

OVERVIEW AND CONTEXT

The history of the Rohingya people in Burma (Myanmar) dates back to the 15th century. Despite this history in Burma, the Rohingya are not viewed as legal citizens or recognized as one of the 135 official ethnic groups within Burma. The Rohingya primarily live in the Rakhine (Arakan) state, the poorest state in Burma. In 1982, the Burmese government rescinded the Rohingya's citizenship status, severely limiting their ability to vote, travel, or own property. Although democratic elections were held in 2012, Rohingya have faced increased violence perpetrated by the government since 2012, including mass rape, torture, and killings. Rohingya identity cards were canceled in 2015, further limiting movement, and rendering the Rohingya essentially stateless.



As a result of this ongoing discrimination, approximately 120,000 Rohingya have been internally displaced, 1,000,000 Rohingya have fled to Bangladesh, and 150,000 have fled to Malaysia. The Rohingya are referred to by some as the "most persecuted group in the world." Many believe the atrocities committed against this group are tantamount to genocide.

COUNTRY INFO



POPULATION

APPROXIMATELY 1 MILLION LIVE IN BURMA (MYANMAR)



LANGUAGE

ROHINGYA (BENGALI DIALECT)



RELIGION

ISLAM (PREDOMINANTLY)

MENTAL HEALTH PROFILE

Research suggests Rohingya refugees who have fled to refugee camps experience high levels of stress associated with the restrictions of camp life, such as lack of freedom of movement, safety concerns, and food scarcity. One study indicated high levels of post-traumatic stress disorder (PTSD), depression, and somatic complaints associated with trauma among those living in refugee camps. Many Rohingya refugees have little to no experience receiving Western mental health services. As a result, it is important to offer psycho-education to destigmatize accessing mental health services, normalize common adverse mental health symptoms, and ultimately increase client access to culturally competent healthcare services.

CONSIDER ALTERNATIVE INTERVENTIONS



Alternative therapeutic modalities or non-clinical interventions such as knitting groups, women's support groups, and art therapy can be useful. A UN research study reported a Rohingya maternal health group reflected positive mental health outcomes. The group provided space for the women to engage in a non-clinical, social way.

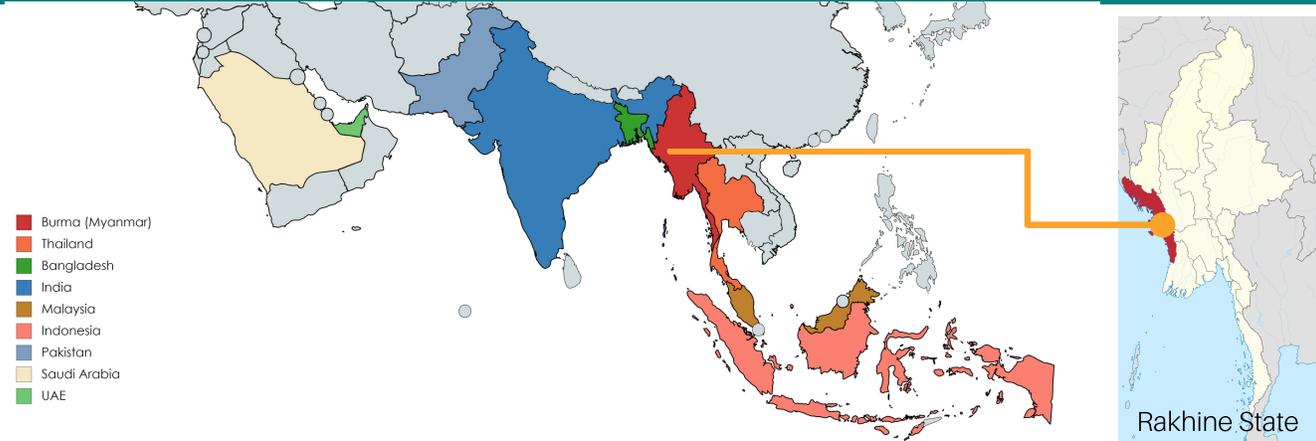
TRADITIONAL INTERVENTIONS

Acknowledging a mental health issue publicly in Rohingya culture often carries a heavy stigma. If someone is experiencing troubling symptoms associated with depression or anxiety, they may:

- ask an older relative or community elder about their experiences
- seek advice of religious leaders
- read religious texts
- utilize traditional remedies, such as herbs, roots, or massage

Refugee Wellness Country Guide Burma (Myanmar) Rohingya

CAMPS/COUNTRIES HOSTING ROHINGYA REFUGEES



Due to ongoing conflicts, many Rohingya have been forced to flee their homes and seek shelter among Internally Displaced Persons (IDP) camps within Burma and refugee camps in neighboring countries. Additionally, many live in urban dwellings in neighboring countries often because the neighboring country does not host official refugee camps or the existing refugee camps and local government restrict the ability to work or go to school. Among these temporary shelters, there is generally little access to comprehensive healthcare or mental health services, employment opportunities, or educational opportunities. Given the breadth of settings and experiences, it is important to remember that each of your Rohingya clients or patients will have unique experiences that contribute to their understanding and approach to health and mental health. Places to which Rohingya have fled can be seen in the map above. Some of the estimated numbers:

| | |
|--|--------------------------------|
| IDP Camps in Rakhine State (Burma) | 120,000 Rohingya Refugees |
| Bangladesh Refugee Camps <i>Kutupalong</i> & <i>Nayapara</i> | 1,000,000 Rohingya Refugees |
| Malaysia | 150,000 Rohingya Refugees |
| Thailand | 5,000-15,000 Rohingya Refugees |

numbers are estimates based on UNHCR and other reports and may reflect refugees registered in camps and unregistered living outside of the camps

TIPS FOR RESETTLEMENT WORKERS AND MENTAL HEALTH PROVIDERS

CONSIDER UTILIZING AN AVAILABLE LANGUAGE LINE SYSTEM FOR ROHINGYA REFUGEE CLIENTS.

The Rohingya language, a dialect of the Bengali language, can be difficult to find for in-person interpretation. Some Rohingya refugees may understand Bengali, Burmese, Malay, or Thai given the exposure to various regions where these languages are spoken. As many Rohingya communities in the U.S. are small in size, phone interpretation may be the client's preference to ensure confidentiality.

RECOGNIZE THE GENDER-SPECIFIC CULTURAL NORMS AND PREFERENCES.

Some Rohingya clients will not feel comfortable shaking the hand of the opposite gender, especially if the client has not spent much time in urban settings, where these behaviors are common. Similarly, some Rohingya women may specifically request to be treated by women doctors, as is traditionally seen in the Rohingya culture.



FOSTER EXISTING FAMILIAL STRENGTHS THROUGH COMMUNITY SOCIAL CONNECTIONS.

Many Rohingya women take great pride in taking care of their families. This is often a key priority, with some Rohingya women choosing to care for their home instead of working outside of the home. It may be beneficial to support the design of a women's group to engage Rohingya women in a culturally relevant way.



LEARN ABOUT THE HISTORY OF THE ROHINGYAN PEOPLE.

Some Rohingya refugees may feel tension among the various ethnic groups from Burma as a result of chronic, historical violence. Through learning the history, communities and service providers can better address concerns and foster healing when appropriate.

UTILIZE GROUP WORK WHEN DISCUSSING SENSITIVE ISSUES.

Issues, such as intimate partner violence, are often considered taboo to discuss outside of the home. However, it may be helpful to form relationships with domestic violence agencies to provide education and resources as a psycho-educational opportunity that doesn't require the client to self-identify as a survivor of abuse.