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Attitudes Towards the Decision-Making Process in Rohingya Community Households

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Abstract:

The current state of the Rohingya community, economic and social status is still substantially inadequate. The research will describe both the decision-making thinking patterns and gender roles on everyday decisions within Rohingya society. The research employed mixed methods to obtain information from respondents. Apart from that this study received information supported by finding from UN Women and Action Against Hunger. The research study showed minimal involvement in communal choices concerning marriage arrangements as well as other child conception and children's educational choices. Decisions in this case rest exclusively with male members of the society. Household decisions about healthcare access, having another child, marriage, earning, spending, migration and household affairs are managed by women alone according to 10% or fewer respondents. Research findings will create conditions for Rohingya community members to take part more actively in their decision-making process. Such findings are essential in researching context-sensitive humanitarian action that is inclusive by engaging women more in governance and by further strengthening resilience, as well as improving gender equity.

Keyword: Rohingya, Households, Decisions Making, Child Marriage, Health, Education.

Background of the Project

Action Against Hunger (ACF), the international non-governmental organization established multi-level humanitarian support for Rohingya refugees in Cox's Bazar starting from 2009. After the major refugee influx happened in 2017 the organization boosted its humanitarian programs across a wide scale. Its programs delivered integrated Nutrition and Mental Health and Psychosocial Support services by 33 facilities within refugee camps through baby-friendly spaces, Outpatient Therapeutic Programs, stabilization centers, safe areas for women and girls and mental health wellness centers that also included six health facilities across host communities during 2021

(Action Against Hunger, 2021). These resources consisted of baby-friendly areas, anxiety management programs, drug treatments, and mental wellness centers to help the vulnerable individuals, including the pregnant and lactating mothers, adolescents and those treated by violence.

The team of 100 psychologists and psychosocial workers trained provided mental health support together with well-being promotion for children under five in addition to pregnant and lactating women, malnutrition child caregivers and adolescents along with survivors of violence. Early Childhood Development (ECD) combined with mental health initiatives for mothers marked by malnutrition prevention and treatment and protection services for adolescents and women of childbearing age formed part of these interventions with comprehensive psychological and psychosocial support also provided to distressed individuals.

During April 2020 to March 2021 the organization executed the 'Multi-sector Gender Responsive Assistance for Rohingya Women and Girls in Bangladesh' project through funding from Grand Affairs Canada. One main goal of the project entailed conducting a systematic evaluation of MHPSS, gender and protection needs alongside service assessments for the population to support future program development. The most significant findings included the necessity to localize interventions aimed at solving enshrined gender disparities in domestic decision making and service accessibility **(Action Against Hunger, 2019).**

The Comprehensive Community Assessment pursued under this project used to decide beneficiary requirements and service distribution which led to data-based responses. The emergency response project included the organization's four departments: Nutrition and Health together with Water Sanitation and Hygiene (WASH) as well as Mental Health Care Practices and Gender and Protection (MHCPG&P) and Communication with Communities (CwC).

The intervention spanned throughout camps 1W, 1E, 2E, 2W, 3, 4, 7, 8E, 9, 10, 11, 13, 14, 15, 16, 21, 24, 26 and Nayapara RC and Kutupalong RC in Ukhia and Teknaf Upazilas.

Introduction

The Rohingya refugee crisis is a very intricate humanitarian crisis in recent times. Incessant violence and persecution of Rohingya people, an exodus of over 1 million people, find refuge in Cox Bazaar in Bangladesh, creating massive social, economical, and logistical problems never witnessed before **(UNHCR, 2019; Faisal & Ullah, 2022)**. Included among them, gender-based discrimination takes well established forms determining every day decision making on Rohingya households to support the male dominance and take the female agency out of the idea **(UN Women, 2018)**.

Whereas the support given by the international NGOs has been steady since 2009, the magnitude of displacement in 2017 required a comprehensive system. Also as a response, such bodies as ACF, UN Women, and the IRC insisted on the application of gender-sensitive programming in the realms of nutrition, protection, and psychosocial care **(IRC, 2018)**. This has been especially

meaningful in highlighting how forced displacement is interrelated with other vulnerabilities grounded on gender issues, like the failure to include women in decisions relating to marriage, education, reproduction, and others **(Amnesty International, 2024)**.

The programs provided complete protection and Early Childhood Development (ECD) as well as maternal mental health aid to under-five children, expecting mothers, caregivers, teens, and individuals experiencing violence. Through funding from Grand Affairs Canada (GAC) the organization executed the '*Multi-sector Gender Responsive Assistance for Rohingya Women and Girls in Bangladesh'* project from April 2020 through March 2021. The main purpose of this project entailed using systematic data methods to assess mental health together with psychosocial support needs and gender-based and protection services in both refugee settlements as well as host communities.

The research entitled *"Comprehensive MHPSS Gender Protection Community Assessment in Rohingya Refugee and Host Community Populations of Cox's Bazar District Bangladesh"* was conducted by two researchers. The research team looked to evaluate how well the project interventions worked while examining both beneficiary requirements and examining existing service levels under project operation.

In addition to their assessment these researchers published the article *"Attitude of Decision-Making Process in Households of the Rohingya Community."* The article studies both social and economic contexts while analyzing how gender shapes family choices about marriage and reproduction and educational choices together with domestic issues within Rohingya households. The research data proves limited community involvement in group decisions alongside proving how men dominate household choices which provides essential information about handling participatory governance in this population.

The research article purports to set out a study on the impact of gender norms and socio-economic stressors in households that share the aspects of Rohingya refugee contexts regarding the attitudinal appraisal of decision-making. The mixed-method approach of the study allows exploring the role that men and women play in the decision-making process, concerning marriage, education, healthcare, and house management. Besides the documentation of the dominant patterns of power imbalance in household governance, the findings describe the emerging practices of displacement and humanitarian intervention that have also been contributing to the gradual change in attitudes albeit in a slow version **(Kabeer, 1999; Freedman, 2016).**

Objective

To explore the impact of the socio-economic situations and gender roles in family decision-making of the Rohingya community in Cox Bazar.

To assess the roles of both man and woman concerning the decisions to be made in regard to marriage, family planning, attendance in education, and performing household chores and also find inhibitors towards their participation.

To provide evidence-based information to ease gender sensitive interventions and enhance community-based networks to enhance governance and well-being.

Study Area, Target group and Focus area

The research was carried out on six camps chosen in Cox Bazar. Among these, five camps Camp-9, Camp-10, Camp-11, Camp-14 and Camp-16 fell in Ukhiya Upazila and Camp-26 in Teknaf Upazila.

Project beneficiary, community leader (Majhi), religious leader among other allied stake holders were identified as the respondents. And this focused-on security issues, sets of coping, beliefs in the GBV, and community decision-making.

Literature review

Household decision-making plays an essential role for understanding the social and economic elements and cultural characteristics of any society. The Rohingya refugee community follows procedure for decision-making through societal traditions and cultural expectations and their political and social circumstances after strife. Research already conducted offers essential findings on the beliefs about decision-making practices within this distinct population which faces marginalization.

The household decision making can be viewed as the most important point of entry into how socio-economic structures, cultural values, and gender roles intersect. Patriarchal norms and religious beliefs condition the decision-making process embedded in the Rohingya refugee community that is venerable due to displacement and has no access to quality education (**UN Women, 2018; IRC, 2018**).

According to studies, Rohingya men bear almost complete decision-making authority, especially in regard to marriage, family planning, education, and the spending as well (**UN Women, 2018; Action Against Hunger, 2021**). The evidence presented in the work by **IRC (2018)** adds to these conclusions because it indicates that despite the displacement environment, men still stay in their dominant positions whereas women cannot contribute much to decision-making, including the issue of health, mobility, and economic activity.

Several definitions exist without consensus on violence against women and girls, boys, and men depending on geographical area and theoretical worldview and academic subjects **(Ellsberg and Heise, 2005).** The USAID Strategy to Prevent and Respond to GBV defines GBV as "violence that is directed at individual people because of their biological sex or gender identity as well as their social group masculinity and femininity beliefs. Physical abuse along with sexual mistreatment and psychological mistreatment constitute part of GBV while threats and arbitrary freedom restrictions and economic deprivation both qualify as GBV incidents regardless of taking place in public or private domains. The range of GBV encompasses female infanticide alongside

child sexual abuse followed by sexual exploitation and coerced labor and sexual exploitation and abuse and domestic violence together with elder abuse as well as traditional harmful practices like early forced marriages and "Honor" killings and female genital mutilation or cutting. These two terms are usually substituted with one another simply because most perpetrators of such violence are men who target women or girls **(EIGE, 2014).**

The displacement has brought both complexities and small adjustments in the decision making of households. According to some of the humanitarian actors, women in some cases have not been marginalized in the decision-making process regarding food, health, and education due to the financial constraints that existed in the camps (IRC, 2018). But the changes are still cosmetic, because cultural and religious paradigms still tend to support the superiority of males **(Kabeer, 1999; Freedman, 2016)**.

Some recent studies show that Rohingya family decisions are controlled primarily by males who make most of the key choices. Research studies within Rohingya refugee camps found in Cox's Bazar show that male refugees exercise dominance when making decisions about marriage and family planning and education and family budgeting. Women take part minimally in decision-making because their influence stops at domestic duties and being caregivers. **A UN Women report (2018)** shows that Rohingya women numbered below 10% who had authority in financial decisions and healthcare choices and family planning matters within their households.

Religious beliefs combined with strongly set up cultural values from the Rohingya community importantly affect their approaches to making decisions. Tradition-based views assign dominant roles to men in managing marriage decisions and childbearing along with resource distribution. This practice shuts Rohingya women out from taking part in important life decisions. Second, the restricted educational possibilities for Rohingya women intensifies their exclusion from taking part in decisions at an influential level.

The barriers against the women participation are multi faceted. Safety issues, stigmatization, and illiteracy, poverty dependency are some of the reasons that reduce voices of women in household governance (**Action Against Hunger, 2021; UNFPA, 2020**). Moreover, ignorance of the law, and fear of the consequences thereof are just other reasons why women do not find institutional support in cases when they are excluded or tortured. According to **Human Rights Watch (2024)**, Rohingya women may tend to use informal mechanisms of resolving disputes with the assistance of male members of the community acting as their community leaders, rather than follow the law in a court of law- which further enforces the patriarchal practises.

Humanitarian organization interventions have tried to change this position by establishing women friendly environments, encouraging schooling of girls, and educating both men and women on gender rights. However, such work is hit by resistance amid cultural reliance on the traditional socio-cultural values concerning gender roles. According to **ONeil et al. (2015)**, the success of the women leadership program will also be elevated by involving the local male leaders to a situation of mutual understanding and shared responsibility.

Households with Rohingya membership meet other factors that affect decision-making after experiencing displacement while living in refugee camps. Life in refugee camps has made some families include women in certain choices yet overall household decision-making is still the same. Research conducted by humanitarian organizations including the **International Rescue Committee (IRC) reports** that displacement along with refugee camp living has increased family economic difficulties resulting in male household members making all decisions to handle limited resources.

A number of obstacles limit Rohingya women from taking part in decisions on household matters. Women face restrictions in public movement from safety fears together with social discrimination facing female public action and insufficient education and minimal information resources. **Action Against Hunger (2021)** discovered that female caregivers need to depend on male relatives for healthcare decisions and income responsibility and educational choices for their children.

The establishment of Rohingya households that support participatory decision-making comes from world organizations and NGOs through their program initiatives. Traditional norms experience gradual challenges through programs that empower women as well as community-based awareness initiatives that support women through educational efforts and livelihood opportunities. Gender equity progress in decision-making fields is still low due to continued cultural minds that have a strong refusal to accept.

Currently available literature showcases the patriarchal pattern of household decision-making among Rohingya families, but it lacks detailed research about the subtle perspective of all genders on these decision processes. Other research about the ways humanitarian aid and community-based interventions affect these attitudes still needs further exploration.

Although information on gender relations amongst Rohingya can be found in the literature, there is a knowledge gap on the perception of men and women in their household concerning decision making, and how their attitudes are affected by humanitarian interventions. Thus, the paper undertakes the task of addressing this gap by providing empirical understanding of changing perception towards gender and governance in Rohingya family in Bangladesh.

The research intends to understand the decision-making attitudes of Rohingya people within their household structures. Research findings will help understand community social and cultural patterns better along with providing evidence-based recommendations for promoting inclusive household decision-making participation methods.

Methodology

The Study used mixed research method, carried both quantitative and qualitative data on MHPSS (Mental Health and Psychosocial Support) needs among the Rohingya refugees who were settled in Ukhia and Teknaf camps in Cox Bazar, Bangladesh.

Sample Size and Selection

The study used a sample size of 200 respondents, which included 50 women aged between 18 and 60 years old, 50 men aged between 18 and 60 years old, 50 teenage girls aged between 15 and 18 years, and 50 male teenagers aged between 15 and 18 years.

Since it was a probability sampling approach, it was conducted as per the camp beneficiary lists, and then it was stratified proportionally based on the demographics of the population to obtain a diverse range of opinions as suggested in any gender-sensitive study **(USAID, 2012; Kabeer, 1999).**

Qualitative Methods Used:

The study has carried out 10 Focus Group Discussions (FGDs) whereby 8 to 12 people are in a group, which has involved one male group with a female group in each of the five camps with.

Data Collection Tools and Analysis Method:

Structured, close-ended questionnaires and checklists were administered through KoBo Collect on mobile devices for quantitative data collection; standardized guideline used for qualitative data collection. Besides, document and literature reviews have been conducted with standardized checklists to analysis in a systematic method and comprehensively.

Thematic evaluation methods analyze quantitative information between sections of the study such as household data and mental distress scores and gender-related insights.

The both types of data were analyzed in terms of a thematic analysis. The quantitative data was considered in such variables as gender, age group, household decision type, and mental distress scores. In the case of qualitative data, the data were coded and analyzed with triangulation to be valid and accurate **(Schuler & Nazneen, 2018).**

Limitations:

Some of the issues that the study encountered included limited time and the high population density in the camp. During the assessment, time limits and large population concentration in the camps were a great challenge. In order to solve linguistic and cultural differences, dedicated local enumerators who speak the dialect of the Rohingya were recruited, which increased the quality of data collection and its ethicality **(Freedman, 2016).** Such a full approach proved to solve not only the matter of logistics but also allowed to involve a variety of opinions within the method and so served as a solid place to start the evaluation of the needs and service in the camp populations.

Findings and Result

Decision making and autonomy of women in the Rohingya community

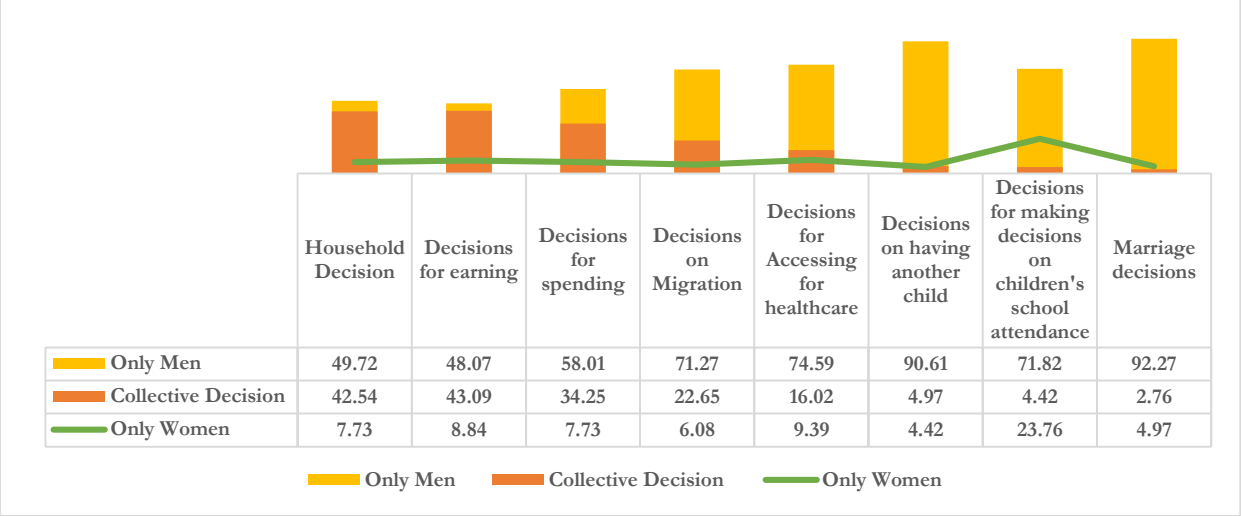


Figure 1: Decision making and autonomy of women

The Rohingya community bases all household decision power on the established system of male dominance. The survey data revealed that men independently make household decisions in 49.72% of cases although the remaining households share their powers of decision with equal authority at 42.54%. In contrast, only 7.73% acknowledged women as the principal decision-makers in their homes, which entails a low rate of approaching egalitarianism **(UN Women, 2018)**.

People adopt diverse approaches to decision-making throughout different areas of their existence. Earning-related decisions are made jointly by 43.09% of both male and female respondents. About marital decisions men hold control over 92.27% leading to a significant imbalance compared to the tiny collective percentage of 2.76%. Women exercise leadership in school-related child decisions as they independently make 23.76% of such choices in households. A trend that assimilated to the traditional values and was driven by the stress of displacement **(IRC, 2018)**. There was slightly higher participation of women in child education and women exercised independent decision-making.

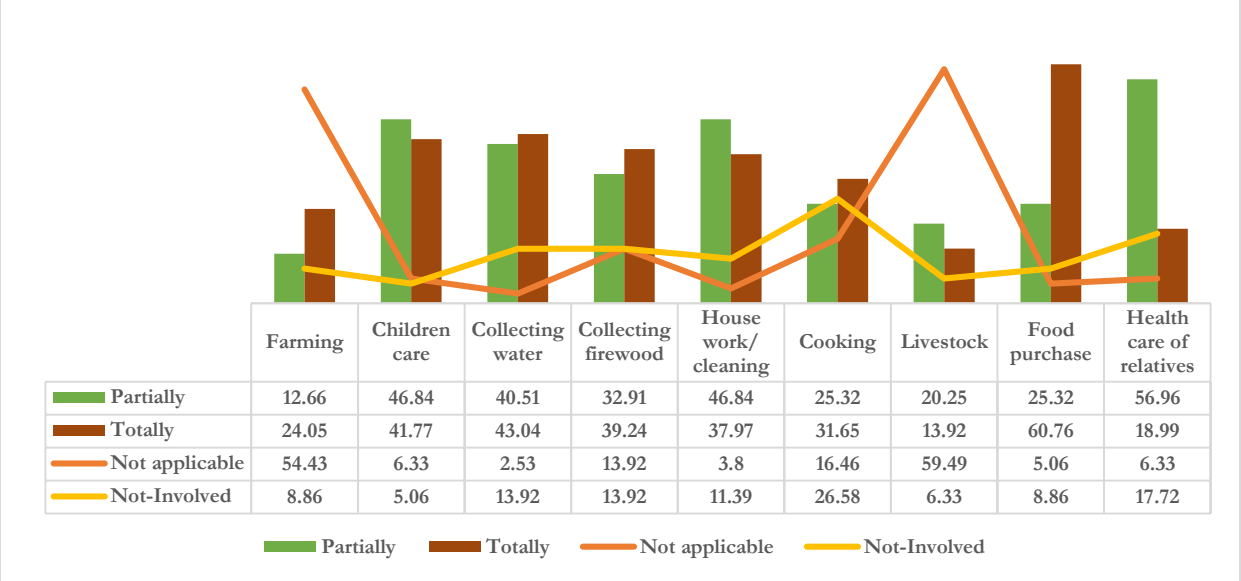
Financial expenditure decisions receive balanced contributions from husbands and wives since both parties make these decisions together according to 34.25% of respondents. The statistical data shows that male participants hold a controlling position in decision-making since they make 58.01% of monetary choices without help compared to 8.84% of these decisions resting with women alone. This reports reflects inline with the report of ACF on financial decisions still remain

male-controlled, with some decisions becoming joint, possibly due to humanitarian interventions, theorized in decentralized, family-based empowerment of women **(Action Against Hunger, 2021)**. The male domination in finding migration choices becomes clear because men control 71.27% of migration choices while the remaining split equally between collective decision-making at 22.65% and individual women-led choices with 6.08% only. For migration decisions, men again dominated with unilateral control.

The selected data shows that decision-making jointly happens in aspects of household management especially on finances and child development, but the Rohingya society still follows traditional male primacy. Women have very restricted power to make decisions as their autonomy extends to only limited domains.

These findings reflect persistent patriarchal norms and limited agency for women in refugee households **(UNFPA, 2020)**.

Participation of Male in household works in camp



	Farming	Children care	Collecting water	Collecting firewood	House work/ cleaning	Cooking	Livestock	Food purchase	Health care of relatives
Partially	12.66	46.84	40.51	32.91	46.84	25.32	20.25	25.32	56.96
Totally	24.05	41.77	43.04	39.24	37.97	31.65	13.92	60.76	18.99
Not applicable	54.43	6.33	2.53	13.92	3.8	16.46	59.49	5.06	6.33
Not-Involved	8.86	5.06	13.92	13.92	11.39	26.58	6.33	8.86	17.72

Figure 2: Participation of Male in household work

The combined effort of Rohingya males and females exceeds 60.76% in food buying activities yet the lowest involvement occurs in healthcare for relatives with 18.99%. The percentage of people who take part in healthcare for relatives responsibilities stands at the lowest level with only 18.99%. The statistics show that male participants do not engage in livestock-related activities for most of them because they make up 59.49% of the total participants who fall under the 'not applicable' category. However, the lowest non-participation rate is seen in water collection activities with only 2.53%. A significant segment of 26.58% of people refrain from cooking

activities but less than half of 55.06% avoid childcare responsibilities. The partial involvement of male respondents in healthcare responsibilities for relatives amounts to 56.96% within the study while their participation in agriculture is still low at 12.66%.

Throughout history Rohingya men have shown limited participation in household work because cultural traditions specify that women should handle domestic duties. Generally, the study shows that participant levels depend on what specific task needs to be done. The participation rates of Rohingya adults are higher for financial tasks and food procurement tasks than they are for childcare and cooking responsibilities. The external limitation of displacement-related agricultural restrictions seems to explain why Rohingya men take part less in farming and livestock work.

Although most Rohingya males do not help with healthcare duties for their relatives about one third of them actively provide care to family members. Rohingya household labor dynamics show evolution through changing patterns while being influenced by combine forces between local customs along with economic realities.

The findings inline with the reports of Naved et. al men are still not allowed to do domestic jobs like cooking and taking care of children, and thus gendered division of labor is reinforced **(Naved & Persson, 2010)**. There are also lower male interests in farming and livestock that is attributed to displacement barriers that are related to agriculture as well. Nevertheless, there is a gradual change in these roles and this may also be influenced by humanitarian programming which promotes shared duties in families **(Krause, 2015)**.

Perception of male domination

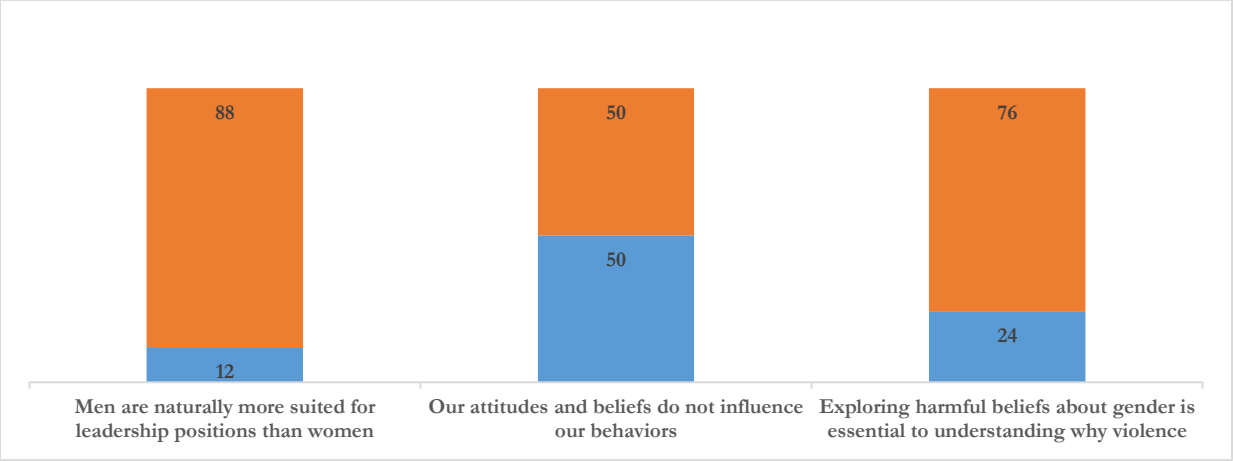


Figure 3: Perception of male domination

Public attitudes and beliefs continue to uphold the concept that men naturally should lead organizations. A large percentage of 88% showed agreement with the view that men have innate leadership abilities better than women thus demonstrating continuing gender-based prejudices.

The survey shows half of participants understand attitudes and beliefs determine our behaviors since they play a fundamental role in maintaining conventional gender roles. Only a small percentage (24%) of the survey participants did not agree that analyzing injurious gender beliefs serves as important to discovering the fundamental reasons behind violence. Psychological barriers toward changing ingrained gender stereotypes show that society continues to let prejudices affect how authority and leadership roles are perceived which extends male power dominance.

A huge proportion of the respondents also concurred that men make the best leaders, which is a testament to patriarchal ideas of society. Only disagreed that hurtful gender attitudes is a cause of GBV, and this necessitates a need to transform attitudes through attitudinal change campaigns based on the concept of (**O Neil et al, 2015).**

The results showed that it was this cultural resistance that made equitable decision-making such a big problem. Women are not able to assert leadership positions due to some psychological obstacles like fear of social judgment or even inferiority complex **(Ellsberg & Heise, 2005)**.

Attitudes of male toward GBV

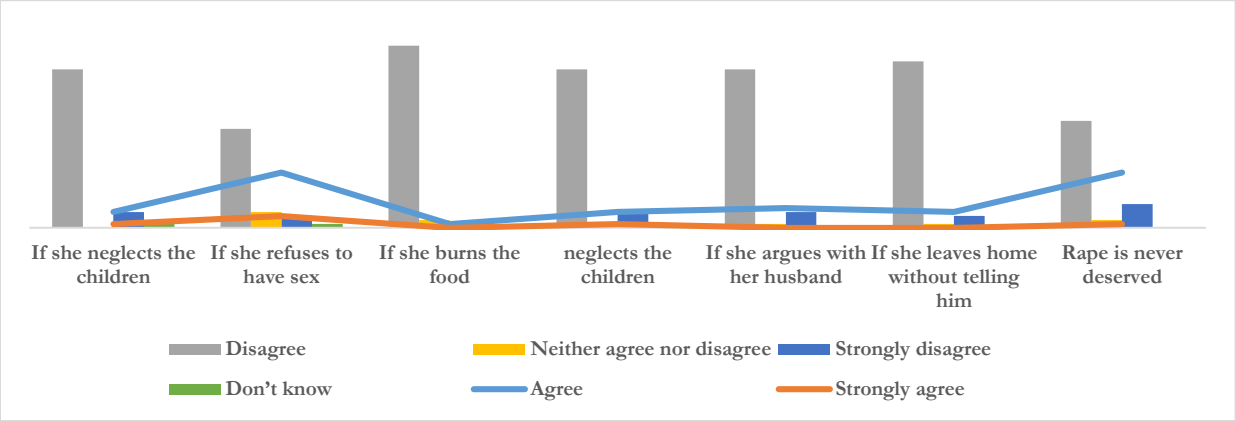


Figure 4: Attitudes of male toward GBV

Research surveyed men about GBV using nine statements rated through a Likert scale approach. Most men rejected the idea that physical assaults against their wives were acceptable under all stated conditions. Men tended to agree or strongly agree that their participation was needed to stop wife-beating although this was the sole exception to most negative responses about GBV.

The refusal of women to have sexual relations with their husbands stood out as the most compelling reason in the minds of respondents to justify GBV compared to child neglect and arguments between spouses and burned meals combined. A significant number of 34% of people surveyed believed that men should be permitted to hit their wives after she denies having sex. The survey revealed that 2% of respondents supported violence against burning food whereas 8% supported violence against neglecting children and 18% supported it for arguing with husbands. Another 8% supported violence against leaving home without informing him.

The survey participants showed contrasting viewpoints regarding their opinions about rape. Rape acceptability misconceptions are widespread based on the responses of 66% of the study participants who either fully disagreed or partially rejected the statement that no one deserves rape. A minority group consisting of 4% of individuals firmly endorsed the idea that sole responsibility for rape rests with the man. Eighty percent of the study participants displayed support for male involvement in GBV prevention efforts since they either acknowledged or strongly acknowledged men's essential role in this fight.

The research measured the attitudes of men towards Gender-Based Violence (GBV) based on Gender-Based Violence (9GBV) statements measured on a Likert scale. Majority of the respondents denied the possibility of physical violence against wives with normal conditions implying that they have a shallow understanding of a norm based on rights. But a closer examination shows that the behavior continues to get dictated by the traditional gender norms.

Davidestating a certain number of male respondents thought that a husband has right to beat his wife when he(the husband) refuses sex, a pointer to the continued attitudes towards sexual entitlement in marriage. Likewise, where violence was condoned following a dispute, this was condoned as acts of neglect of a child or woman left home without permission of the husband. These trends can be attributed to observations made in general GBV literature which demonstrate that violence is often justified on cultural grounds that is very much comparable with the concept of **Ellsberg & Heise, 2005; Hossain et al., 2014**.

Men tended to reject statements that attempt to normalize rape but were conflicted or disagreeable with the notion that no one deserves to be raped. This signals a deadly misperception that victims can be to blame similar to the findings on global acceptance of GBV myths as stated in the **Kauffman 2020; Freedman 2016**.

Positively, the respondents favored the participation of men in GBV prevention- and this has been one of the global trends in ensuring that men are not included in the solution but also considered as the problem as it reflects **USAID, 2012**; **Action Against Hunger, 2019**. However, positive attitude is usually balanced by traditional meaning in which the male authority is still somewhat implied, signifying that education and behavioral interventions should be made on an ongoing basis.

Experiences of GBV from Qualitative Findings

Quantitative and qualitative research data imply that gender-based violence experiences within areas demonstrate diverse influences between support networks. The survey data indicates that designated support centers serve as assistance points for survivors of GBV since 51.5% of respondents backed this connection but Social Majhi were mentioned as alternative help sources by fewer respondents. Qualitative data expands comprehension of how these support institutions are perceived to be effective for addressing GBV by underscoring formal organizations. Women

perceive the police to be unhelpful but most information about this situation stems from male perspectives. Women seem to encounter law enforcement rarely which restricts their ability to form opinions about how they should address GBV. The financial limitations of women prevent them from acknowledging their husbands as offenders because these economic barriers match wider societal elements that affect their choices.

Many GBV survivors choose to get assistance through two types of informal support: either from their family members or from Majhi religious leaders and community-based organizations. People follow a standard approach when they seek assistance which begins with the local leader known as Majhi followed by escalating to the community leader where elders might be involved until severe cases require police involvement. Escalation rates correlate with abuse intensity levels together with the display of behavioral change by perpetrators. Various participants from the focus group discussions (FGDs) present examples of how this process operates.

Institutionalised reporting of gender-based violence (GBV) is rarely used. Rather, survivors mostly lean on the support systems of friends, family elders, religious leaders or Majhis. This observation conforms to findings by **Human Rights Watch (2024) and Action Against Hunger (2021)** as it states that women in refugee situations tend to prefer a community-based system of mediation over institutionalized responses due to fear, lack of financial independence, and the stigma associated with speaking out and obtaining institutional resolution.

According to the research participants in Camp 9 men stated that ***"Where they can seek help ... with the Majhi first in the camp you stay in. Secondly, you can go to the religious leader and if things fail to work out, that is when you can go to the police"*** *(FGD, men in Camp 9).*

An example may be given of men in Camp 9 expressed a clear preference of how they wished a mediation system to be: "Where they can go ... the Majhi first... then the religious leader... only then the police." Although this system protects cultural norms, it also eats into legal justice. Such reliance on informal systems often re-victimizes victims, because male heads of communities often value social stability more than they do the security of the survivors **(UN Women, 2018)**.

The camp community leader receives all fighting cases to provide guidance to offenders. People that fail to transform their behavior end up with the Majhi who imposes punishment. Women under evaluation by the camp officials proceed to the senior members of the community. *(FGD, women in Camp 11)*

Any man who abuses his spouse invariably leads to an initial meeting with a 'Majhi' for counseling before possible punishment from an elderly person. Any man who continues to mistreat from punishment moves on to be penalized by the elderly person following their report to the Majhi. *(FGD, women in Camp 26)*

In Camp 11 and Camp 26, women cite an escalation of the cases up to the police only in extreme situations because the culture within the community is to treat GBV as an individual problem. In addition, other respondents, especially men, said that corrective counseling is preferable to punitive measures. Even though this type of mediation can go well with the principles of restorative

justice, it does not manage to hold abusers in an accountable way that would be effective in preventing future violence **(Krause, 2015)**. This culture of intimidation inculcated into the society thus puts off survivors and further renders women powerless.

Men in these discussions indicate their choice of informal mediation instead of legal intervention to resolve gender-based violence. Some male participants recognize GBV as an issue but tend to support male-led traditional solutions which fix problems through mediation instead of punishment. The culture resists contacting outside institutions because GBV is considered a community-based issue that people should handle on their own. The dominance of male voices regarding police performance issues indicates better connections with law enforcement institutions but makes law enforcement appear ineffective to the public. The prevailing notion about poor policing makes women reluctant to pursue justice through official channels. Economic dependency together with social expectations create obstacles for women to seek protection because they make it hard for them to report abuse or use institutional resources. The safety role of informal assistance remains vital yet harmful because lawbreakers commonly avoid judicial accountability by receiving mediation instead of experiencing legal consequences.

Challenges in the Rohingya households decision making structure

To a large extent, the structure of the rohingya households is male dominated due to the fact that the male members of the society are the ones to make most of the major decisions on issues that concern marriage, childbearing, education, and finance. Such a patriarchal system has put men at the center of power leaving women with little or no say on any crucial matter concerning their lives and family.

Research indicates that women play little role in the decision-making process. Actually, less than 10 percent of the female researchers surveyed claimed that they have a say in issues related to getting medical care, household income or authority to decide in relation to the education of the children. This predicament of powerlessness is an expression of entrenched gender differences in the group. **(UN Women, 2018; IRC, 2018)**.

Gender inequality is further supported by cultural and religious beliefs that stress on the typicality of men as the guardians of the family. These prescriptions ensure that these women are relegated to the confines of the home and their movements are restricted as well as their involvement in other community wide functions or activities or even leadership. Therefore, the role of women is extremely unnoticed beyond the household.

The source of this unequal power is in the religious and cultural beliefs that make men to be the heads in the houses and women as the dependent. Conventional perceptions of gender roles limit the movements of women and deny them, the ability to lead the community. Due to it, they only have a say, in most cases, in the decision-making that is not strategic, such as cooking or making up small chores in the house **(Naved & Persson, 2010)**.

This is combined with the fact that, there are poor educational opportunities, particularly among the women. This deficiency in access to education forms a huge gap in knowledge and it does not allow both men and women to make their own decisions in an informed manner. Lack of education prevents the community in becoming more open and participatory within the governance system.

This is worsened by the shortage in the sector of educational opportunities. Women are not able to acquire and gain the skills or the confidence to change the status quo due to limited literacy levels and poor access to any formal education **(UNHCR, 2019; Kabeer, 1999)**. This degree of education has also been worse by the displacement that disrupted even the little they had in Myanmar.

There are some spaces of discussions and training provided through humanitarian interventions, but it is still being met with cultural resistance. The refugee environments are not only physically constraining; they recreates the social structures of subordination that silences the women even at the personal and social settings **(Freedman, 2016)**.

Even when a few changes happen such as women joining income generating activities, often times men have the last say in the utilization of resources. That shows the fact that to be empowered, people must have more beyond economic opportunity by changing their culture and gaining access to the system **(Schuler & Nazneen, 2018; O'Neil et al., 2015)**.

Recommendations

In order to reduce the gap between number of women and men in a household decision-making process and to enhance the well-being of the Rohingya community, the following recommendations are put forward:

Foster Joint-Decision Making At The Household Level By Means Of Humanitarian Programming, The humanitarian interventions ought to focus on gender inclusive programming that promotes joint decisions in households. Programs have to promote the sharing of responsibilities and cooperation between men and women, particularly in matters concerning the education of a child, healthcare, and finance. These initiatives have been proven to have effects in conflict and refugee contexts **(USAID, 2012; Hossain et al., 2014)**.

Expanded access to women and girls education. The potential of Rohingya women and girls needs to have its educational opportunities greatly improved. Skills training and literacy not only enhance individual agency, but it also enables women to have an effective role in the family and community government **(Kabeer, 1999; UNHCR, 2019)**. Other modules on gender rights, health, and leadership should also be taught in education.

Engage Religious and Community leaders to Create a Shift in Norms. Behavior change communication strategies must include the religious and community leaders (e.g., Majhis and Imams). They wear a lot of influence in the Rohingya camps and need them to change the outdated patriarchal beliefs and introduce balanced gender norms **(O Neil et al., 2015; Action Against Hunger, 2021)**.

Ensure Gender Equality in that advancement throughout All sectors of Humanitarian Missions. Gender equality is not to be isolated within the protection programs. It ought to be a cross-cutting area of intervention that is embedded in nutrition, education, health, WASH and psychosocial services. Such an inclusive manner guarantees that all interventions are focused on the needs, as well as the rights of women and men **(UN Women, 2018; UNFPA, 2020)**.

Build Accepting and Safe Community Areas of Dialogue. Have safe, gender-balanced areas whereby both sexes are allowed to interact with each other as a way of ironing out household and community problems. The forums will foster social cohesion, diminish GBV risks and will also offer chances of collaborative problem resolution and participatory governance **(Freedman, 2016; IRC, 2018)**.

Conclusion

In this study, it emerges that patriarchal systems are still very strong in Rohingya refugee families and women are only allowed to be part of important family politics. When it comes to marriage, education, finances, and healthcare, men are largely involved in decision-making, whereas women play a subordinate role, especially when it comes to household work or to attend to the sick and the elderly **(UN Women, 2018; Action Against Hunger, 2021)**.

Displacement and humanitarian aid have offered possibilities to partially alter the households, however, these transformations are superficial and contradictory. The traditions of gender, which were established long ago on the basis of religion, culture, and even crisis situations, still limit female autonomy **(Ellsberg & Heise, 2005; Krause, 2015)**. There will be a need to maintain long-term community-based interventions in order to achieve gender equity in Rohingya households.

These ought to integrate education, income-generating activities, and gender-sensitizing men and women activities. It is also paramount to involve religious and community leaders in changing pernicious gender ideologies **(OY, Neill et al., 2015; UNFPA, 2020)**.

It is possible to support an environment that celebrates mutual accountability through inclusive programming, creating safe spaces to discuss issues publicly, and making long-term investments in gender-responsive services that humanitarian actors can aid in registering within the Rohingya refugee population. They are not only gender justice needs but the core of creating a more participatory, peaceful, and just society with the displaced people.

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