
ROHINGYA EXPERIENCES OF HEALTHCARE IN THE CAMPS

More Rohingya interpreters are needed, particularly in consultations with doctors

Every day, thousands of Rohingya refugees visit health facilities in the refugee camps of Cox's Bazar. In healthcare settings, communication is key - effective two-way communication between health staff and patients is integral to ensuring that patients receive the care they need. To explore Rohingya refugees' experiences of attending health facilities in the camps, TWB interviewed twelve camp residents to record their experiences. Interviewees report facing language challenges at each stage of their visits: when they first arrive, in consultations with doctors, and in understanding prescriptions.

Initial interactions at health facilities are often with non-Rohingya-speaking volunteers or guards. Most doctors only speak Bangla. Rohingya-speaking volunteers play an important role in bridging the communication gap between patients and health facility staff. All respondents who report accessing Rohingya interpreters in past visits found the service useful, however, many patients do not use interpreters during visits, often due to the

unavailability of interpreters.

There is a lack of consistency in how prescriptions and medical advice are delivered: often only verbally and other times written in languages the patient doesn't understand. More than half of interviewees did not understand the treatment they were prescribed.

Who we spoke to

In March, 2021, TWB interviewed 12 Rohingya community members (9 men, 3 women) aged 20 to 54 years, living in camps 1E, 1W, 3, 4, and 18. Eleven (who arrived in 2017) speak fluent Rohingya, and one only some Rohingya (having arrived in Bangladesh two decades ago). One of the group reports being fluent in Chittagonian, two are fluent in Bangla (speaking and reading), two have intermediate reading ability in English and one is fluent in Burmese. All 12 respondents have visited healthcare facilities in the camps.

We also interviewed five Rohingya health volunteers working for different facilities in camps 1W, 9, and 18. All these volunteers work



in the community sharing health information, and three also assist with interpreting at the facilities.

Language challenges often start when patients enter facilities

In their most recent visit to a health facility, respondents report that their first interactions were with volunteers and guards. The volunteers speak Rohingya or Chittagonian, whilst the guards normally speak only Bangla or Chittagonian. Five respondents report having faced language-related challenges in these initial interactions. If they were greeted by non-Rohingya speakers – speaking Bangla or Chittagonian – they often felt that they were not understood. One of the volunteers interviewed says that Chittagonian-speaking staff at their facility are often unable to effectively communicate with Rohingya patients. Three of the volunteers also said that interpretation assistance at their facilities is often performed by Chittagonian speakers rather than Rohingya speakers.

The majority of doctors speak only Bangla, but Rohingya interpreters are helpful in consultations

Seven respondents report that at their most recent visit, their doctors only spoke Bangla to them. Three respondents say their consulting doctor only spoke Chittagonian. One interviewee reports that the doctor spoke fluent Rohingya and another reports that their doctor spoke Bangla but used some Rohingya terms. Although the interviewee was not fluent in Rohingya, they found that even the use of some Rohingya terms helped communication. This highlights the value and importance of even minimal Rohingya knowledge to the patient's experience.

In terms of patients' ability to communicate information to the doctors, four interviewees do not think their doctor understood them.

Three were able to communicate successfully with the help of a Rohingya-speaking volunteer or interpreter, and five were satisfied that they were understood.

When it comes to understanding what their doctors were saying to them, four report facing difficulties understanding the doctor, while one said he understood but felt like the doctor was not respectful towards him.

At their most recent visits, five respondents say there were no interpreters available, one used an interpreter, two didn't feel they needed one and the remaining two said interpreters were present but not available. Only one of the five volunteers report that there are designated interpreters at the facilities where they work. At the remaining four facilities, volunteers say that there are no designated interpreters but that they or other staff and volunteers are sometimes called on to assist with interpreting between patients and staff. All six patients interviewed who have used interpreters in past visits found the service very helpful. However, the most significant communication challenges faced by respondents were with understanding the prescriptions and medical advice they received.

Most patients did not understand their prescription

In their most recent visits to health facilities, seven interviewees say they did not properly understand their prescribed treatment, while two understood with the help of a volunteer. Only three respondents were able to understand their prescription or recommended treatment without additional assistance.

Seven respondents report only receiving instructions for treatment verbally, four both verbally and in writing (English or Bangla) and one said he received a written prescription

with no explanation. Seven did not get any help to understand the prescription and three were assisted by family members, but only if the prescription was in English. In past visits, all report receiving written prescriptions in either Bangla or English; three were helped by volunteers or pharmacy staff.

Eight of the 12 respondents said that their doctor explained the diagnosis and treatment, but most did not fully understand the information because it was provided in Bangla. Standardized delivery methods for prescriptions, including both verbal instructions in Rohingya (with help from Rohingya interpreters) and alternative methods such as pictorial communication, are needed to ensure that patients are able to properly follow treatment plans.

Half of interviewees face difficulties accessing healthcare; most feel health staff do not respect them

Half of the respondents report having faced difficulties accessing healthcare services in the camps, particularly emergency and after-hours care. Some were also dissatisfied with the quality of the care they had received.

Eight of the 12 report not feeling as though they and their culture are respected by staff at health facilities. The way in which they are treated by assistants at facilities is an issue, with some suggesting that training on appropriate interpersonal communication is needed for assistants to improve patients' healthcare experiences.

Four men also reported challenges relating to the gender of doctors, noting unease with sharing medical information about themselves with female doctors. A [2019 TWB study](#) found that women face particular difficulty accessing

quality health care when only male staff are available, owing to social restrictions on discussing their body with a man.

All respondents go to official health facilities first, but many also consult traditional healers

All respondents say they first visit health facilities when they have medical issues, but many report also visiting traditional healers or imams, either where there is a perception that the treatment has not worked or if the issue is perceived to be caused by spirits or demons. Eight say they trust the official healthcare more than traditional healers, while four have equal trust in both. Seven respondents report occasionally consulting traditional healers or doctors, particularly astrologers, while others also consult pharmacists or imams directly for advice on medical issues.

Recommendations

Based on the community perspectives presented here, we recommend that health providers in the camps:

- Increase the number and availability of Rohingya-speaking volunteers and interpreters at health facilities.
- Standardize the way they provide prescription and medical advice, in languages and formats that the community understands.
- Provide Rohingya language and culture training to all health staff, including training on interpersonal skills and communication.
- Encourage and facilitate learning of Rohingya health terminology for non-Rohingya-speaking doctors and other health facility staff

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About Translators without Borders

TWB is a nonprofit organization offering language and translation support for humanitarian and development agencies and other nonprofit organizations on a global scale. TWB Bangladesh has supported the Rohingya refugee response since 2017, providing language and translation support to response partners and conducting research and training to meet the language and communication needs of the Rohingya and host communities.

Contact us

General enquiries: info@translatorswithoutborders.org

Sponsorship opportunities: info@translatorswithoutborders.org

Press/media enquiries: communications@translatorswithoutborders.org

Bangladesh team enquiries: bangladesh@translatorswithoutborders.org

Translators without Borders - US, Inc.

Suite 500, 30 Main Street

Danbury, CT 06810 USA

+1 (203) 794-6698 (United States)

Kenya office

6th Floor, Senteu Plaza, Galana / Lenana Road Junction

Nairobi Kenya

Postal address: P.O Box 22494 - 00505, Nairobi, Kenya

+254798985410

Ireland office

Marina House, Block V

East Point Business Park

Dublin 3, Ireland

Registered charity number: 474505

[translatorswithoutborders.org](https://www.translatorswithoutborders.org)
