



Exploring Rohingya nutrition perspectives and needs

Find out more on page 3

Lack of access to feminine hygiene kits worries Rohingya women and girls

Source: Since January 2018, BBC Media Action has been collating community feedback data collected by different agencies through their community feedback and response mechanisms (CFRM) and listening group discussions from different camps. After analysing data published in 'What Matters? Issue 44' (published in September 2020), we found women had more concerns related to hygiene kits than men. From Jan-Mar 2021, we found women, once again, had concerns regarding feminine hygiene and cleanliness along with hygiene kits. To understand these concerns BBC Media Action conducted 10 telephone interviews with three adolescent girls (age 15-17) and seven women (age 18 - 40) living in different camps (8E, 11 and 21) on 30 and 31 May 2021.

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

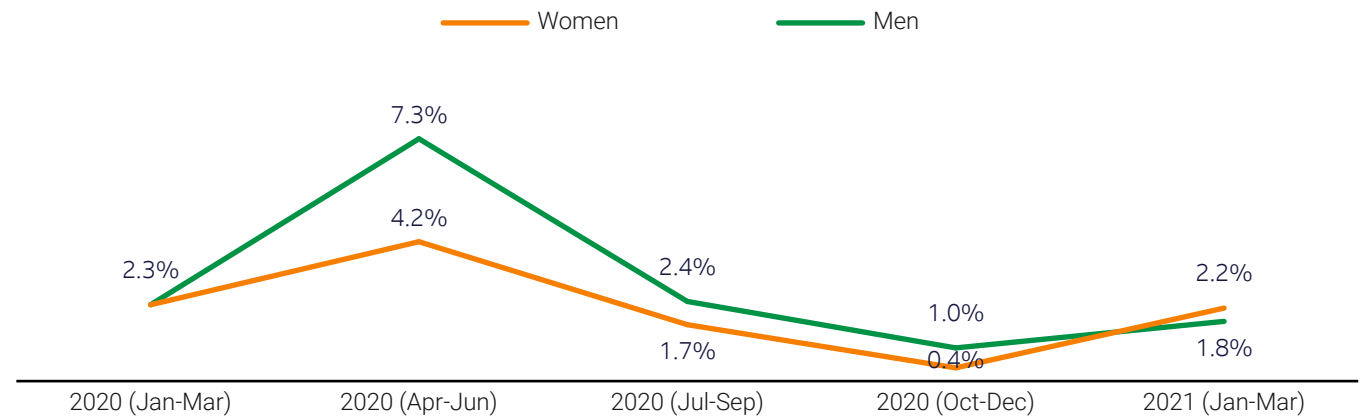
Issue **52** × Tuesday, June 22, 2021

Rohingya people have continued to raise their concerns about hygiene kits, especially the lack of soap which is needed to maintain cleanliness to prevent the spread of Covid-19. Concerns raised about general hygiene are covered in *What Matters?* issue 44¹.

Based on community feedback data received from January to March 2021, Rohingya women are 1.8 times

as likely to raise issues related to hygiene compared to men. The data shows that, in addition to concerns about general hygiene, Rohingya women and girls are particularly concerned about feminine hygiene. Also, 20 out of the 61 hygiene related concerns raised by women through community feedback between January and March 2021 are about dignity kits.

Hygiene related concern among men and women in last 5 quarters (January 2020 - March 2021)



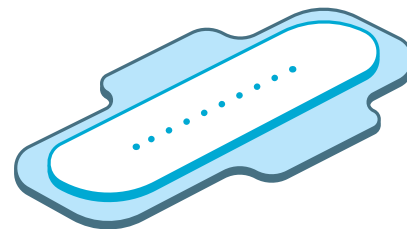
¹ 'What Matters?' Issue 44, on hygiene concerns, published September 2020: <https://app.box.com/s/jjdsx66mvseanv3pi7k03uyevefk7ey4>

In general, the dignity kit (which includes sanitary pads, soap and underwear) is supposed to be distributed once every three to six months². Both in community feedback data and in phone interviews, women said the distribution of dignity kits was unreliable. Although some participants interviewed by phone said they did receive kits every three or six months, others have received only four kits since their arrival in 2017 and have not received a kit in 10 months. They also said that they did not receive dignity kits because their names were not listed.

Additionally, phone interviews revealed that the amount of supplies provided was inadequate and underwear was too small (they passed it on to their children to use). Those receiving kits every six months said there are not enough products to last a full six months and that if there is more than one female in the family, products are shared.

In regard to the pads provided, they said previously they received single-use pads but these have been replaced by two packets each containing four reusable pads, which some found uncomfortable. A Rohingya woman reported she sold the packet of reusable pads for BDT 30 and bought different pads from a shop costing BDT 40, using funds earned working for an NGO.

Participants think the irregular distribution of dignity kits is due to inadequate NGO budgets and that they were told this by volunteers who distribute tokens to be redeemed for kits.



Most women said the distribution of kits was a problem before Covid-19 and that the pandemic has not caused any additional problems. Only a few women thought the limited distribution was due to the pandemic. Some said women face challenges going outside to buy pads due to Covid-19 movement restrictions within the camp. Another issue associated with the rainy season, is that those who use single-use pads cannot go out to dispose them (the practice is to bury them). Therefore some now throw pads in toilets or drains which causes drainage blockages or overflowing toilets.

“ During the continuous rains, I cannot bury the pad in the soil that’s why I throw the pad in the toilet.”

– Rohingya girl, 15, Camp 8E

Women not receiving kits regularly have developed their own coping mechanisms which range from purchasing packets of pads for BDT 40 (using wages or by selling relief items) to using old clothes.

“ I sell my ration items such as my food. After selling this I bought a pad from a shop which cost BDT 40. Many people sell their rice and oil which they get as ration. Those who have nothing to sell use old clothes.”

– Rohingya woman, 24, Camp 11

Female participants said they don’t discuss hygiene issues with other female community members because they feel shy, however some said they did speak about these issues with volunteers who visited door-to-door.

“ Some females who have stomach aches think they are having gastric/acidity problems and take medicine. Some of them go to the hospital and ask for medicine. Females of the community do not discuss with others tiny problems during their periods, because they feel shy.”

– Rohingya woman, 24, Camp 11

Due to Covid-19 restrictions and stormy weather, volunteers and NGO staff are not able to visit camps as often as they used to, so women are getting less information and have fewer opportunities to discuss hygiene and menstruation. They said speaking to mahji (community leaders) about their needs was not a solution.

“ I have told them so many times, now I am fed up, as I didn’t get any kind of solution, that’s why I don’t ask anything about the hygiene kit.”

– Rohingya girl, 15, Camp 11

Recommendations

Participants said they want more information from agencies about how to use and dispose of pads/cloths during menstruation. Furthermore, they recommended that a female doctor should be available in every block and health facility, with whom they could discuss hygiene and menstruation related problems.

² https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/200226_mhm_strategyand_kits_2020_final.pdf

Exploring Rohingya nutrition perspectives and needs



A nutritious and balanced diet is central to overall health. However, in the camps of Cox's Bazar, maintaining a healthy and balanced diet is often a challenge for members of the refugee community. A lack of access to, and information about healthy eating is impacting the health and quality of life of many refugees. To explore camp residents' food habits and nutrition perspectives and information needs, TWB conducted interviews with a group of Rohingya community members.

People who are not in good physical health reported facing challenges accessing nutritious food and being sick due to food or nutrition issues

The impacts of diet on health are well known. Seven respondents rated their current physical health as fair or poor (five women and two men), all of whom also reported suffering from ongoing health conditions. The five women who reported having fair or poor physical health and ongoing health conditions were among eight respondents who reported having been sick in the past 12 months due to food or nutrition related issues. Whether their poor health is a result of nutrition deficits or not, a lack of sufficient nutrition is likely to have direct impacts

on their overall health. Fourteen of the 17 respondents, including all seven of those with fair or poor health, reported having faced issues accessing nutritious foods over the past 12 months, with challenges in accessing sufficient fresh fruits, vegetables, and meat the greatest concern. A healthy and balanced diet is a key determinant of everyone's overall health but is of particular importance for those who face health challenges.

Rice, lentils, dried fish, vegetables, and eggs are the most widely consumed items

Rice is central to a Rohingya diet. Not surprisingly, all respondents reported eating rice every day. Consumption of other carbs (bread, noodles, pasta) is low, with only six respondents eating them once a month and eleven not at all. The main sources of protein among the group were lentils, dried fish and eggs— respectively *dhail*, *shuana mas* and *andha* in Rohingya. Most respondents said they eat each of these protein sources at least 2-3 times a week. The Rohingya refugee community's main source of protein – lentils or *dhail* – was not a typical item on a Rohingya household's menu in Myanmar. A typical sour soup called *hazi*, with variations made with ingredients such as tomato, green mango, tamarind, lemon and shikakai leaves (*kusi fata*), would traditionally be on the dinner table in place of lentils. Both lentils and dried fish are items which refugees have adopted due to their availability in Bangladesh and inclusion in food rations. Consumption of fresh vegetables among the group was reported as relatively low, with four eating fresh vegetables 2-3 times a week, three every day, two once a week, five once a month, and one not at all.

Source: To understand current community perspectives and information needs in relation to nutrition, Translators without Borders (TWB) conducted interviews over the phone with ten men and seven women from the Rohingya community living in camps 1E, 1W, 2E, 2W and 3. The interviews took place on 31 May and 01 June 2021.

Consumption of fruit, dairy and meat is low

Respondents rarely eat fresh fruit with 10 reporting eating fresh fruit just once a month, the remaining seven said they do not eat fresh fruit at all. Consumption of white and red meat is also low, with most respondents eating chicken once a month, and six eating red meat once a month. Regarding fresh fish, six reported eating fresh fish every week, seven once a month and four not at all. Only three respondents reported consuming milk, yoghurt or other dairy products once a month, while 14 said they do not consume any dairy. Most respondents said they did not eat sweets or junk food at all, with a small number consuming these foods occasionally.

Understanding Rohingya terminology and perspectives on nutrition is important

Rohingya understanding of nutrition and the health qualities of food items is not always based on the scientifically identified nutritional value of these items. For instance, for Rohingya people rice is much more than a carbohydrate or a source of energy; they believe it should be eaten every day as part of a healthy diet and as a means of maintaining good health and promoting growth.

Fresh fruits, vegetables, as well as meats, fish, and seafood, are considered healthy foods. But this determination is not necessarily based on what nutrients they offer. The Rohingya term for 'protein'— *shokti* – illustrates the community's understanding of nutrition. *Shokti*, besides meaning protein, also has additional

meanings in Rohingya, including 'nutrition' more broadly and 'strength' or 'power'. Protein sources such as nuts (*badam*) are perceived as being good for one's health, with many believing they make you strong and have benefits for bone health. This does not necessarily mean that nuts, lentils, and other alternative protein sources are understood in terms of being a substitute to meat.

In Rohingya culture, certain foods are considered to have specific health benefits. For instance, red spinach – *lal hak* – which is popular in Bangladesh as well, is believed to increase blood flow, while bitter melon – *tita horola* – is said to address symptoms of diabetes. Understanding Rohingya perceptions regarding the health benefits of food items is important for effectively communicating information about healthy eating to the community.

People said they are not receiving information on nutrition but want to do so

Among the 17 community members interviewed, only two reported having received information about nutrition in the past 12 months, one from NGO volunteers and the other in an NGO training session. Those two said they received advice about eating more vegetables and hygienic food preparation. Twelve interviewees said they faced difficulties accessing information about nutrition in the past 12 months, while all 17 want to receive more information about nutrition. They want to know how to maintain a healthy diet and where to go to get this information.

“ We don't know what food is healthier for us or when we should eat it or how many times we should eat it. So, these are some challenges for us to understand. Sometimes we feel confused as we don't have enough information.”

– Rohingya woman, 28, Camp 2E

“ My children always get sick and we have no source of information or advice about nutritious food or what we should do to overcome these challenges.”

– Rohingya woman, Camp 1E

“ I don't know where to go to get the information about nutrition.”

– Rohingya man, 30, Camp 1W

Nutrition information should be provided by NGOs face-to-face or in audio formats using relevant language and concepts

“ Miking (public announcements from loudspeakers) would help the entire community to know about [nutrition].”

– Rohingya man, 35, Camp 2W

“ Written formats are helpful only for educated people. But miking information (making public announcements from loudspeakers) would be very helpful for all residents in the camps.”

– Rohingya man, 41, Camp 3

Fifteen of the 17 respondents mentioned NGOs as a trusted source for receiving information on nutrition and healthy eating. NGOs, particularly Rohingya-speaking NGO volunteers, are commonly mentioned as trusted sources of various kinds of information for community members. All interviewees said they want to receive nutrition information either face-to-face or in audio format (by loudspeaker) and in Rohingya. Face-to-face and audio formats are preferred for most members of the Rohingya community as information provided through these channels in Rohingya can be understood by most of the community, regardless of literacy. Information regarding nutrition should also be provided through these channels but special attention must be given to ensure that the language used is in line with the community's linguistic and cultural preferences and understanding of what constitutes a nutritious diet.

BBC Media Action and Translators without Borders are working together to collect and collate feedback from communities affected by the Rohingya crisis. This summary aims to provide a snapshot of feedback received from Rohingya and host communities, to assist sectors to better plan and implement relief activities with communities' needs and preferences in mind.

This work is delivered in partnership with the International Rescue Committee with funding from the United States Government.

If you have any comments, questions or suggestions regarding *What Matters?*, you are welcome to get in touch with the team by emailing info@cxbfeedback.org