
ROHINGYA WOMEN'S PREGNANCY EXPERIENCES AND PERSPECTIVES

FAMILY MEMBERS, VOLUNTEERS AND TRADITIONAL BIRTH ATTENDANTS PLAY A KEY ROLE IN SUPPORTING WOMEN DURING PREGNANCIES

In crisis contexts, pregnant women face increased risks to their and their babies' health. In the Rohingya refugee camps in Cox's Bazar, hundreds of women give birth each week. In accordance with Rohingya cultural norms, many of these births occur in women's homes rather than in hospitals. Pregnant women in the camps have various informal sources of information about pregnancy, particularly family members and traditional birth attendants (or *dai ma* in Rohingya), as well receiving information and support from community health volunteers and from staff at health facilities. Most Rohingya women have regular contact with health providers during their pregnancy and understand the risks associated with home births. But cultural beliefs and negative perceptions about giving birth in hospitals mean that many women feel more

comfortable giving birth at home in a familiar environment and with family members and *dai ma* there to support them.

Who we spoke to

In August, 2021, TWB conducted in-depth semi-structured interviews with 10 pregnant Rohingya women aged 22 to 32 years living in Camps 1E, 1W, 2, 2W, 3, 4, and 5 about their pregnancy experiences, perspectives and needs. All were between 3 months and 9 months pregnant at the time of the interviews. TWB also conducted in-depth semi-structured interviews with 6 *dai ma* from camps 2W, 3, 4, and 5 aged 35 to 60 years. Those interviews explored the *dai ma*'s role in women's pregnancies and their experiences of assisting with pregnancies, births and the care of newborns in the camps.

Some women visit a doctor to confirm their pregnancy

All 10 women interviewed have previous experience with pregnancy and giving birth. Two women have 1 child already, 2 are expecting their third, 2 are expecting their fourth, 2 their fifth, 1 their sixth and another their seventh. For their current pregnancy, none of the women interviewed reported receiving any advice on fertility or preparing for pregnancy before they became pregnant. Four women reported visiting a doctor to confirm their pregnancy and 1 got a test from a pharmacy. The other 5 said that they determined that they were pregnant due to symptoms such as their periods not starting, nausea, vomiting and difficulty eating.

All women visited doctors during pregnancy but with varying regularity

Regular contact with health professionals is central to monitoring the health of pregnant women and their babies. The World Health Organization recommends a minimum of 4 antenatal visits. Five women were on track to meet or exceed that target, with check-ups every 1-2 months, while 3 were on track to fall just short of the target. The remaining 2 women had minimal contact with health professionals during their pregnancies. One woman who reported being 9 months pregnant had visited a doctor twice, while another had 1 check-up in 4 months of pregnancy. Despite some inconsistencies in the regularity of women's contact with health providers, most women interviewed said that

women should visit a doctor once a month or once every 2 months during pregnancy.

Women do not know their due dates

Despite all interviewees saying that they visited doctors during their pregnancies, none of the 10 women knew the date they were due to give birth. Some said their doctors told them which month they would give birth and others calculated their due date based on when their periods stopped. Seven of the women reported being between 6 and 9 months pregnant and 3 women between 3 and 5 months pregnant.

Most women trust health providers but negative experiences impact perceptions of specific facilities

Eight of the 10 women interviewed said that they feel comfortable visiting health care facilities about their pregnancy, expressing satisfaction with the services available to them. Most women interviewed also said that they generally trust the staff at health facilities. Reasons for this trust include relationships they have built with staff over time, home visits from volunteers to remind them about check-up dates, and volunteers accompanying them to the hospital and providing information about coronavirus.

However, their own and other people's negative experiences have left them less trusting of some specific organizations or facilities. Six women reported receiving substandard treatment or encountering poor behavior on the part of staff at health facilities

in the past, making them less willing to return there.

Physical obstacles to accessing health care and advice during pregnancy

Three women said they faced challenges accessing medical care or advice during their pregnancies. One woman said she was unable to visit her nearest health facility as it is located in a hilly area and only accessible on foot or in a private vehicle. One woman faced challenges with long waiting times at facilities and another said she did not feel comfortable visiting hospitals.

Family members and *dai ma* provide pregnancy information and advice

For most women interviewed, the main source of information other than doctors is female family members, particularly mothers-in-law and elders. Six of the 10 women also take advice from *dai ma*. One woman said she was told by family members not to go to the toilet at night, while some reported being advised to carry a metal nail or iron rod if venturing outside at night to protect them from *jinn* (bad spirits) during pregnancy.

The women reported that *dai ma* provided them with general advice such as maintaining a healthy diet, staying active through walking, not doing heavy lifting, and practicing good personal hygiene. One woman said that a *dai ma* provided her with mental health support.

Traditional birth attendants are experienced and trusted by women, but need more training

Nine of the 10 pregnant women interviewed plan to use the services of a *dai ma* for their upcoming births, while only 1 is planning a hospital birth. Nine of the women have used the services of a *dai ma* for previous births. All said their previous experiences were positive, and indicated that they trust the *dai ma* to take care of them and their babies.

All 6 of the *dai ma* interviewed arrived in Bangladesh in 2017 and had previously worked in this role in Myanmar before arriving in Bangladesh. They all indicate substantial experience delivering babies but have minimal formal training. With the exception of the oldest and most experienced *dai ma*, all the *dai ma* interviewed said they would like to receive more training, particularly on how to safely deliver babies. All the *dai ma* deliver babies in the camps on a regular basis, ranging from up to 3 in a day to just a few per month, depending on the need. They usually work alone with only the support of the family members of the women giving birth. The table below outlines their experience and the training they have received.

<i>Dai ma</i>/traditional birth attendant details	
<p><i>Dai ma 1</i></p> <ul style="list-style-type: none"> • 60 years old • <i>Dai ma</i> for 30 years • No formal education 	<p><i>Deliveries:</i> 40-50 babies in Bangladesh, 3,000 to 5,000 in Myanmar</p> <p><i>Initial training:</i> From a neighbor in Myanmar</p> <p><i>Formal training:</i> Total of 7 months in Myanmar from UNHCR</p>
<p><i>Dai ma 2</i></p> <ul style="list-style-type: none"> • 35 years old • <i>Dai ma</i> for 5 years • No formal education 	<p><i>Deliveries:</i> 17 babies in Bangladesh, 50 babies in Myanmar</p> <p><i>Initial training:</i> From grandmother</p> <p><i>Formal training:</i> 2 days' government training in Myanmar; 5 days' training from CiC volunteers in Bangladesh</p>
<p><i>Dai ma 3</i></p> <ul style="list-style-type: none"> • 44 years old • <i>Dai ma</i> for 9 years • Completed grade 5 in school 	<p><i>Deliveries:</i> 50-60 babies in Bangladesh, 15-20 in Myanmar</p> <p><i>Initial training:</i> From grandmother and aunt</p> <p><i>Formal training:</i> 1-day training from NGOs in Bangladesh</p>
<p><i>Dai ma 4</i></p> <ul style="list-style-type: none"> • 40 years old • <i>Dai ma</i> for 9 years • No formal education 	<p><i>Deliveries:</i> 150-200 babies in Bangladesh, 500-600 babies in Myanmar</p> <p><i>Initial training:</i> From grandmother</p> <p><i>Formal training:</i> 35 days' government training in Myanmar</p>
<p><i>Daim ma 5</i></p> <ul style="list-style-type: none"> • 45 years old • <i>Dai ma</i> for 10 years • No formal education 	<p><i>Deliveries:</i> 200-300 babies in Bangladesh, 400-500 babies in Myanmar</p> <p><i>Initial training:</i> From mother</p> <p><i>Formal training:</i> No formal training in Myanmar or Bangladesh</p>
<p><i>Dai ma 6</i></p> <ul style="list-style-type: none"> • 40 years old • <i>Dai ma</i> for 6 years • Completed grade 5 	<p><i>Deliveries:</i> 30-40 babies in Bangladesh, 50-60 babies in Myanmar</p> <p><i>Informal training:</i> From friends in Myanmar</p> <p><i>Formal training:</i> 2-month short course from an NGO in Myanmar</p>

Some *dai ma* provide advice to women on getting pregnant

Four of the 6 *dai ma* said they provide women with advice when they are trying to get pregnant. Advice includes stopping taking birth control pills and ceasing condom use, having regular intercourse, visiting a female

doctor at a hospital for a check-up and to get medicine, eating food 4-5 times a day and drinking extra water. Some *dai ma* also recommend avoiding strenuous tasks like lifting heavy objects, using a tube well pump and walking in hilly areas when planning a pregnancy.

***Dai ma* advice combines unspecific recommendations in line with international standards and recommendations based on cultural understandings of health**

The *dai ma* interviewed said they provide women with a range of advice throughout their pregnancies. This includes telling women to avoid strenuous activities, long journeys and lying down for long periods of time, as well as advising them to take light exercise (walking). This advice is generally in line with the 'WHO recommendations on antenatal care for a positive pregnancy experience' guide¹, which recommends "regular exercise throughout pregnancy" and that women "should choose activities with minimal risk of loss of balance and fetal trauma."

Dai ma also advise women to eat healthy foods during pregnancy. However, how this advice is provided and interpreted is not clear. According to the WHO, a healthy diet "contains adequate energy, protein, vitamins and minerals, obtained through the consumption of a variety of foods, including green and orange vegetables, meat, fish, beans, nuts, whole grains and fruit."

Additionally, some *dai ma* say they recommend that women take vitamin supplements, specifically iron, folic acid and calcium. The WHO guide also recommends daily iron and folic acid supplements "to

prevent maternal anaemia, puerperal sepsis, low birth weight, and preterm birth" and, "in populations with low dietary calcium intake", daily calcium supplements to lower the risk of pre-eclampsia. While taking these supplements is recommended, there is also specific advice from the WHO on the quantity to take (30 mg to 60 mg of elemental iron; 0.4 mg of folic acid; 1.5–2.0 g oral elemental calcium).

Regular antenatal care visits are central to ensuring the health of mothers and babies during pregnancy. *Dai ma* reported that they advise women throughout their pregnancies to go for regular check-ups at the hospital. In the final three months of pregnancy, they advise women not to put pressure on their bellies, to visit the hospital to find out the sex of the baby, and to monitor the baby's movements. The WHO guide notes that in the third trimester pregnant women should monitor fetal movements and report changes.

Dai ma also provide advice to pregnant women which is not included in WHO guidelines. They recommend that women avoid intercourse after 7 months of pregnancy to avoid harming the baby, and suggest that women avoid leaving the home, particularly at night, as they believe that going out at night can cause miscarriage. At the center of these concerns is a belief held by many Rohingya people that *jinn* (bad spirits) will target pregnant women at night. Carrying an iron nail or rod when leaving the home is said to reduce the risks from *jinn*.

¹

<https://www.who.int/publications/i/item/9789241549912>

NGO volunteers are a key source of information during pregnancy

Eight out of 10 pregnant women felt they had access to the information they needed during pregnancy and predominantly received this information from volunteers visiting their homes. As highlighted in recent TWB research, community health workers making home visits are the main source of health information for Rohingya women in the camps². That research also illustrated the importance of volunteers being sensitive when discussing matters relating to sexual and reproductive health. When women become pregnant in the Rohingya community, they inform volunteers who then visit them regularly to provide support.

The women interviewed said that NGO volunteers provided them with information about maintaining a healthy diet and good personal hygiene, as well as advising them to get regular check-ups at medical facilities.

Seven women interviewed said they want more information about pregnancy. In particular, they want information on where to have a safe delivery, how to care for the health of their newborns, danger signs to look for during pregnancy, where to access sanitary pads and other materials for after the birth, and how to find out an approximate due date to relieve anxiety. All the women wanted to receive pregnancy-related information

verbally, in Rohingya, and voiced a preference for face-to-face discussion in their homes. All the women speak only Rohingya fluently and, aside from 4 women who said they can read the Quran, none can read fluently in any language.

Women have concerns about home and hospital births

Seven women said they prefer to give birth at home rather than in a hospital, while 3 women would prefer to give birth in a hospital. Three of the 7 women who said they would prefer to give birth at home mentioned that if there are complications during the home birth they would want to go to a hospital. Most women interviewed have a plan for the birth. Six say they plan to give birth at home and 2 in a hospital, while the remaining 2 are open to both options.

Five women said they have concerns about giving birth in a hospital. For 3 of those who have concerns about hospital births, the fear of needing a Cesarean section was their biggest worry, while the other 2 are concerned about not having family members present. In Rohingya culture, when a woman is giving birth it is customary for female family members - mothers, mothers-in-law, aunts - to be present and to assist and comfort her. Interviewees opting for home births said having family members involved in the birth is an important factor in their choice. Some women also expressed concern about the behavior of doctors and nurses at health facilities, and about a lack of privacy during

² 'Community health workers: the main source of health information for Rohingya women'
<https://translatorswithoutborders.org/wp-content/uploads/2021/09/Community-health-workers-The-main-source-of-health-information-for-Rohingya-women.pdf>

the birth.

“I feel afraid to give birth at the hospital as they do not allow anyone from the family to be there with pregnant women so I do not feel good at all.”

“I think hospital delivery is safer because if a pregnant woman faces any difficulties during the birth at home then she cannot get immediate treatment.”

As highlighted in recent TWB research, a lack of Rohingya-speaking health staff at facilities and perceptions that staff do not respect Rohingya people and their culture also impact people’s health-seeking behavior in the camps.³ Only 3 women said they preferred to give birth in hospital rather than at home and only 2 planned to give birth in hospital. Four planned to give birth at home but would go to a hospital if there were complications and the remaining 4 said they were open to either a home or a hospital birth. Some women said that the advice they received from community health volunteers influenced their decision to consider giving birth in a hospital, while previous positive or negative experiences with health care providers influenced others’ decisions.

“I made the choice (to give birth at home) because I was mistreated at the hospital during my previous delivery.”

Recommendations for health providers:

- Create opportunities for the families of pregnant women to receive information and training on pregnancy and related health matters.
- Provide pregnancy related information in-person at women’s homes in Rohingya to ensure they have access to the information they need in their preferred language and format.
- Provide more training and support to *dai ma* so they can pass on accurate advice in line with international standards.
- Prioritize the use of home visits by female Rohingya-speaking volunteers to share pregnancy advice.
- Explore ways of improving community perceptions of hospital births through training community health workers to conduct targeted awareness-raising.
- Provide additional training to health staff regarding Rohingya culture and language to foster improved communication and care.

³ ‘Rohingya experiences of healthcare in the camps’
https://translatorswithoutborders.org/wp-content/uploads/2021/05/Rohingya-Experiences-of-Healthcare-in-the-camps_EN.pdf



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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)

translatorswithoutborders.org
