

FAT AND HEALTHY: ROHINGYA PARENTS' KNOWLEDGE OF CHILD NUTRITION

Information gaps compound Rohingya parents' difficulty getting nutritious foods for their children

Summary: what you absolutely need to know

1. Parents care greatly about their children's nutrition, but receive little information to help them make informed choices. Children's health and nutrition is a matter of great importance to Rohingya families in Bangladesh. But many parents lack an understanding of how different foods impact child development, especially cognitive development, which limits their ability to make informed choices about the foods to prioritize in a context of limited resources. They seem to receive (or perhaps retain) only limited information on food and nutrition, and half of fathers had received no information at all.

2. Parents understand the link between nutrition and children's health and physical development, but face constraints providing nutritious food to their children. Parents describe healthy children as *boli* (fat) and unhealthy children as *leRa* (thin), and try to feed them what will make them strong and healthy. But nutrition is often a source of concern, largely because of the difficulty many parents face obtaining enough nutritious food to keep their children well and enable them to grow and develop. Just one third feel their children eat a nutritious diet. Rice, pulses and sweet snacks are the main components, supplemented with vegetables, dried or sometimes fresh fish, semolina and pre-packaged nutrition products. Participants called for information on which foods they can realistically give their children to make them strong and healthy.

3. Rohingya concepts of health and nutrition offer an entry point to answering parents' questions. The way parents talk about what food does to the body may seem different from conventional Western concepts of nutrition. Parents linked certain foods and breastmilk with ideas about good circulation and clean blood, in line with earlier findings that blood volume, circulation and keeping blood clean are important Rohingya concepts of health. Relating new information to these existing concepts can help parents understand more about the role of nutrition.

Recommendations for humanitarians

The findings suggest ways in which service providers in the Rohingya camps can further support parents with child nutrition information:

- Develop nutrition information materials and messages that **build on parents' existing understanding of how different foods affect health**. Interviews suggest the benefits of breastfeeding and vitamins are well understood, and certain foods are seen as good for the blood. Use these concepts to explain the connections between health, nutrition, and growth and the nutritional needs of pregnant and nursing women.
- Use fathers' responsibilities for food shopping and collecting food rations, and their social contact with other men, as an opportunity to **engage men more on their children's nutrition and general**

health and on food allocation within the family. This can support ongoing outreach to mothers and grandmothers as the main caregivers.

- Ensure information is presented in plain language and in Rohingya, ideally in person and using other non-text communication, although some working mothers called for information to be provided by text message. Two-way discussions, inviting questions and exchanges, allow individuals with different levels of knowledge to get answers and support one another.
- Tailor the information provided to the constraints that parents face on their ability to buy food to supplement rations, helping them to make informed choices between the options that are available and affordable.

Parents know the importance of nutrition for their children's health, but most feel unable to provide a nutritious diet

Almost all the research participants said that what young children eat impacts their physical health; the three mothers who said this was not the case, admitted they didn't know much about it and were keen to learn.

When asked if their young children are healthy, parents often answered with reference to whether they were "fat" or "thin", suggesting they see a clear link between health and nutrition. Several respondents described their children as "fat" (*boli* in Rohingya or *mutha* in Chittagonian) as evidence that they were in good health, or "thin" (*leRa*) that they were in poor health. Others made the connection between good health and the food available, stating that a lack of nutritious food meant their children were not healthy.

"If children eat regular food like rice and lentils then they get fat and look healthy. If they cannot get food, then they do not have energy and get sick again and again."

– Mother, 25 years old, Camp 2E

Although most participants (20 out of 31) described their children as healthy, only ten feel the children have a nutritious diet. Parents (especially mothers) often know what their children need to eat to be healthy, but say they don't receive what they see as nutritious food like meat, fish, fruit and vegetables from humanitarians and often lack funds to buy them. Twenty-six said they face challenges getting the food they need to keep their children healthy. They linked these challenges to financial or monetary problems and the rising cost of food; several also said food and infant feeding rations lasted no more than two weeks a month. Parents want to feed their children "more nutritious" foods like meat, milk, fish, and fresh fruit and vegetables, but find them too expensive to buy. This was true across genders and occupations (NGO volunteers, *majhi*, housewife). Several participants asked for more food to be provided, especially fresh food.

"All [the foods] I mentioned are good for health and protect from sickness, but they are not available here in the camps. If we take some fruits and dairy products for our children from the WFP food center, we have to compromise on other essential items such as rice and oil because of the limit they place on each household."

– Father, 27 years old, Camp 13

Despite these difficulties, most participants said they managed to ensure their children eat three times a day. Those who can afford to, also give their children snacks like biscuits, cake, or fruit. Families are most likely to eat vegetarian food, supplementing this diet with fish or meat when they can. One in four mothers relies solely on pre-packaged nutrition products and other sources of support, for example, food that their children receive at learning centers. Some parents reported reducing their spending on other staple foods in order to have money to buy nutritious food for their children.

Fathers receive less information than mothers on food and nutrition, and both seem to get only a narrow range of information

"I visited health facilities and nutrition centers a few times. For young children's nutrition, they only advise that babies should be breastfed: they don't provide things like syrups or vitamins for children. We haven't received any other information."

– Father, 30 years old, camp 18

Fathers receive less nutrition information from official sources like NGOs and the authorities than mothers, although it is usually they who buy food or collect rations. Just seven of the 15 fathers interviewed had received such information in the past 12 months, compared with 12 of the 16 mothers. But all the fathers said shopping for food and collecting food rations is their responsibility; only six mothers said they sometimes or always have this responsibility. Food shopping and food ration collection may represent underused opportunities to communicate with men about their children's health and nutrition, as well as the nutritional needs of pregnant and nursing mothers.

Men are more likely to receive information or advice on nutrition from their friends – meaning that information shared with one man is likely to reach other men if it is seen as relevant. Women are less likely to receive nutrition advice from friends, in part because they are less likely to spend time outside the home. Mothers largely receive information about their children's nutritional needs through NGOs, community outreach, and at shanti hana (women's spaces). Of the fathers interviewed who said they had received nutrition information, three received it from NGOs, three from health facilities, and two from nutrition centers.

Just three fathers and six mothers feel they have access to enough information about their children's nutritional needs. When parents do receive information, the content is often too narrow to answer their questions. Eight of the 19 participants who reported getting information from official sources described it as being limited to food rations, where to get pre-packaged nutrition products for children, who is eligible, and how to prepare them. (It is also possible that, with food prices rising and food rations reduced, people retained this more urgently needed information and forgot other content.) Others had received guidance on avoiding disease by keeping children clean and not feeding them food that has gone off. One mother said she couldn't apply the NGO advice she had received on feeding her children eggs and milk since she couldn't afford to buy those foods.

Parents lack information on the interaction between specific foods and their children's health and cognitive development

The information gaps are clear from participants' answers on their current understanding and outstanding information needs.

Although the link between nutrition and physical development is clear to most parents, many are unaware of the impact of nutrition on their children's cognitive development. Almost all parents reported that their children were exclusively breastfed up to the age of six months, and several said breastmilk is important for a child's health. Prolonged, exclusive breastfeeding has been found to have a positive impact on cognitive development¹. And when asked what foods young children should eat to help their brain develop, 21 parents listed fruit, meat, milk, and eggs – all among the items a pediatrician would recommend. Yet nine out of 16 mothers and six out of 15 fathers did not think that what young children eat impacts their development beyond physical health, or did not know what food they should eat to develop their capacity to think, learn and communicate.

¹ See for instance Kramer MS, Aboud F, Mironova E, et al. Breastfeeding and Child Cognitive Development: New Evidence From a Large Randomized Trial. Arch Gen Psychiatry. 2008;65(5):578–584. doi:10.1001/archpsyc.65.5.578: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/482695>

Participants voiced a demand for more information on which foods are best to ensure children get well and stay well. Most parents (20 out of 31) wanted specific information about foods that give children energy, and the impact of different foods on children's health and development. Some whose children were currently "thin" or often fell sick wanted to know which foods would help them get better quickly and avoid future sickness. Four said they had enough information, and seven said what they needed was information on where to get more food for their children. One mother stressed that she needs information she can act on with the limited resources available to her.

"I want information on how we can provide healthy food with less money, because if we need more money for healthy food, we cannot afford it."

– Mother, 25 years old, Camp 2E

Language barriers may affect parents' access to the information they want on child nutrition. The five mothers who have been in Bangladesh for 20 years or more and speak Bangla all described their children as fat or healthy. All were NGO volunteers, and three said their employer was their main source of nutrition guidance; their Bangla language skills may have made it easier for them to understand that information. In contrast, Rohingya was the one language all participants speak and understand, and nine of the participants could not read at all, or only the Quran. None of those who had arrived in Bangladesh since 2017 read Bangla.

Use parents' existing understanding of how food affects the body to answer their questions on child health and nutrition

Interviews with parents provide useful starting points for addressing the gaps in information and understanding identified in this brief study. Rohingya parents are keen to understand better how they can improve or maintain their children's health through food. There is therefore scope to engage them in two-way discussions about children's health and nutrition as connected topics.

While participants were often unsure of how food choices could impact their children's development, they were aware of key concepts in child nutrition that information efforts can build on, including the positive impact of breastfeeding and vitamins. Mothers reported breastfeeding their babies up to the age of two years old or more, with solid foods introduced generally after six months. This and comments of both mothers and fathers on the benefits of breastmilk suggest that public health outreach on exclusive and prolonged breastfeeding has been influential. Several participants also talked of giving children vitamin capsules or vitamin syrup for their health, and one spoke of certain foods as being rich in vitamins. Another positive finding is that they indicated no difference in what food they consider nutritious for girls compared to boys.

"If the children cannot eat good food or breastmilk they may lose blood."

– Mother, 35 years old, Kutupalong Registered Camp

In other ways, respondents' understanding of how food acts on the body can seem further from conventional Western concepts of nutrition. Respondents linked good circulation and clean blood in childhood with fruit, dairy products and eggs, and a lack of good food or of breastmilk with a loss of blood. This is in line with the earlier finding that blood circulation, the volume of blood in the body, and ensuring the blood is clean of impurities are important in Rohingya concepts of health². These differences of perspective are worth further investigation, however: fruit, dairy products and eggs contain protein, calcium, iron and zinc, all important for the health of the organs which "clean" the blood of toxins and waste products, and for the immune system, in which the blood plays a critical part. References to "blood loss" may also describe the paleness that is an

² Translators without Borders (2021) How Rohingya People Think and Talk about Food and Nutrition, <https://translatorswithoutborders.org/wp-content/uploads/2021/10/How-Rohingya-people-think-and-talk-about-food-and-nutrition.pdf>

outward sign of conditions like anemia - relevant for the health of mothers and children alike. Effective outreach on child health and nutrition could relate new information back to these existing concepts - while bearing in mind that historically poor access to health education has left many Rohingya with a confused picture of the human anatomy³.

The fact that food shopping and food collection are mainly the father's responsibility also presents an opportunity to engage with men, who less commonly reported having access to information from official sources. This could happen through one-to-one interactions with male volunteers at clinics, nutrition centers and other food distribution points. It could also take place as larger group discussions and outreach efforts, for instance at tea stalls and in other spaces where men gather, or at mosques in collaboration with imams. While men in this sample were less likely to be directly involved in feeding children, their responses indicate they play an important part in decisions about children's health and the allocation of food within the family.

Participants confirmed that mothers, grandmothers and older daughters have the main responsibility for feeding and caring for young children. Parallel outreach to women and girls of course remains necessary to meet their nutrition information needs. With both male and female audiences, these interviews suggest the information provided should take account of the constraints that parents face on their ability to buy food to supplement rations, helping them to make informed choices between the options that are available and affordable.

To ensure the widest possible comprehension, and enable people to ask questions, information on child health and nutrition should be shared in Rohingya and in person where possible. While a range of channels and formats will reach the widest audience, oral communication and other non-text formats should be prioritized.

We heard from a targeted sample of 31 mothers and fathers

We conducted telephone interviews in Rohingya with 16 mothers and 15 fathers between 3 and 19 July 2022. Participants were parents of children aged between two and five years resident in Camps 1E, 1W, 2E, 8W, 13, 18 and Kutupalong Registered Camp. Their ages ranged from 21 to 45 years.

³ Translators without Borders, A Healthy Discussion: Rohingya language guidance for healthcare workers, <https://translatorswithoutborders.org/wp-content/uploads/2021/10/How-Rohingya-people-think-and-talk-about-food-and-nutrition.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. TWB is a cornerstone of CLEAR Global, an initiative launched in 2021 to expand our ambition to help people get vital information, and be heard, whatever language they speak.

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