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Rohingya women coerced to use contraception in Bangladesh refugee camps

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Series

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Bangladeshi authorities and healthcare workers have for months sought to prevent Rohingya births by coercing refugee women to use long-term contraceptives, according to several refugee women and aid workers based in camps in the country’s southern Cox’s Bazar district.

Between March and May this year, five Rohingya refugee women told The New Humanitarian that doctors, nurses, or camp authorities forced or pressured them to be fitted with intrauterine devices, or IUDs.

Four of the women said they were told they wouldn’t be able to register their newborn children unless they showed proof they were using an IUD. Refugees need to be registered to receive rations and other humanitarian services in the camps.

At a glance: The key findings

- Rohingya refugee women in at least 12 of the 33 camps in Cox’s Bazar said they were forced or pressured to use IUDs.
- Health workers or camp authorities told the women they wouldn’t be able to register their newborn children unless they were using an IUD.
- Rohingya refugees in Bangladesh need to be registered to access rations and other humanitarian services.
- The UN sent letters urging the Bangladeshi government to keep birth registration unconditional and family planning voluntary.
- The government denied directing officials otherwise, but said some communications may have been “misunderstood or unintentionally misrepresented”.
- The Rohingya refugee population in Bangladesh has grown from 850,000 in 2018 to nearly 1.2 million in 2025, driven by births as well as new arrivals from Myanmar.
- Rohingya women have been stigmatised by Bangladeshi officials and local media for having too many children.
- Many Rohingya women are open to family planning, but coercion and racist treatment within the donor-funded healthcare system risks squandering that demand.

“Your babies will not be counted unless you get the implant,” one Rohingya woman recalled being told by a nurse shortly after giving birth in March. The New Humanitarian is withholding identifying information about individual Rohingya refugees for their safety.

“I completely disagreed, but I was forced to receive the implant by the doctor,” the woman said. “I was already sick, and now, with the implant, I feel really unwell and uncomfortable.”

This practice contravenes Bangladesh's official family planning policy for the displaced community and threatens to further strain the fraught relationship between the refugees and the donor-funded healthcare sector in the camps. The nature of such rights violations is also particularly distressing for Rohingya women, who have faced genocidal persecution for years in Myanmar, including efforts to prevent births.

While the scale of coerced contraception in the camps is unclear, several sources said it was widespread.

"A lot of my contacts in the camps… knew someone who it had happened to, whether it was their sister or their wife or their neighbour," said one international aid worker based in Cox's Bazar, requesting anonymity to avoid professional reprisals. "No one was far removed from it."

A spokesperson for the UN resident coordinator in Bangladesh told The New Humanitarian that the UN and other aid actors became aware of complaints of "involuntary contraceptive methods" in October 2024 and immediately raised the issue with the Bangladeshi authorities.

However, the Cox's Bazar-based aid worker said some UN staff had been aware of complaints of coerced contraception as early as January 2024 but struggled for months to persuade their superiors to intervene.

"It's been very difficult to get leadership to actually pay attention to it, which has been really surprising to me because this seems just like such an obvious human rights violation," the aid worker said.

None of the women said UN agencies or international aid groups were directly involved, but three said the coerced contraception happened in locally registered hospitals that partner with or are supplied by these organisations.

Mohammed Mizanur Rahman is the head of the Bangladeshi government agency charged with providing humanitarian aid to Rohingya refugees – known as the RRRC. According to a letter seen by The New Humanitarian, he told the UN in early May that "no directive has ever been issued by this office requiring or encouraging the conditional registration of newborns based on the adoption of any family planning methods".

Camp officials have been instructed to ensure that "all family planning services are provided on a voluntary basis only", Rahman said in the letter, which did not confirm or deny that coerced contraception had already taken place.

The RRRC office did not respond to questions from The New Humanitarian about complaints of coerced contraception.

Birth rate concerns

Hundreds of thousands of Rohingya refugees fled their native Rakhine state to Bangladesh in late 2017 to escape a genocidal campaign by Myanmar forces that claimed tens of thousands lives and involved mass rapes and civilian massacres.

The number of Rohingya refugees in Bangladesh has risen from around 850,000 in 2018 to nearly 1.2 million in 2025. This growth has been driven by births as well as new arrivals displaced by fighting amid the civil war that has engulfed Myanmar following a 2021 military coup.

Conditions in the camps are crowded and volatile. Storms and fires frequently destroy fragile shelters and displace thousands. Gang activity and gender-based violence are rampant, and international support has dwindled in the wake of Russia's invasion of Ukraine and US President Donald Trump's slashing of foreign aid. In March, a funding shortage prompted the World Food Programme to halve food rations for Rohingya refugees.

The Bangladeshi government has tried for years to negotiate repatriation for the refugees. This year, the government secured an agreement with Myanmar's ruling junta to accept 180,000 returnees. While the Rohingya largely want to return to their homeland, they are sceptical of repatriation plans without guarantees of rights and citizenship. Many also fear returning to a warzone, where abuses by both Myanmar forces and the Arakan Army, an ethnic Rakhine militia, continue to drive new arrivals into Bangladesh.

With repatriation unlikely in the near term, Bangladeshi authorities are openly trying to curb the Rohingya birth rate. The RRRC's latest family planning strategy for the refugees calls for "increasing the demand for modern contraceptive methods".

Local media regularly report on the Rohingya birth rate, and there is a common perception among the host community that "the Rohingya just have lots of babies, their population is too big, and they are taking all our resources", according to a UN worker who has researched healthcare in the camps. They also spoke on condition of anonymity due to fear of professional reprisals.

"An average of 100 children are born in the camps every day. Controlling this is a big challenge for us," said Rahman, the RRRC chief, according to a recent media report.

The UN's refugee agency, UNHCR, documented over 42,000 births in the camps in the first 10 months of 2024, suggesting an average daily birth rate of over 115 last year.

The RRRC's family planning strategy stipulates that contraception should be "free and voluntary", and that Rohingya women should be able to achieve their "desired level of fertility".

In early February, the UN announced that the US aid freeze would put critical maternal and reproductive health services for hundreds of thousands of Rohingya refugees at risk.

Later that month, the RRRC issued a directive saying: "Family planning initiatives should be strengthened in the camps and relevant authorities may be involved to motivate the adoption of family planning methods."

While the directive does not condone forced contraception, it coincided with several reported instances of the practice.

Use contraception or lose services

One woman reported being fitted with an IUD by a doctor more than two years ago without being informed of the procedure. She did not discover it until she checked her prescription after feeling severe discomfort. But the other four cases reported to The New Humanitarian took place this year and involved women being pressured to accept contraception or forfeit birth registration.

The spokesperson for the UN resident coordinator said – via email on 14 May – that at least 20 cases had been reported in 12 of the 33 camps, including one verified case involving a minor.

In most of these cases, the spokesperson said, women were told they needed to adopt a long-acting reversible contraceptive in order to secure newborn registration, marriage certificates, or other services.

Long-acting reversible contraceptives include IUDs and upper-arm implants. The women who spoke to The New Humanitarian described receiving IUDs, which can be effective for several years and sometimes cause pain or bleeding.

"Any form of coerced contraception is a violation of fundamental human rights, including bodily autonomy, informed consent, and access to healthcare, as outlined in treaties ratified by

Bangladesh," the UN spokesperson said, citing international conventions on eliminating discrimination against women, children's rights, and civil and political rights.

The spokesperson said the UN had not detected a rise in unregistered newborns. In all of the cases reported to The New Humanitarian, women opted for IUDs rather than risking their babies' registration.

UN agencies have tried on at least two occasions to prevent coerced contraception. In October 2024, a letter from UNHCR prompted the RRRC to raise the issue with its subsidiary Camp-in-Charge (CiC) offices, each of which oversees a single camp.

That intervention does not appear to have ended the practice.

"Unfortunately, we have continued to receive complaints from the refugee community that some CiC officials request women to provide evidence of having adopted a long-term family planning method before the birth notification is issued," four UN agencies said in a second letter to the RRRC in April. In addition to UNHCR, the letter was signed by the UN's agencies for migration (IOM), health (WHO), and reproductive health (UNFPA).

In his May letter denying the existence of an official directive requiring conditional birth registration, Rahman suggested that communications regarding family planning "might have been misunderstood or unintentionally misrepresented". The letter did not specify what these communications entailed.

"We regret any such confusion," Rahman said in the letter.

Anonymous Rohingya researcher/TNH

Rohingya women visit a hospital in Cox's Bazar, Bangladesh.

Ignoring Rohingya demands

The difficulty of securing birth registration has long been one of the greatest sources of frustration among Rohingya refugees about camp governance. A 2023 report by the research group XCEPT found that the refugees "cannot even get a single marriage or birth certificate without suffering. Birth records take months to be handed over, but deaths are recorded overnight".

Ad hoc and unwritten directives from the RRRC, which might be interpreted and enforced differently by CiCs in each camp, frequently change the rules for registering births and marriages, causing confusion and lost opportunities for the refugees, the report found.

Valentina Grillo, a PhD candidate at the University of Vienna who has researched reproductive health in the camps, described a previous requirement for Rohingya women to give birth in healthcare facilities rather than in their shelters. In some cases, this requirement was enforced through the threat of withholding birth registration.

She told The New Humanitarian the requirement and its impact were difficult to study because it was implemented informally and at different times in various camps.

The UN worker who previously researched healthcare in the camps said Rohingya couples have been compelled to attend counselling about family planning and domestic violence before being able to obtain marriage certificates, which was both culturally inappropriate and seemed to be based on the assumption that these issues were unique to the Rohingya community.

"There's this really prescriptive way of trying to fix these social problems, like, we know what's best for you, so we're going to create this programme that really is just not your choice, and it really does impact your access to assistance," the UN worker said.

Rohingya refugees also face other healthcare-related challenges, like long waiting times at clinics, frequent denials of care, and discrimination reminiscent of the kind of apartheid conditions they have long endured in Myanmar.

"Women and girls reported that health staff and humanitarian service providers working in the camps are often rude, disrespectful, racist, and do not take their consent before administering treatment," said a 2022 report published by IOM. "The worst experiences were reported during childbirth in health facilities with countless reports of doctors and hospital staff touching women and administering invasive treatment without consent."

> *"I told her I preferred the Depo injection instead of an implant because I had used Depo before and had a good experience with it. But she still didn't listen to me."*

These conditions risk squandering existing demand among Rohingya women for family planning options.

"The general view [among Rohingya women] is that it's really hard to raise children here, and if we could have less, we would really like that. So we really want access to sexual and reproductive health, and we really want to be in charge of when we do that," the UN worker said.

A 2019 report by the Women's Refugee Commission found that Rohingya women were apprehensive about IUDs because they feared being unable to have them removed if they returned to Myanmar.

IUDs also present a religious dilemma.

"If a woman dies while having an implant in her body, it is considered a major sin," a Rohingya religious leader told The New Humanitarian. "In Islamic burial practices, a dead body must not have any foreign objects such as earrings or rings. Everything must be removed before burial."

Two of the women who reported being coerced to use IUDs said they had initially requested Depo-Provera, a birth control injection taken every three months.

“I told her I preferred the Depo injection instead of an implant because I had used Depo before and had a good experience with it. But she still didn’t listen to me,” one woman said, recounting her interaction with a nurse. The woman ultimately gave in to the pressure to use an IUD.

“As a religious leader, I cannot suggest something that is not allowed in Islam,” the religious leader said. “However, for birth control, options like Depo injections, condoms, and pills can be considered.”

The healthcare researcher said building trust among Rohingya refugees, including by respecting their traditions and family dynamics, could result in greater adoption of the family planning resources provided by aid groups.

“[The Rohingya] have been there for seven years now,” the UN worker said. “It could have been seven years of proper, two-way engagement and education and understanding and change to the way that healthcare is given, [but] that’s just not how it works.”

Jacob Goldberg reported from Bangkok, Thailand. Additional reporting was provided by two Rohingya researchers based in Cox’s Bazar, Bangladesh. Their names are being withheld due to security concerns. Edited by Andrew Gully.