refugees: Voices from the camp

Parisa Refat Zaman, Dr. Reefaat Rahman, Dr. Md. Arifuzzaman
Class 12 Student, Viqarunnisa Noon College, Dhaka, Bangladesh
Associate Professor, Department of Obstetrics & Gynaecology, Bangladesh Medical University, Dhaka, Bangladesh
Consultant, Department of Ophthalmology, Bangladesh Medical University, Dhaka, Bangladesh
***Corresponding Author:** Dr. Reefaat Rahman, Associate Professor, Department of Obstetrics & Gynaecology Bangladesh Medical University, Dhaka, Bangladesh*

I. Introduction:

The earth keeps spinning on its orbit, days fade into nights, the world moves on but nothing changes for the Rohingyas.

The Rohingya people are a stateless Indo-Aryan ethnolinguistic group who predominantly follow Islam from Rakhine State, Myanmar. One of the most persecuted minorities in the world, the Rohingya are denied citizenship. There are also restrictions on their freedom of movement, access to state education and civil service jobs.

In 2017, over 740,000 Rohingyas fled to Bangladesh. The Rohingya refugee influx has significantly impacted Bangladesh by straining public services, infrastructure, and the environment, while also creating social and economic challenges. The large, concentrated population of refugees has led to overcrowding in camps, increasing health risks from poor sanitation and disease. The influx also poses economic burdens, although some international aid is provided to mitigate the costs.

In march 2025, a field survey of 471 Rohingya refugees living in camp 2 and camp 15 in coxbazar, Bangladesh was done. This was conducted to understand three vital aspects of their lived experience, their willingness to return to Myanmar, their children's access to education and their current employment status.

Description:

Camp 2 W:

Location:
Kutupalong, Cox's Bazar (larger part of Kutupalong-Balu Khali expansion)
Voices of people:
This camp consisted of Rohingyas who migrated to Bangladesh during the conflict of 1991. The population residing in this camp is approximately 23 thousand (as of April 2020). The older Rohingyas tend to speak in a mix of Burmese-Bangla, whereas those under the age of 35 speak in pure Bengali (with a Chattogram accent).

Homes:
Each home in this camp shelters one families, regardless of the number of members. This leaves very little space for each individual, as Rohingya families are generally large. No electricity is provided in these houses; thus, many Rohingyas have constructed clay houses to ensure a bearable temperature. A common toilet is situated outside each home. Water scarcity is a common issue here.

Education:
There are about 13 schools built within the boundaries of this camp. Previously, the schools were primary only, but now they have been extended up to Class 8. Recently, an English Medium Curriculum called the Pearson curriculum has been introduced here, but due to a lack of skilled teachers, the literacy rate has not increased significantly. Parents are not very concerned about their children's education; they see it as a luxury instead of a necessity. Even though this attitude is gradually changing, the situation remains almost the same as before.

Hospital:
Out of all sectors in the camp, the healthcare sector is the most advanced one.

The In-Patient Department is funded by Gonoshasthaya Kendra of Bangladesh. Treatment is free of cost for all Rohingyas. Common diseases include UTI, diarrhea, and pneumonia. Chronic ones include hypertension, diabetes, and asthma. The average number of patients per day is about 10–15. Five doctors are always present. The rush hour is usually at night when the temperature is comparatively cooler.
The OPD treats about 200 patients. It is a very busy place. It is funded by IRC (International Rescue Committee). In case of serious conditions, patients are referred to hospitals outside the camp. The hospital has a decent pharmacy where all medicines are free of cost.

Camp 15:

It is part of the largest refugee settlement in the world.
Location:
Jamtoli, within the Cox's Bazar Refugee Complex.

Voices of People:
People belonging to this camp are the refugees of the Rohingya Genocide of August 2017. These people speak mostly in Burmese, so only a few Bengalis are able to understand and communicate with them. A constant companion was needed for this interaction. The Rohingyas of this camp walked miles to Bangladesh for survival. In their own country, they had little education due to religious discrimination. However, they had land and freedom there. Thus, these people are in complete agreement about returning to their own land.

The Rohingyas residing in this area belong to different classes of society: from upper class to low-income families. The rates of child marriage and early pregnancies are high here.
The total population of this camp is about 49 thousand (as of April 2020).

Education:
There are very few education centers here.

Training Center:
As a substitute for schools, training centers to develop employment skills have been built. These are funded by IOM, UNHCR, Prottashi, and BRAC. Four vocational trainings are given:

1. Agricultural crop production (72-day training)
2. Solar system
3. Community Health Work (CHW)
4. Plumbing

For this, every Rohingya is divided into groups of 40 people. To encourage them, a participation fee of 150 taka is given. As of May 2025, Level 1 training has been completed, and the competent workers are now working in various WHO programs.

Allowances:
Every month, the Rohingyas receive 6 to 12 dollars. However, for various reasons, this amount fluctuates occasionally.

Hospital (by Save the Children):
The In-Patient Department consists of 10 beds. The average number of patients per day is about 10–12. Many women have their 7th or 8th child, contributing to population growth among the Rohingyas. Most of these childbirths are through normal delivery.
In the OPD, about 200 patients come for checkups daily. Free medicine and healthcare are ensured for all of them.

Findings in the survey:
Repatriation:
A striking 83% of respondents expressed desire to return to Myanmar. But they also mentioned some pre conditions: safety, citizenship, and freedom of movement. Refugees emphasized in the past they were given empty assurances.

Unemployment and Dependency:

Rs are not allowed to work outside. Only 28% of adult Rohingyas are engaged in any form of employment within the camp premises. The remaining population is jobless.

Education:
Only 12% of surveyed children under ten were enrolled in any learning program.

Although the Bangladeshi government recently approved the Pearsons curriculum in camps, implementation remains slow. Without certified education, an entire generation risks exclusion from future opportunities.

Policy lessons:

- Repatriation should not be rushed or forced.
- Sustainable return requires citizenship, safety guarantees, and freedom of movement.
- Education is a protection mechanism, not just a service.
- Governments and humanitarian actors must:
- Scale up accredited education provision.
- Train refugee teachers and support safe learning spaces.
- Negotiate curriculum recognition with Myanmar and international bodies.
- Expand vocational training and cash-for-work schemes.
- Pilot legal work opportunities benefiting both refugees and host communities.
- Link education with livelihoods to prepare refugees for eventual return or resettlement

The Rohingya crisis is not approaching an end but is a protracted situation characterized by escalating challenges and diminishing hope. Worsening conditions in refugee camps, mounting security threats, reduced international aid, and ongoing persecution in Myanmar contribute to a cycle of despair for the Rohingya people. World leaders should look into this.

Authors note: This article is based on a community survey conducted with verbal consent from the Rohingyas. These responses were anonymized to protect the confidentiality of the participants.