



Pregnant women visit health facilities but also rely on NGO volunteers and family members for pregnancy advice

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Pregnant and lactating women, their needs and concerns

Source: Since January 2018, BBC Media Action has been collating community feedback data collected by different agencies (including the UN Refugee Agency (UNHCR), the Danish Refugee Council (DRC) and Concern Worldwide) through their community feedback and response mechanisms (CFRM) and listening group discussions from different camps. This issue, which focuses on pregnant and lactating women, is based on data collected from May - July 2021 from ten camps (Camps 1E, 1W, 3, 5, 10, 12, 13, 14, 15, 22) with a base of 2621 cases. To supplement this, BBC Media Action conducted telephone interviews with five pregnant women (age 18-22, 5-8 months pregnant) and five lactating mothers (age 19-20, first time mothers with children age 2-5 months) living in Camps 4, 12, 13 and 15. The interviews were conducted 10-11 September 2021. Finally, findings from a qualitative research study on nutrition, conducted by BBC Media Action over the last two weeks of July 2021 were also considered.

WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

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Recent feedback (May- July 2021) indicates the Rohingya community continues to be concerned about issues having to do with the site (bridges, roads, stairways, sewerage or drainage, retention walls etc.), documents and shelter. However, 17% raised health-related issues. Over half of these issues had to do with nutrition for pregnant women and babies.

Concerns raised by pregnant women

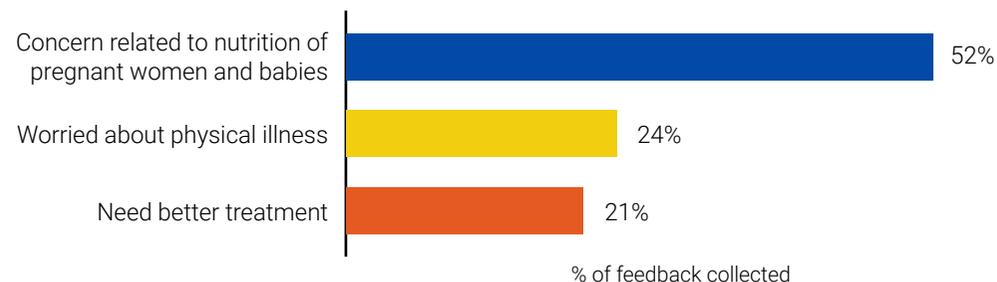
All pregnant women interviewed said they received antenatal care and were given a delivery book (which lists name of the beneficiary, husband's name, gestation dates, shelter address and her health condition). They were advised to bring the book with them to the health facility centre. Some say the delivery book is quite big to carry, and that they do not understand the information as it is written in Bangla.

Some pregnant women said they didn't receive nutrition support such as semolina, even as they were given their delivery book. Some said they do not live near the health facilities or the Camp in Charge (CiC) office. These mothers may not be getting nutrition services because **volunteers do not visit their part of the camp often.**

“After being pregnant, I didn't receive nutrition services or semolina. No volunteers came here to let us know about the nutrition service. Volunteers rarely visit our block because our shelters are situated on the top of the hill. Even if the volunteers come, we don't always know as we normally do not go out of our shelters.”

– Pregnant woman (eight months), 18, Camp 12

Health related issues raised in last three months (May-July 21) [base-454]



As part of the nutrition service, pregnant women receive different supplements like calcium, folic acid and/or iron tablets as well as semolina. Some participants said they didn't receive all or enough when they first received cards/books related to their pregnancy. For example, some received 30 tablets to be taken twice a day, meaning the tablets would last for 15 days, even though their next antenatal visit was in 30 days. To get refills of tablets, they were advised to visit health facilities for additional medicine and check-ups. **Participants pointed out that as they do not live near health facilities, it is difficult for them to visit, even for check-ups, during their pregnancy.**

“ We get iron and calcium from the hospital for 15 days. We can't go to the hospital when the tablets run out because the hospital is far from home. Our shelter is on the top of the hill and we must walk for a long time to go to the hospital. During pregnancy, I have cramps in my hands and legs and don't feel like walking/going to the hospital.”

– Pregnant woman (eight months), 18, Camp 12

Participants said they'd heard different things about the consequences of losing their various cards i.e., they would not be able to receive medicine or nutrition services, unless the card is renewed or replaced. In some cases, participants said volunteers were rude to pregnant women who lost their cards. Participants said they feel bad when mistreated by volunteers. One participant said she has three or four different cards, and losing one might result in losing health or nutrition services.

Additionally, volunteers sometimes make mistakes when recording information on the cards/in the books, and as a result, pregnant women have to face the consequences/are deprived of services.

Participants said the food they receive is not enough and is not varied. As pregnancy affects their appetites, they

would like to eat a variety of fruits, fish or meat, but they can't afford it with the credit they receive through their SCOPE cards¹.

“ We like to eat some fruits like apples, oranges, pomegranates, grapes rather than having semolina all the time. But we can't afford it as we do not have money. We would be happy if volunteers could provide some of these things for us.”

– Pregnant woman, (seven months), 21, Camp 13

Some of the participants, especially those who live far away from health facilities and the CiC office, said they didn't have any idea where to get information about services they might receive during their pregnancies.

“ We do not know where the help desk is and we also do not know where or who to go to for any help.”

– Pregnant woman, (six months), 22, Camp 13

Concerns amongst lactating mothers about their nutrition and that of their children

Lactating mothers who received a delivery book are supposed to receive an updated card for health services and to receive nutritional support like semolina both for themselves and their children. Via community feedback data and in-depth interviews, it was clear some lactating mothers didn't receive any food or nutrition support for themselves/their children. Some participants mentioned they didn't receive proper nutrition support during their pregnancy.

Lactating mothers also reported they have struggled to update their card(s) with their children's name after delivery. One participant said NGO staff visited her house, asked for information about her and her child but didn't say why they were collecting information. Even

after providing information, her child wasn't included as a member of her family on her card, and therefore, she is not receiving enough food for her family and nutrition for her child.

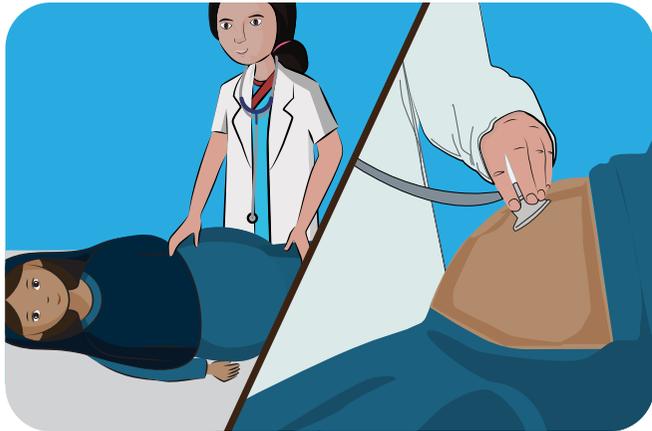
Furthermore, participants said they didn't know about the services a lactating mother and her child were entitled to. They said that if volunteers came to their blocks and let them know about the services available for pregnant and lactating women and their children, they were certain they would have gone for check-ups or asked for a card to receive services. Participants said they had not heard about the help desk or info hub. If they need information, they tend to ask their neighbours or mahji (community leaders).

“ No volunteer came to our house to let us know about the nutrition card or to list our name as a beneficiary. If I knew I would get nutrition services or medical support, I would have done so to get those services”.

– Lactating mother with baby (four months), 20, Camp 15.

Some lactating mothers expressed concern about the nutrition status of their children. They (mistakenly) said when a child has a problem breastfeeding and can't get enough breast milk, they need to use formula as an alternative. Since this is unaffordable, they worried about whether their child was receiving adequate nutrition. Some find ways to buy formula. One participant said her husband borrowed money to do so. Some families might sell their relief items, affecting the health and welfare of the rest of the family. This was echoed by the qualitative study on “Exploring Rohingya and host community's behaviour around nutrition and nutritious foods”, carried out by BBC Media Action, which revealed that people buy fish and meat by selling their extra rice.

¹ Rohingya population have received WFP assistance card (powered by SCOPE), which will facilitate access to voucher modality from general food assistance. The SCOPE card distribution also enables expansion of WFP's multi-wallet services to other humanitarian partners, including Liquefied Petroleum Gas (LPG) distribution and WASH NFIs (soap) in collaboration with UNICEF. <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Bangladesh%20External%20Situation%20Report%20February.pdf>



Pregnant women visit health facilities but also rely on NGO volunteers and family members for pregnancy advice

Source: To understand the pregnancy experiences and information needs of Rohingya women, Translators without Borders (TWB) conducted interviews over the phone with 10 pregnant women from camps 1E, 1W, 2W, 3, 4, and 5. The interviews took place in late August 2021.

Each week, in camps near Cox's Bazar, hundreds of Rohingya women give birth to their babies. Over half of those births take place in the home in unhygienic and often dangerous conditions. To explore Rohingya women's pregnancy experiences and related information needs, TWB conducted interviews with a small group of pregnant women.

All women visited doctors during pregnancy but with varying regularity; some faced challenges accessing health facilities

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 are on track to meet or exceed that target, with check-ups every 1-2 months, while 3 are on track to fall just short of the target. The remaining 2 women have had minimal contact with health professionals during their pregnancies, with one woman who is 9 months pregnant having visited a doctor twice and the other having had 1 check-up in 4 months of pregnancy.

None of the 10 women knew their exact due date. 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.

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 does not feel comfortable visiting hospitals.

Family members and traditional birth attendants provide pregnancy information and advice

For most women interviewed, the main source of information other than doctors are female family members, particularly mothers-in-law and elders. Six of the 10 women also take advice from traditional birth attendants – *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.

Dai ma provided 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 and checked on the baby's movements. Nine of the women had help from a *dai ma* with a birth in the past and said it was a positive experience.

Home births are preferred but advice from volunteers has influenced some women to opt for hospital births

Only 3 women said they preferred to give birth in a hospital rather than at home and only 2 planned to give birth in a 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. Eight of the 10 women felt that home births are safe.

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

– Rohingya woman, 32 years old, Camp 1E

“ I made the choice (to give birth in a hospital) because I delivered my first baby at the hospital and I got so many services from the hospital.”

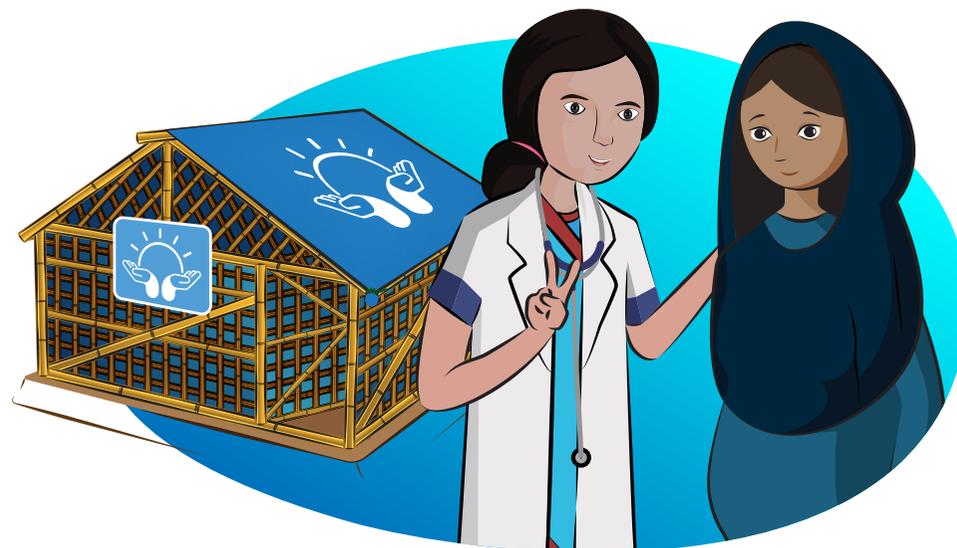
– Rohingya woman, 22 years old, Camp 2W

NGO volunteers are a key source of information during pregnancy

“Volunteers sometimes come to my home and ask me to deliver the baby at the hospital and they also tell me about check-ups. Volunteers and my family members tell me to stay clean and they all tell me to eat regularly.”

– Rohingya woman, 22 years old, Camp 1W

Apart from family members and *dai ma*, interviewees said that they mainly received pregnancy information and advice from NGO volunteers visiting their homes. NGO volunteers provided 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 say they wanted to receive further 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 confirm the approximate due date to relieve anxiety. All women wanted to receive pregnancy-related information verbally, particularly face to face in their homes.



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 currently being delivered in partnership with the International Rescue Committee with funding from the United States Government. And in partnership with ACF with funding from EU humanitarian aid.

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