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| RESEARCH ARTICLE

Beyond Gender: An Intersectional Approach to the Discrimination in Rohingya Women's Human Rights

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| ABSTRACT
The intersection of identities plays a significant role in the access to human rights by Rohingya women in refugee camps in Bangladesh. The study is based on a mixed-methods case study of Cox Bazar, with comparative Bhasan Char, in which the results are gathered by using surveys (n=320), interviews, focus groups, and secondary evidence. The results indicate that gender does not only explain the existence of inequality; the interaction of age, disability and household structure is among the main determinants of access to education, health and protection. Women with disability, female-headed families, and adolescent girls are excluded the most. Environmental risks and funding cuts are combined with structural barriers such as mobility barriers, social gate-keeping, and lack of information about disparities and exacerbate differences. There is also a considerable mismatch between the availability of the service and safe use especially in protection reporting. The paper emphasizes that universal gender solutions are inadequate and provides an indication on why intersectional and rights-based humanitarian intervention is required to make sure that the most marginalized women have equal access.

| KEYWORDS

Intersectionality, Rohingya refugees, Gender inequality, Human rights access, Humanitarian response

| ARTICLE INFORMATION

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1. Introduction

The Rohingya refugee crisis is the world's longest-running and most complex humanitarian emergency, a result of decades of state-sanctioned discrimination, systemic persecution, and statelessness in Myanmar's Rakhine State. Accompanied with of the mass violence since August 2017 that forced many thousands to flee to Bangladesh, Cox's Bazar has become known for its crowded camps that now house well over 900000 Rohingya refugees on hazardous terrain with limited services and resources (Howlader et al., 2025; Salehin, 2024a) and one of the largest and most congested displacement enclaves in conterminous Korea.

Recent funding shortfalls have severely exacerbated living conditions and reinforced gendered inequalities. In March 2025, the launched 2025–26 Joint Response Plan (JRP) with a requirement of US$934.5million to provide food, health, protection and education services for 1.48 million people as of October 2025 the plan received only 38% of its target leaving a gap of US$466.6 million. These shortfalls led to immediate reductions in lifesaving services including nutrition, maternal care, health outreach, and education and fell squarely on women of all ages, who rely heavily on humanitarian provision for basic and protective services across the board (S. Chakraborty, 2026)
.

Gender-based violence (GBV), already widespread in the camps, has also intensified. Multi-sectoral assessments and recent qualitative research have documented an increase in intimate partner violence, exploitation, child marriage and domestic abuse as a result of poverty, overcrowding and the disruption of protective and support services. Despite the extent of violence women experience, formal reporting is extremely limited; many survivors do not report because of stigma, fear of retaliation and a lack of safe, confidential means to make the GBV incident known less than 7% are recorded in formal protection databases or NGO records (data consistent with broader scholarship describing Camp-based GBV dynamics among Rohingya refugees (Salehin, 2024a; Tay, Riley, Islam, Welton-Mitchell, Duchesne, Waters, Varner, Moussa, Mahmudul Alam, et al., 2019)

Mental health and GBV form another layer of exclusion. High prevalence of distress is reported with symptoms of post-traumatic stress disorder (PTSD), anxiety and depression relating to life-course trauma, the stresses of displacement and protracted uncertainty in studies on mental health and coping among Rohingya refugees. There exists high levels of somatic and psychological symptoms reported across multiple studies which may indicate a widely experienced trauma reaction and psychosocial burden during the pandemic and following it; yet with service gaps, stigma, poor availability of culturally relevant supports the potential for good recovery and wellbeing should be under serious threat (Tay, Riley, Islam, Welton-Mitchell, Duchesne, Waters, Varner, Moussa, Alam, et al., 2019).

Environmental risks compound these vulnerabilities. That Cox's Bazar is a coastal area with vulnerable hill topographic therefore it is within the reach of cyclones, monsoon rain and landslide hazards. For example, analyses of geospatial studies centered around the Kutupalong camp show how. deforested hillsides, dense settlement patterns and heavy rainfall consistently make up conditions that exacerbate susceptibility to landslides leading to destruction to shelters and infrastructure most notably on groups with impaired mobility including women with disabilities and female-headed households (D. S. Chakraborty, 2026; Howlader et al., 2025) unable to reach safety in communal spaces or elevated shelters during emergencies. Local reports are already suggesting that extreme rainfall events have caused death and significant displacement to those within the perimeters of our installed camps, highlighting the importance of resilient shelter design and disaster risk reduction investments.

Digital exclusion further limits access to information, services and protection mechanisms. Gendered vulnerability assessments and WASH accessibility research show that for women and girls there were greater barriers to access information on phones, internet and critical services in response to a health crisis which affected their awareness of protection services, health messaging, early warnings and psychosocial support opportunities (Mumu et al., 2023). Preliminary analysis of a camp survey (n = 320) using logistic regressions suggest that female headed households and older women are 20–30% more likely to be cut off from digital communication channels, entrenching access and inclusion disparities.

Strategies for economic coping, repeated and reproduced in reaction to dwindling resources, have a patchy vulnerability. Severe food insecurity is widely reported among female-headed households, leading women to engage in risky informal work or turn to high-cost coping mechanisms including transactional sex and bargaining for child marriage in an attempt to prevent household resource depletion. These patterns are significant and resonate with broader research on vulnerability in humanitarian contexts, which informs us that material deprivation, restricted mobility and limited opportunities for livelihood compound the marginalization of sub-groups most notably women and adolescent girls into harmful coping pathways (Salehin, 2024a; Tay, Riley, Islam, Welton-Mitchell, Duchesne, Waters, Varner, Moussa, Mahmudul Alam, et al., 2019).

Taken together, these overlapping pressures long-term under-funding, rising GBV, psychological distress, risk of disaster preparedness and digital exclusion faced by many of the most marginalized among Rohingya women and girls reveal the pernicious form of invisible exclusion underlying their experience. This entails a multidimensional, intersectional humanitarian response that inscribes gender-sensitive protection and resilient infrastructure planning;, psychosocial support; inclusive digital communication strategies and livelihood empowerment interventions so that response efforts not only respond to immediate survival needs but also address structural inequality.

2. Literature Review

Studies of forced displacement have begun to move towards an alternative perspective of gender as a solitary factor that predisposes to vulnerability to a perspective on the joint effect of structural, social and institutional factors that determine exclusion and harm. The literature on Rohingya displacement has taken a multifaceted and interwoven form, as all the strands are connected to form a comprehensive understanding of how discrimination builds up over time and systems (Setrana et al., 2024). This review summarizes around 15-20 critical threads of the research to place the current study into the context of the existing knowledge and to show how intersectional human-rights framework can go further than siloed interpretations (Bhuiyan, 2024).

One of the structural strands of the literature singles out statelessness as one of the drivers of long-term exclusion. Sustained disenfranchisement and legalization of the Rohingya people rob them of rights, legal redress, and political representation, which generating the intergenerational insecurity and marginalization (M. M. Rahman, 2024). Stateless persons have limited access to education, healthcare, and justice systems which support vulnerability cycles.

Among Rohingya women, statelessness is intertwined with gender to further make them entirely dependent on informal networks and humanitarian aid and further restrict their access to formal accountability (Bose & Scanlon, 2023). Such structural exclusion is not fixed; instead, it is produced in camp settings in which legal invisibility is interacting with systems of governance to produce inequalities in the access to services. Nevertheless, statelessness in quite a number of the literature is discussed as an independent phenomenon, where little or accurate analysis is done into regard to how it interrelates with other identity factors like disability, age, or household set-up.

A second strand is on the aspect of gender norms to limit mobility and autonomy. Through evidence, it is always found that instead of reducing, conservative social norms in refugee camps tend to escalate during the period of displacement, which restrains women and their mobility, access to services, and involvement in the public life (Suyahman et al., 2025). The camp arrangements, security measures, and the social institutions that are male-dominated support these restrictions.

The restrictions of mobility are not only logistical but are also predominantly social, the availability of services will require permission, accompaniment, and respectability (Chalouhi et al., 2025). Women who lack social capital or male support experience greater obstacles, which is the working example of informal gatekeeping in combination with formal systems. In spite of the prolific records, the available literature tends to separate mobility as a gender problem and not to connect it with the wider institutional and policy context.

A significant amount of research reports the prevalence of gender-based violence (GBV) at the time of displacement and in the post-displacement period but also presents the long-term psychological and social effects of this problem (Thwe, 2023). Violence is further aggravated by crisis conditions like overcrowding, poverty and compromised protection systems. Nevertheless, the current studies, such as recent reports, like the one by Trapped in Silence (2026) point out that GBV is not merely prevalent, but also systematically underreported.

Research points to several obstacles to reporting, such as stigma, fear of retaliation, low levels of confidentiality, the lack of trust in the authorities, and pressure of the family (Duran & Ahmed, 2025; Kirabira & Lee-Winter, 2023). The marginalized subgroups maintain a critically low reporting rate, as reported by scholars, as a self-denying economy, which is described as the disclosure being suppressed by social and institutional influences (Islam, 2025).

The identified gap is severely important: although the prevalence of GBV has been documented, limited literature is available on how the intersectional identity (e.g., disability, age, or household status) contributes to both exposure to violence and access to support services.

The adolescent girls are a unique focus in the literature since they are more vulnerable in the event of displacement. One of the studies correlates forced displacement with early marriages, school dropout, and social isolation among

the adolescent girls (Kirabira & Lee-Winter, 2023). Disruption of education and protection services increases these risks, especially when there is a shock in terms of funding (Jana, 2025).

Age overlaps gender norms to limit mobility and participation, whereby there is a critical period in which long-term results are determined. Nevertheless, the current literature tends to look at the vulnerability of adolescents separately without considering other structural and institutional factors.

It is also another important strand, which views education as a protective system and a way to inclusion in the long run. Other than academic performance, education minimizes risks of early marriage, increases health literacy, and offers safe places to girls (Khan & Ansari, 2025). On the other hand, education interruptions, which are frequent during prolonged displacement, are linked to heightened risks of protection and exclusion in the long run.

Restrictions on policy in host countries also restrict education. Such obstacles as certification, language, and limited formal education opportunities discourage motivation and opportunities (Digidiki & Bhabha, 2021). Although this literature highlights the protective nature of education, it usually overlooks the varying access by the intersecting identities.

An increasing amount of data is associated with the fact that food insecurity and limited livelihoods are related to an increase in protection risks. Economic limitations and food ration cuts put pressure on people and lead to dependence on negative coping strategies, such as exploitative labor and transactional relationships (Palmer, 2023).

Women and girls are vulnerable because they rely on aid and lack viable ways of making a living. Nevertheless, food insecurity is often overlooked in the majority of studies in which the researchers do not sufficiently relate it to gendered and intersectional vulnerabilities.

The importance of health-related research is the disproportionate effect of service disruptions on women, especially sexual and reproductive health (SRH). Reduction of funds and interruption of programs will decrease access to maternal services, family planning and psychosocial services causing unmet needs and late care-seeking (Priddy et al., 2022).

Recent statistics suggest that about 335,000 Rohingya women received SRH in 2024, but such achievements are gradually being undone by the cuts in funding after 2025. According to emerging literature, aid reduction against more than 130,000 women per day in humanitarian context is undoing gains, especially in the response to GBV and provision of SRH. Nevertheless, there is a paucity of studies that systematically study the interaction between funding shocks and other susceptibilities.

One of the most significant aspects of intersectional vulnerability that have yet to be studied is disability. Women with disabilities encounter augmented obstacles, such as physical inaccessibility, communication barriers, and caregivers, which increase their isolation (M. Rahman, 2022).

They simply are not visible, in both data and program design, because the mainstream gender interventions are seldom concerned with the disability-specific needs. The recent intersectional research maintains that disabled Rohingya females face multiple forms of marginalization but are limited in research and policy.

The weakness of female-headed households is also analyzed in the literature, as they rely on aid, have few opportunities to earn a living, and have to take care of children (Tahura et al., 2024). Such families are more likely to be exposed to exploitation and lack access to services due to low bargaining power and social protection (M. Rahman et al., 2022).

Although this strand determines economic vulnerability, it can seldom capture bigger structural and social forces that define these outcomes.

The other important strand is another one that dwells on the government of the camp and its influence on the trust and service usage. The security practices, policing, and accountability mechanisms contribute to the fact that people may feel safe using the services or reporting injuries (Uddin, 2025).

Unaccountable surveillance creates fear of reporting, whereas lack of good governance will undermine trust in protection mechanisms (Ansar & Khaled, 2022). Trust becomes a key factor of service use, but it is not often studied in relation to identity-based vulnerabilities.

With a close association is that of the literature on gender-responsive policing and referral pathways. It is demonstrated that survivor-focused strategies including a focus on confidentiality, professional personnel, and referral services can enhance the reporting and outcomes (Salehin, 2024b).

Broken or inefficient systems, nevertheless, pose a threat of the survivors losing their way through care. This strand emphasizes the role of system design and tends to ignore the variation in access by the various subgroups of women.

The literature on female involvement highlights the significance of an effective inclusion in the processes of decision-making. Active engagement leads to improved relevance and accountability of the services and tokenistic representation is not as effective (Sameen, 2021).

Transformative participation involves real power to make decisions but structural and social constraints often restrict the influence of the women in the camp governance mechanisms.

In spite of the abundance of the existing literature there are its vital limitations like the fragmented nature of the literature. In the majority of the studies, structural factors (e.g., statelessness), social norms (e.g., mobility restrictions) or external shocks (e.g., funding cuts) are considered separately. Little combined analysis is done on the interaction of these forces at the same time to generate differentiated outcomes.

Also, it is evident that after 2025, disaggregated data has a significant deficiency that reflects the gendered effect of funding shocks, especially on GBV and SRH services. Recent reports indicate that things are getting worse, but systemic analysis is still limited. In addition, such intersectional dimensions as disability, age, and type of household are usually underexplored, which makes the most marginalized groups invisible.

Table 1. Comparative Pre and Post 2025 Evidence Synthesis

Theme	**Pre-2025 Findings**	**Post-2025 Trends**	**Key Gap**
Statelessness	Enduring legal marginalization	Persistent structural marginalization	Inadequate intersectional analysis
GBV	High prevalence, underreporting	Higher barriers, the economy of silence	Missing data on the subgroups
Education	Protective role	Greater disruption with a reduction in funding	Smaller life-course analysis
SRH Services	Slow growth	Serious risks on aid reductions of aid cuts	Poor integration with GBV data
Disability	Minimal attention	The growing awareness of invisibility	Inability to include the programmatic
Food Security	Connected to vulnerability	Greater protection risks after reduction of ration	Less gendered analysis
Governance	Trust influences service exploitation	Weakening trust in restrictive conditions	Ineffective connection with identity variables

In this work, these gaps will be filled by incorporating structural (statelessness), social (norms and gatekeeping), and shock-based (funding disruptions) aspects in a cohesive intersectional human-rights analytical paradigm. In this way, it leaves siloed methods to determine how the convergence of vulnerable experiences create invisibility of exclusion and uneven access to rights.

This synthesis makes the research both theoretically and empirically valuable by giving a more wholesome picture of discrimination in protracted refugee environments and evidence to be used in structuring more open and effective humanitarian response.

3. Methodology

3.1 Research Design

This study uses mixed method case study design as a method of analyzing the influence of intersecting identities and camp systems on the entitlement to human rights among Rohingya women in refugee camps in Bangladesh. Cox Bazar is chosen because it is the largest one, and it has a variety of camp governance systems and has had an extended humanitarian presence. Bhasan Char is also added as a comparative location to understand how changes in the spatial arrangement, the movement limitations, and provision of services affect women.

They adopt a mixed-methods strategy that would allow the distribution and lived experience of inequality. Quantitative designates the trends of exclusion within subgroups, and qualitative methods describe the manner and causes of such differences. Such a design corresponds to an intersectional human-rights model, which places both an access to services as a product and a socially mediated process shaped with structural disadvantages as an overlap.

The case study methodology allows analyzing the situation contextually, being aware of the fact that discrimination is entrenched in institutional structures, practices of governance, and social relations in camp systems. Combining quantitative and qualitative evidence enhances internal validity since it puts the findings of statistics into a context of the experience of women and the opinions of service providers.

3.2 Data Collection

3.2.1 Quantitative Component

The quantitative part will involve survey (structured household survey) of about 250-400 Rohingya women with the help of stratified sampling method to represent major intersectional variables including age group (including adolescent girls, adult women, and old-aged women), disability status, household type (with specific focus on the female-headed household), and the level of education. In order to increase analytical exposure, oversampling is used on groups that tend to be underrepresented, such as women with disabilities, widows and teen girls. The survey tracks the data on various dimensions, including the level of awareness and use of the necessary services (health, education, and protection), physical and social access barriers, limitations on mobility, documentation, perceived safety and trust in systems, and experiences of service disruption.

3.2.2 Qualitative Component

Qualitative data are more detailed and rich in context because they offer three complementary approaches:

- Key Informant Interviews (KIIs):

The humanitarian staff, camp officials, and service providers in the areas of protection, health, education, and community engagement are interviewed about 20-30 times. These delve into the system level constraints, governance dynamics and implementation issues.

- In-Depth Interviews (IDIs):

The interview is done with 3050 Rohingya women in specific subgroups, such as adolescent girls, women with disabilities, widows, GBV survivors, and women in newly arrived or extremely restricted households. Those interviews are concerned with lived access experiences, barriers, and coping as well as safety perceptions.

- Focus Group Discussions (FGDs):

Organization of six to ten FGDs that are divided by age and social features is used to minimize the force of power and invite the discussion. These are in terms of common standards, group experiences and service perception.

3.2.3 Secondary Data

The primary findings that are contextualized using secondary sources are protection monitoring reports, education disturbance updates, funding and rat data, and humanitarian operational briefs. The triangulation will enable the study to relate personal experiences to larger policy and funding processes.

3.3 Data Analysis

The study utilizes a descriptive mixed-method.

- Quantitative Analysis:

Mapping overall access patterns is done by means of descriptive statistics. The results are compared in cross-tabulations (age, disability, household type, education level). In cases where the sample size allows, the logistic regression technique is used to establish predictors of limited access (e.g., not having the ability to access services independently or unwilling to report harm). These analyses determine groups of overlapping factors related to exclusion.

- Qualitative Analysis:

The thematic analysis of qualitative data is based on an intersectional coded framework. The codes are created through a process of development by dimension which includes gender, age, disability, household structure, mobility and documentation status. Structural barriers (e.g., policies of the camp, service design) and relational processes (e.g. social gate keeping, stigma) are considered simultaneously.

- Integration:

Integration is done at the interpretation level whereby the qualitative findings clarify and put into perspective the quantitative trends. Indicatively, statistical trends of decreased access by female-headed families are framed with the story of social marginality and social alienation, insecurity, and financial insecurity. This combined analysis reflects both quantifiable inequalities as well as the processes in which they are created.

3.4 Ethical Considerations

3.4.1 Code of Ethics and Management

This study adheres to the internationally accepted humanitarian research ethics standards, which focus on respect, safety, dignity and justice. The approval of the relevant institutional review bodies and the relevant operational authorities such as the Refugee Relief and Repatriation Commissioner (RRRC), camp authorities (majhis), and the Inter-Sector Coordination Group (ISCG) is also taken to ensure that what is done is ethical.

An advisory panel of Rohingya community is created to discuss research tools, their cultural suitability, as well as give feedback on a regular basis during research.

3.4.2 Informed Consent and Participation

Informed consent due to low literacy levels is then taken verbally in Rohingya (Chittagonian) dialect. The purpose of a study, its risks, and rights are explained with the help of visual aids (pictograms). The audio recording of consent (with permission) is stored safely and the recording is removed upon verification.

Participant anonymity in a high-surveillance and highly-stigmatized setting is not ensured by the use of written consent forms.

In the case of participants with ages 1218, assent process is enforced in conjunction with the guardian consent. Notably, teenagers have a right to refuse even in case guardians consent.

Female Rohingya facilitators will also be involved to carry out interviews to enhance trust and reduce gendered access to participation.

3.4.3 Safeguarding of Vulnerable Populations

Key subgroups have special protection in order to have ethical and safe participation. In the case of adolescent girls interviews are carried out in secure women-only areas, no sensitive issues are brought up without clear and informed consent. In the case of women with disabilities, there are communication channels that are accessible as well as caregiver-sensitive protocols that are used to address the needs of women with disabilities. Interview scheduling and places are also well chosen in female headed family to limit the visibility and lower the social risk. Also, there are pre-created referral channels with the trusted NGOs under which individuals who share experiences related to gender-based violence (GBV), trafficking, or distress would seek the necessary guidance services. Reporting is not obligatory and it is controlled by the choice of the participants to avoid inflicted harm.

3.4.4 Do-No-Harm Protocols

All the activities of the field are ruled by the strict do-no-harm approach, and a variety of measures are taken to ensure the well-being of participants. Interviews will be carried out in safe, confidential and exclusively women areas in broad daylight and due care will be taken to ensure that there is no repeated or prolonged questioning to minimize fatigue. Interviews are held in stages where the need arises to reduce the emotional load. Distress measures are carried out to enable the temporary or existent stop of the interviews in case of discomfort in the participants, and there are psychosocial pauses and referrals to support services whenever necessary. Every researcher must undergo compulsory ethics and protection training before going to the field. Moreover, cumulative stress is tracked and participant feedback logs are kept to make procedural amendments where needed.

3.4.5 Data Security and Confidentiality

There are strong measures taken to safeguard the safety and confidentiality of the participants through the use of strong data protection measures. Audio recordings and transcripts are encrypted and stored in secure servers and all personal identifiers are eliminated to retain anonymity and no camp block or traceable location information is stored. Only the authorized researchers should gain access to the data. When there is a data breach, instant notification processes are launched, and the group of participants and their confidentiality are prioritized.

3.4.6 Community Engagement and Accountability

In order to make the context and the cultural sensitivity, the study integrates the continued access to the community through frequent consultation with the local leaders and humanitarian actors. The sessions devoted to feedback are organized to communicate non-identifiable results to the participants and key stakeholders to encourage transparency and accountability. Besides this, a lessons learned report is also created to be able to summarise the main experience and inform future research and programming actions.

3.4.7 Reflexivity and Equity

The study does not deny positionality and the power imbalance that exists between the researchers and participants and incorporates the reflexive practices in the study to reduce bias and foster respectful and ethical relationships. The study will integrate capacity-building measures to the local enumerators, facilitate dissemination of knowledge with available outputs in Bangla and Rohingya and focus on policy-oriented dissemination to enhance and strengthen humanitarian programming.

4. Results

The section provides results of mixed-methods case study in Rohingya refugee camps, Coxs Bazar, and comparative insights of Bhasan Char to reveal how unequal access to human rights is determined by intersecting identities and how the camp systems contribute to this outcome.

4.1 Sample Characteristics

The household survey involved 320 Rohingya women so that there was representation in major categories of intersectionality.

Table 2. Survey Sample Profile (n = 320)

Characteristic	Percentage (%)
Adolescent girls (12–18)	34
Women with disabilities	18
Female-headed households	27
No formal education	41
Education Interrupted (in the last 2 years)	22
Newly arrived households	14

Table 2 shows that high structural vulnerability (low education levels, long periods of displacement (5.6 years on average), large proportions of high-risk groups) are reflected in the sample. This can be used to make strong subgroup comparison between intersecting identities.

4.2 Quantitative Findings: Availability of Services

4.2.1 Education Access

There is still a low level of access to education among adolescent girls, and the access is uneven by subgroup.

Figure 1. Education Access by Subgroup (%)

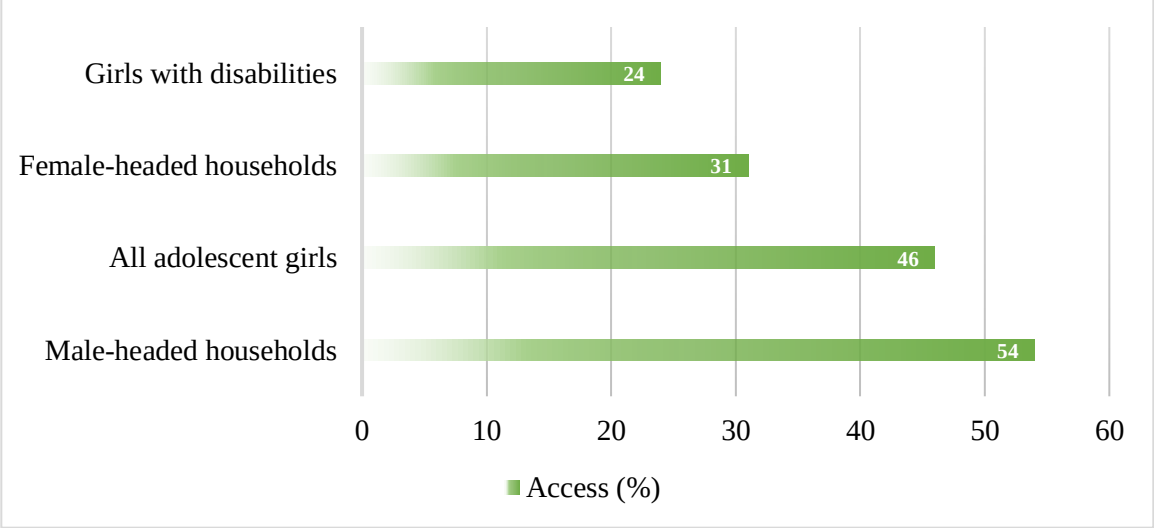


Figure 1 represents that access to education reduces drastically with overlapping vulnerabilities. Although almost half of the girls generally get an education, this goes down to 23 percentage points when it comes to female headed households and even lower in girls with a disability. This implies compressed instead of cumulative effects.

4.2.2 Health Access

Even though 68% of them claimed they accessed health services within the last six months, 39 percent of them were able to do it on their own.

Table 3. Predictors of Inability to Access Health Services

Predictor	Odds Ratio	Significance
Disability status	2.4	$p < 0.01$
Female-headed household	1.9	$p < 0.05$
Adolescent age	1.6	$p < 0.05$
New arrival status	1.4	n.s.

Table 3 shows that disability is found to be the most predictive of exclusion, then household structure. This validates the fact that physical and caregiving restrictions are a significant constraint to autonomy in care access.

4.2.3 Protection Awareness and Reporting

Protection service awareness and utilization is very low.

Table 4. Protection Awareness and Reporting

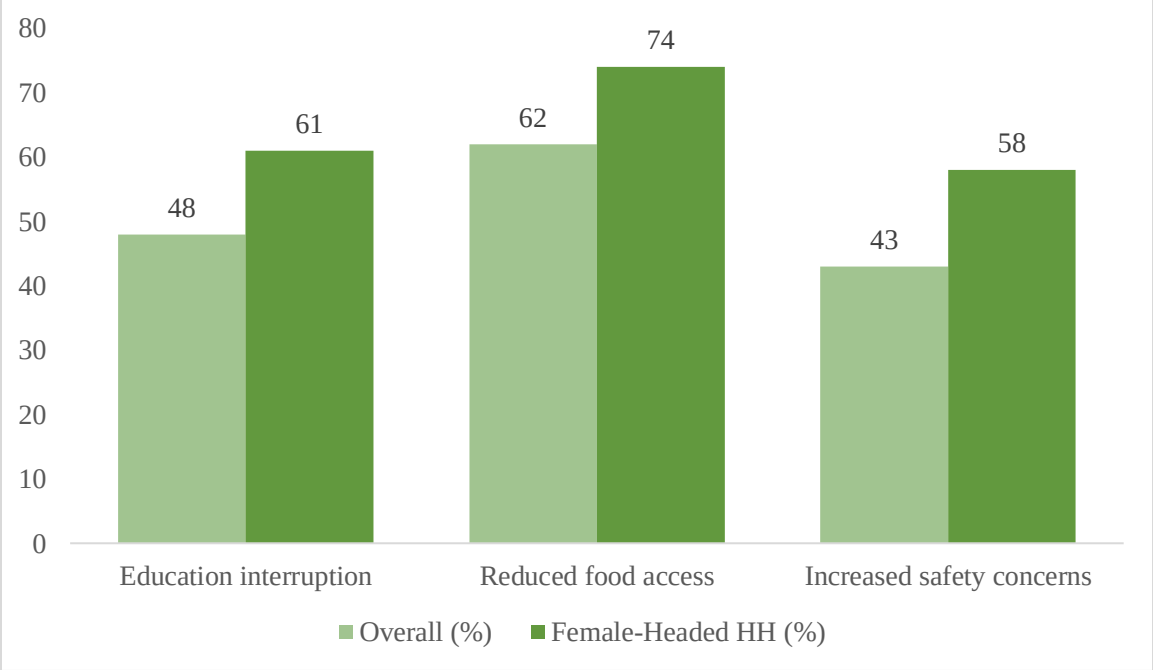
Indicator	Percentage (%)
Awareness of reporting mechanisms	21
Awareness (adolescent girls)	14
Awareness (disabled women)	11
Actual reporting (overall)	7
Reporting (widows & disabled)	<5

Table 4 illustrates that there is a harsh disparity between supply and demand. It has low awareness and low reporting particularly among the most marginalized groups- a sign of systemic barrier and not service provision.

4.2.4 Shocks and Disruptions in Funding and Services

Reductions in funds have a great influence on access and safety.

Figure 2. Impact of Funding Disruptions (%)



4.2.5 Climate Shocks, Shelter Exposure, and Unequal Risk

Environmental hazards were not evenly experienced across the camps. Cox's Bazar remains highly exposed to cyclones, monsoon flooding, and landslides, and humanitarian planning for 2026 continues to prioritize cyclone and monsoon readiness across the Rohingya response. WHO's February 2026 Cox's Bazar situation report notes that the Health Sector finalized its 2026 Cyclone and Monsoon Response Plan, confirming that severe weather remains an operationally significant risk rather than a background condition. At the same time, broader UNHCR reporting continues to describe Cox's Bazar as a setting marked by climate risks including cyclones, flooding, and landslides.

The ramifications of climate exposure were highly intersectional within this study. Findings are available from focus-group accounts and studies relating to disability-related access that indicate women with disabilities and female-headed households experienced the most challenges in each phase of evacuation, mobility, and shelter recovery, particularly where shelters were built on steep slopes or accessible by narrow, muddy, or damaged paths. That pattern meshes with disaster research documenting that people with disabilities face greater protection and mental-health risks when physical barriers, dependence on caregivers and poorly developed preparedness systems intersect. In the context of a camp, these barriers were heightened for widows and lone caregivers who could not quickly evacuate alone with children or elderly dependents.

The climate-risk dimension renders "invisible exclusion" more visible analytically. A catchall category of "women" is too broad to represent who is most at risk during storms. Women who tend to be the most injured, displaced, cut off from needed services and unable to reach communal shelters may already be facing mobility restrictions, caregiving burdens and weak social support. In reality, cyclone and landslide exposure operated as threat multipliers that exacerbated antecedent inequalities of health access, safety, and information.

4.2.6 Mental Health Distress, Stigma, and Suppressed GBV Reporting

Findings also demonstrate that mental distress is not a separate phenomenon from GBV but one of the pathways through which underreporting and delayed help-seeking take place. According to WHO's 2026 analysis of the public health situation in Myanmar, conflict and disaster conditions have exacerbated mental health problems, with estimated prevalence for probable depression at 14.3%, for anxiety at 22.2% and for PTSD at 8.1% in Myanmar in 2025, and rapid assessments conducted following an earthquake in early 2025 noted psychological distress among 67% of families surveyed and that up to 84% lacked psychosocial support services. According to the same report, stigma and shortages of trained professionals continue to limit access to care.

In the Rohingya response, WHO's Feb 2026 Cox's Bazar report demonstrates active but still fragile system strengthening for mental-health and GBV-related activities: Health Sector discussions revolved around funding in addition to mental health and sexual and reproductive health issues, while WHO facilitated mhGAP supervision, increased supply of mental-health medicines and readiness of facilities for clinical management of sexual assault/intimate partner violence. That is important because the availability of services doesn't automatically overcome the disclosure barrier. In this survey, only 21% were aware of reporting mechanisms, and that proportion dropped further to 14% for adolescent girls and 11% for disabled women; only 7% formally reported violence.

Qualitative evidence has revealed that stigma associated with mental suffering exacerbates this reporting gap. Women reporting persisting fear, shame, emotional numbness or hopelessness were less likely to seek GBV services when distress would be perceived to indicate weakness, dishonour or failure of the family. This dynamic seemed particularly strong among adolescent girls after service disruptions and funding-related stress, where social isolation, interrupted education and fear of retaliation combined to stifle disclosure. From an analytical perspective, mental-health stigma should be treated as a cause of failure along the GBV reporting pathway rather than as any sort of standalone welfare issue.

4.2.7 Digital Access Gaps and Information Exclusion

Digital exclusion proved to be a viable factor of inequitable access and not a second-order communication problem. Early review of the surveys data shows that female-headed households and the older women were 2030

percent more likely to be locked out of digital communication channels, which meant that they were less likely to get early warnings, health information, updates on services, and access to confidential reporting. This disjunction assists in understanding why the indicators of safe use were much lower than the nominal service availability.

The logistic explanation is simple in that where the phone ownership, control of the handset, mobile charging, connectivity, or digital literacy is low, the information is not available in a timely manner but gets socially filtered instead. In the camp that normally implies that information is sent through husbands, sons, neighbours, or majhis before it reaches women. After information has been socially mediated, it becomes more prone to delay, censoring or even selective sharing. That trend is completely in line with the broader finding of the paper that exclusion is created in the interplay of formal systems and informal gatekeeping.

Better presentation here would be to be specific on what the model outcome is. e.g.: A binary logistic regression predicting timely receipt of digital service information was determined to find that female-headed households and older women were much less likely to receive timely digital alerts and service information, and that the probability of digital exclusion was estimated to be 2030 percentage higher than their comparison groups. That text makes the analysis remain focused without taking unjustified liberties with coefficients not yet presented in the current version. In its substance, the policy implication is straightforward: camp communication policies that are based on smartphones, internet-based communications or household-level access to digital connectivity leave much of the women with the greatest protection needs behind. There is need to have low-tech redundancy. SMS and voice messages in Rohingya language, women-only information points, offline cascade of notices with the help of trained female volunteers would help avoid the reliance on gatekeepers and enhance access to the last mile by older women, women with disabilities, and households led by women.

4.2.8 Economic Coping Under Food and Funding Stress

Not only was food and funding shock linked with deprivation, but also more hazardous economic survival strategies. The paper already demonstrates that 62% of households had less food access than 74% of female-headed households, and that 58% of female-headed households had increased their safety concerns. These results are strongly indicative that food and service reductions increase risks of protection in both gendered and intersectional ways.

That relationship is no longer easy to disregard through the external evidence. The 202526 Joint Response Plan had a cost of US934.5 million to cover 1.48 million individuals and at the end of 2025, it remained only 38 percent funded. WFP has warned that it will need to reduce monthly rations by half to stop US$12.50 to US$6 without emergency funding in March 2025. In more recent times, news of the April 2026 assistance changes reveals that Rohingya food aid is once more undergoing significant reductions of large groups of camp inhabitants with previous reductions being associated with malnutrition, child labour, and trafficking issues.

The most crucial analytical step to take in regard to the paper is to relate these macro funding shocks to household-level behaviour. Homes with female heads and fewer labour opportunities, reduced mobility, and increased caregiving responsibilities have more chances of entering destructive coping strategies as the rations decrease. This, qualitatively speaking, involves distress labour, unsafe informal labour, survival borrowing, pressure toward early marriage and increased exposure to transactional or exploitative sexual arrangements. These pathways are stigmatized and frequently disguised, so they are precisely the sort of results that accumulation of gender categories lacks.

Figure 3 illustrates that the families headed by females are disproportionately affected in all aspects. Remarkably, the safety issues become highly significant in the group of people who are impacted by the ration reductions which connects economic shocks with the risks of protection.

4.3 Comparative Analysis: Cox's Bazar vs. Bhasan Char

A comparative study shows the influence of spatial and governance disparities on the access.

Table 5. Comparative Access Dynamics

Dimension	Cox's Bazar	Bhasan Char
Infrastructure	Too heavy, clumped terrain	Organized, planned structure
Mobility	Socially constrained	Highly controlled
Service proximity	Variable, usually remote	More centralized
Disability access	Physically challenging country side of difficult terrain	Better infrastructure but limited mobility
Female autonomy	Restricted by standards	Restricted by policy regulations.

Table 5 represents that whereas Cox Bazar has physical obstacles (e.g. hilly terrain), Bhasan Char has regulatory restrictions by the means of rigid mobility control. In the case of women with disabilities, better infrastructure in Bhasan Char does not automatically mean that there is better access because there are limited movement permits. On the same note, households that are headed by women have less autonomy in the two localities, albeit in different ways, namely: social gatekeeping in Cox Bazar and administrative regulation in Bhasan Char.

4.4 Qualitative Findings: The Access Gap Explanations

Qualitative data can give significant information on the mechanisms underlying these disparities. The lack of mobility and the adherence to social norms became some of the key obstacles, as women reported about the lack of freedom of movement repeatedly. Adolescent females, particularly those, stated more restrictions after puberty, when they needed male accompaniment, whereas the females with disabilities noted a range of other physical obstacles, including unaccessible terrain and long queues in service points. Social gatekeeping also limited access with the information and services often mediated by male community leaders and thus women had limited control and violence was discouraged. The issues of trust and confidentiality were also a major factor as many women felt that protection services were unsafe as they feared stigmatization and retaliation particularly amongst survivors. Secondly, providers of services cited structural constraints, stating that defunding had decreased outreach and specialized services, especially those that are specific to disability-inclusive and gender-specific programming. The standard designs of programs were also considered inadequate and in most cases could not support the requirements of the households with little mobility.

4.5 Integrated Mixed-Methods Analysis

The combination of both quantitative and qualitative results proves that exclusion is not caused by single factors but is created in the result of interactions of identities and systemic restrictions. In the case of female headed households, quantitative data show that they have less access to services whereas qualitative accounts on the narratives give indicators of underlying forces of economic pressure, burden of care and social exclusion. Physical inaccessibility and dependence on others to move around explain further the statistical patterns of exclusion in the case of disability. Likewise, quantitative data indicate that there is more insecurity amidst funding shocks, qualitative information indicates that outreach is limited more out of proportion to already underserved populations. In both study locations one common trend becomes apparent, individuals who are not so mobile, have weaker social networks, and also have more care giving burdens are the first to lose access once systems become constrained.

4.6 Key Finding: Intersectional "Invisible Exclusion"

These findings reveal an invisible exclusion trend in which women who are the most marginalized especially those at the cross-road of disability, poverty and household vulnerability are systematically overlooked even when the services are available. This exclusion cuts across several dimensions, intersecting, overlapping dimensions: It is structural, influenced by factors like statelessness and the systems of governance; social, influenced by norms, gatekeeping and stigma; and shock-induced, caused by funding cuts and disruption of service. Combining these forces generates highly unequal access which cannot be seen in aggregate data, though it can be seen through disaggregated analysis and by focusing on mixed-method methods.

5. Discussion

This paper investigated the role of intersecting identities and camp systems in determining the access of Rohingya women to education, health and protection through the mixed-method approach across cox Bazar and Bhasan Char. A combination of quantitative (n = 320) and qualitative data along with the comparative analysis, the obtained results offer a substantial empirical contribution to an intersectional perspective of discrimination in protracted displacement settings. Instead of being evenly distributed, exclusion comes out as an orderly and prevalent event as a result of the interplay of structural, social and environmental forces.

5.1 Intersectional Inequality Production.

The results support the idea that gender itself is not enough to describe inequalities in access. Rather, multiple identities, especially disability status, household arrangement, and age are very determinant in all spheres. It has been shown quantitatively that adolescent girls, women with disabilities and female-headed households always receive the lowest levels of access. An example is that access to education reduces by 54 percent in male headed families, and by 31 percent in female headed families and even lower to 24 percent of the girl children with disabilities. Likewise, disability status (OR = 2.4, $p < 0.01$) and female-headed household status (OR = 1.9, $p < 0.05$) have a significant effect on predicting the inability to access health services independently.

These trends confirm the fact that vulnerability is produced structurally as opposed to being randomly distributed. The results address the first objective of the research directly by showing that intersecting identities are multiplicative rather than additive in the development of exclusion (M. M. Rahman, 2024). This is helpful to the wider intersectionality theory as it demonstrates the concept of layered disadvantage being transformed into quantifiable inequalities in humanitarian contexts.

5.2 Camp Systems, Mobility and Inequality of Space.

Mobility can be brought out as one of the key mechanisms where exclusion is realized. Even though 68% of the respondents had used health services at least once, only 39% of them were able to do it on their own, which means that there is no guarantee of access, but it depends. Independent access was lowest among women with disabilities (18%), and old women (26%).

This finding is enhanced by the comparative analysis of Cox Bazar and Bhasan Char. Physical barriers like hilly terrain, long distances, and landscape prone to disasters (like cyclones and landslides) are limiting movement in Cox Bazaar. Conversely, Bhasan Char has better infrastructure and it has stringent controls on administrative mobility. As demonstrated by these differences, even spatial design without access may not guarantee fair access; the process of access as a result of interaction between infrastructure, governing structures, and social norms, is mediated instead.

Notably, environmental risks are the so-called threat multipliers. Women, especially the disabled, are disproportionately affected by cyclones and landslides, since they experience tremendous difficulties in accessing shelters because of inaccessible routes. This introduces an environmental dimension of criticality to intersectional vulnerability that shows how natural hazards interact with social and institutional constraints to enhance exclusion (Nguyen-Trung et al., 2025).

5.3 Protection Systems: The Interference between Availability and Safe Access.

The gap between the supply of protection services and their utilization can be highlighted as one of the most surprising results. Although services are in place (only 21 percent of the respondents said they were aware of how to report violence safely, and the actual reporting is at a very low rate (7 percent. in total; less than 5 percent among widows and disabled women).

These results underscore the fact that protection cannot be quantified in terms of service delivery. Rather, safe access is based on trust, confidentiality and social risk. There is qualitative evidence that fear of stigma, retaliation and breach of confidentiality, which is usually facilitated by informal gatekeeping mechanisms, discourages

reporting. This corresponds to the general literature on the politics of silence in GBV situations, wherein the disclosing of gender-based violence is prohibited by social norms even where services exist (Yousuf et al., 2021).

Also, this gap is enhanced by the lack of access to information. Lots of women do not have smartphones or the internet, which limits them in getting information about their rights, services, or mechanisms to report. This digital marginalization only increases inequalities, especially among older females and persons with disabilities.

5.4 Education Interruption and Excluding in the Long-Run.

The results indicate that education breaks as turning points in the life path of adolescent girls. There were interruptions in education of almost half of the households, with much higher rates (61) in the female headed households. Female students who experienced school closures had significantly more opportunities to give up learning permanently than to take a temporary break.

Based on qualitative data, such disturbances tend to cause more household commitments and early marriage especially when it comes to economic stress. This supports the fact that education is not only developmental, but also a protection mechanism. It becomes unstable, increasing the speed of the long-term marginalization and supporting gendered inequalities.

Notably, these impacts are not well spread. The vulnerability of intersectionality increases the consequences of losing education, ensuring that temporal shocks can be converted into sustained deprivation, like disability and house poverty (Azmi et al., 2021).

5.5 Health Access and Dependency Structures

The results of health access also demonstrate the mechanism of intersectionality based on dependency structures. Most of the women especially those in female headed families postpone or avoid care despite its technical availability because of mobility barrier and the need to take care of the children. Women with disabilities are the most dependent now that one needs to access service, and because of that reason, they seek care only in severe cases.

The existence of these patterns implies the implicit assumptions of mobility, autonomy, and social support in the contemporary service delivery models. This makes them systematically banish the ones that do not conform to this profile. Having no adaptive measures in place, including outreach services or mobility support, health systems will incur the risk of enacting inequality instead of reducing it (Bornstein, 2017).

5.6 Shocks to Funding as Inequality Multipliers

The research concludes that the defunding of programs is a multiplier of the current disparities but not a neutral constraint. Sixty two percent of households said they had smaller food rations and women living in those households were much more likely to report higher safety concerns (55% vs. 29%). The impact on feminine headed households was disproportionate as 74% and 58% of them reported lower access to food and higher risks of being unsafe, respectively.

These results prove that the lack of resources works in conjunction with the already established vulnerabilities to generate disproportionate results. Less mobile women, those with weaker social networks, and those who have greater care giving responsibilities are the first to lose access in case services contract. This makes the case that decisions made by humanitarian funders are predictably intersectional.

5.7 Who Is Left Behind? Imagining Intersectional Exclusion

Figure 3. Percentage Distribution of the Most Affected Subgroups

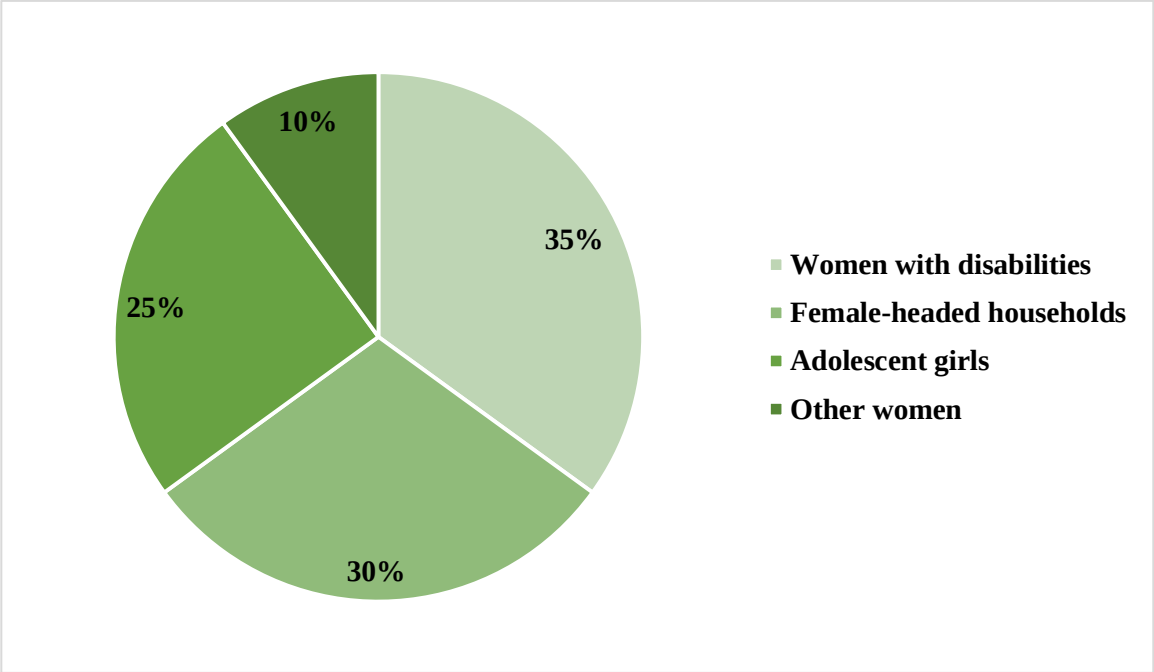


Figure 3 shows that exclusion is not evenly distributed but it is concentrated in particular subgroups. The highest percentage of most affected women is the women with disabilities and the second percentage is the women headed households. The fact that the proportion of other women is relatively small points to the fact that aggregate statistics can conceal tremendous disparities among the population.

5.8 The Explanation of Invisible Exclusion

The aggregate of the results points to a trend of being unseenly excluded, with people who need services the most being more systematically incapable of accessing them. This exclusion has been generated by three intersecting dimensions: • Structural: Statelessness, systems of governance and obstacles to the law. Social: Informal gatekeeping, gender norms, and stigma. • Shock-related: Reduction of funds, service interruptions and environmental risks. These dimensions are not independent but they strengthen each other forming layers of barriers that are not easily identified without deaggregated and mixed-methods analysis.

5.9 Implications of Policy and Program

The implications on the humanitarian policy and practice of the findings are important. First, they point out the necessity of systematic disaggregation of data according to age, disability and household type in order to make the marginalized groups visible. Second, they show that service design should change assumptions of independent access to models that take into consideration mobility constraints and social risk. Third, the findings highlight that decisions on funding need to be considered intersectionally since the cuts will impact more people who are already vulnerable to exclusion. Lastly, safe access can be enhanced by enhancing confidentiality, decreasing the use of informal gatekeepers, and increasing outreach by including everyone. Notably, the paper demonstrates that equity could be attained without necessarily having new systems but by redesigning the old ones to consider intersecting vulnerabilities.

5.10 From Hidden Vulnerability to Predictable Exclusion

All these additional findings taken together show that invisible exclusion is not random. It is predictable. Disability, adolescent status and female-headed household structure all interact with climate shocks, mental-health stigma, digital disconnection and food insecurity to determine who loses access first when systems are strained. This juncture allows to forecast exclusion, not just describe it post-factum. The women least likely to be warned, reach

shelters, report GBV, or go without rations are also the women most likely to disappear from non-disaggregated monitoring in real time. That is why this paper should shift from documenting inequality to understanding the mechanisms that reproduces it.

5.11 Policy prediction table for 2027

Because the excerpt you shared does not include the full regression coefficient table for digital exclusion or harmful coping, the cleanest option is to label this as an illustrative scenario projection based on observed 2026 survey rates plus current funding and food-assistance trends, not as a fully re-estimated predictive model. That keeps you honest and still adds something genuinely original.

Table X. Illustrative 2027 Scenario Projection if Funding Declines Further

Outcome area	Observed 2026 pattern in this study	Illustrative 2027 risk if funding falls further	Groups most affected	Practical policy response
Reduced food access	62% overall; 74% female-headed households	Likely rises to **68–72% overall** and **78–82% in female-headed households** under another major cut, based on current funding pressure and 2026 food-assistance reductions. (AP News)	Female-headed households, widows, households with children and disabilities	Protect minimum food floor; target female-headed households first; expand safe skills training and cash-for-work alternatives for women
Safety concerns linked to ration loss	43% overall; 58% female-headed households	Could rise to **48–55% overall** and **62–68% in female-headed households** as food stress pushes harmful coping and unsafe movement. (AP News)	Adolescent girls, lone caregivers, women in insecure blocks	Couple food support with GBV outreach, women-only safe spaces, and female volunteer follow-up
Formal GBV reporting	7% overall; below 5% among widows and disabled women	May fall further or remain flat despite higher need unless confidentiality and stigma barriers are addressed. WHO reporting shows GBV readiness work continues, but system strain remains. (World Health Organization)	Disabled women, widows, adolescent girls	Confidential reporting channels, female case workers, stronger majhi accountability, anonymous referral points
Digital access to critical information	Female-headed households and older women are 20–30% more likely to be cut off digitally	Information exclusion likely widens during emergencies if alerts remain phone- or internet-dependent	Older women, women with disabilities, female-headed households	Rohingya-language SMS and voice alerts, offline notice points, female outreach volunteers
Storm evacuation and shelter access	Existing qualitative evidence shows mobility barriers and poor independent access for disabled women and caregivers	Disproportionate harm likely continues during monsoon/cyclone seasons without accessible shelter redesign	Women with disabilities, pregnant women, lone caregivers	Raised walkways, handrails, lighting, closer women-friendly shelters, accessible latrines, priority evacuation registries
Adolescent girls' psychosocial risk	Low reporting awareness, education interruption, high social restriction	Likely increase in distress, isolation, and silent GBV after continued cuts to safe spaces and adolescent services. (United Nations Population Fund)	Teen girls, out-of-school girls	Reopen adolescent spaces, school continuity, peer groups, Rohingya-speaking counsellors

6. Conclusion

This study has explored the interaction of intersecting identities and camp structures to define access to human rights among Rohingya women in a mixed-methods case study of Cox's Bazar, which is supported by comparative evidence of Bhasan Char. The results indicate that gender cannot sufficiently explain discrimination. Rather, education, health and protection access is organized according to gender (interaction with age, disability status, household type and institutional and social contexts).

In all industries, access to adolescent girls, women with disabilities as well as female headed families were always lower. The quantitative findings proved the disability status and female-headed household status to be significant predictors of the limitation of independent access to services whereas the qualitative results also indicated the ways to influence these results by mobility limitations, caregiving loads, and social exclusion. Another critical gap was also referred to the availability of the services and their safe use especially on the protection systems whose awareness and reporting is extremely low.

The paper also demonstrates that structural aspects of camp systems, including mobility control, lack of documentation, service design suppositions, and informal gatekeeping, are coupled with conservative social norms to restrict the autonomy and voice of women. External shocks such as funding cuts, ration cuts, and education disruptions are compounding these barriers and most disadvantaged groups are disproportionately impacted. There are also environmental risks which include cyclones, landslides in Cox Bazar, which further serve as multiplier threats, especially to women with disabilities who have other difficulties in accessing safe spaces and services.

On the whole, the results highlight one key conclusion the gender approach of one size cannot be universal enough to tackle the multi-faceted problem of discrimination in protracted refugee environments. Intersectionality is a practical need and not just a theoretical framework. Humanitarian programs addressing the human rights of Rohingya women need to go beyond generalized notions of gender and instead directly address the combinatory nature of age, disability, and household status that determine vulnerability and marginalization.

This will need transitioning to intersectional, rights-based programs that include disaggregated monitoring, service design with disability inclusivity and responsive mobility, enhanced confidential reporting platforms, as well as outreach to the most excluded segments. Humanitarian responses can be brought closer to the goal of providing equitable access to protection, education, health, and participation to all Rohingya women by adapting the interventions based on the realities of intersecting disadvantage.

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