
COMMUNITY HEALTH WORKERS: THE MAIN SOURCE OF HEALTH INFORMATION FOR ROHINGYA WOMEN

Rohingya women need more health information and more options for receiving this information

Access to health care and health information is a fundamental human right. However, getting information to the women living in Rohingya camps is a daily challenge for humanitarians in Cox's Bazar. Due to restricted mobility, particularly stemming from cultural and safety concerns, many women rarely leave their homes to seek or share information.

Rohingya women often rely on people bringing information to them. Community health workers (CHWs), working with and/or mobilized by humanitarian agencies, pay regular visits to Rohingya homes in the camps, providing important health information and acting as a

bridge between the Rohingya community and health providers. Previous TWB research¹ has shown that home visits from NGO volunteers are both the most common and trusted, and the preferred way of receiving information for Rohingya women in the camps. This study explores a group of Rohingya women's perspectives and experiences of receiving health information at home and their experiences of visiting health facilities in the camps.

¹ "Getting information to Rohingya women in the camps of Cox's Bazar"
https://translatorswithoutborders.org/wp-content/uploads/2021/05/Getting-Information-to-Rohingya-Women-in-the-Camps-of-Coxs-Bazar_EN.pdf

Who we spoke to

In August 2021, TWB interviewed 28 Rohingya women aged 19 to 60 years living in camps 1E, 1W, 2E, 2W, 3, 4 and 5. The interviews explored participants' experiences and perspectives of CHWs and health facilities, and their health information needs and preferences.

Door-to-door visits from NGOs are the main and most trusted source of health information

Twenty-six of the respondents say that their main source of health information is NGO volunteers who visit their homes. NGO volunteers are trusted as they assist them with accessing health services, provide good advice, and take the time to explain things to them in their language and in ways they understand.

Overall, the 28 women interviewed are satisfied with the support provided by health workers and volunteers who visit their homes. 22 respondents report being satisfied (21) or very satisfied (1) with the assistance they provide. Three were neutral, 2 dissatisfied and 1 very dissatisfied.

Twenty-five women say their most trusted sources of health information are some NGOs, while Camp in Charge (CiC) volunteers and Women Friendly Spaces, also known as *shanti hana* ("peaceful places") were also mentioned. Conversely, respondents also consider certain NGOs to be the least trustworthy sources of information. Reasons for not trusting particular organizations include concerns of

NGO volunteers making false promises, facilities providing poor service or treatment, lack of effective referral mechanisms causing inconvenience, and staff misconduct.

However, overall NGOs still remain the most trusted source of information for women. The women told us their trust in NGOs, particularly in their volunteers, has grown over the years. This is due to the consistency and regularity of the services, the support they provide to the community, and the relationships they have built with the community through these activities, especially through regular home visits.

The relationships volunteers build with the community creates trust in them and the information they provide

Women speak of NGO workers and volunteers as people who have been working for and supporting their communities since the beginning of the crisis, and even providing comfort to them when they face difficulties. The fact that CHWs visit them in their homes is central to this relationship of trust.

"We trust the volunteers because since the beginning of our journey in Bangladesh they help us to get all the information we need. And they always stay connected to us when we have bad days."

While trust in volunteers is high among those interviewed, for some women this trust is at least in part related to the lack of other available sources of health information. Six women suggested that they have little option

but to trust the volunteers, but 5 also noted the good work the NGOs do for them.

“We trust them (volunteers) because we have no other option in the camp for getting information.”

“I trust the volunteers because we have no other option and NGOs do help us at least as much as they can.”

Women are visited regularly by volunteers and satisfaction with volunteer behavior is high

CHWs make regular visits to homes in the camps to provide women with health information. Among the women interviewed, CHWs visit their homes ranging from 4–5 days in a week to once a month. One woman says that only CiC volunteers visit her home as physical access is difficult. The volunteers generally visit in pairs, normally a man and a woman, and can be either Rohingya or Bangladeshi. They speak either Rohingya, Chittagonian or Bangla. Women report significant challenges communicating with Bangla-speaking volunteers.

Despite these and other challenges, most women interviewed are satisfied with and appreciative of the services provided by volunteers. Twenty-four of the women report experiencing good (17) or very good (7) behavior on the part of volunteers. Only 1 participant reported experiencing poor behavior from CHWs, but did not provide options.

“The Rohingya volunteers speak Rohingya but the Bangladeshis speak Bangla so the other one helps them, and sometimes when they come without Rohingya volunteers we feel uncomfortable speaking because they speak Bangla.”

Some topics cause discomfort for women during home visits

Women are more comfortable speaking about their health with female Rohingya-speaking volunteers, particularly on sexual and reproductive health matters. Some women ask male volunteers to wait outside the home when they wish to discuss certain health matters. However, this option may not be open to everyone. Given Rohingya cultural norms regarding interactions between women and men, many women may not feel comfortable asking a male volunteer to stay outside.

“Sometimes some volunteers talk with us about using condoms and they show us how to use a condom with a wooden penis. We feel very uncomfortable with this because these issues are very sensitive for us.”

Talking about some topics can make Rohingya women feel uncomfortable due to cultural and religious sensitivities. Eight respondents said they felt uncomfortable when volunteers talked to them about topics including family planning, condom use, and menstruation. Women also said their husbands disapprove of them being given advice on family planning.

“I used to have menstrual problems like heavy bleeding, and I couldn’t buy medicines

for it. I also couldn't explain my issues to the volunteers because I feel shy to talk about menstruation."

"Sometimes they tell us not to have any more babies and we feel bad because we do not like being told that."

Women experiences with volunteers during home visits are more positive than their experiences of volunteers at health facilities

More than half of women interviewed rate their experiences of health care facilities in the camps as poor (9) or fair (6), while 13 rate their experience as good (10) or very good (3).

Some women felt that volunteers' behavior towards them during home visits is much better than the treatment they receive at health facilities. They suggested that volunteers are more inclined to be respectful when entering someone's home, particularly if they need to gather information.

"They respect us when they come house to house but when we go to the health facility they behave badly towards us sometimes. They respect us when they come to us as they need information from us."

Those who report positive experiences of health facilities are satisfied with the treatment received, feeling that the medical staff were able to effectively address their medical issues. The amount and type of medicine people are prescribed influences some people's perceptions of the quality of care received. Some women complained of

only being prescribed paracetamol for conditions including fevers, back pain and allergies, while those who received different or more medicines generally speak more positively about the treatment received and say it was effective.

Some women mentioned dissatisfaction with hospitals not giving them free medicine or not prescribing enough medicine. Some complained that no treatment was provided for what were perceived as chronic illnesses. Some older women felt doctors didn't take their health issues, such as back pain, seriously enough, prescribing paracetamol but no longer-term treatment

"I had a very bad experience with a health facility. A few months ago, I went to the hospital for my allergy problem and I had to stay there in line from 8am to 3pm and then the doctor only gave me paracetamol. I still have allergy problems and didn't get any medicine from the hospital."

Money, language, and accessibility are considered the biggest obstacles to health care access

When asked about the main obstacles they face to accessing the health care they need, 8 women identified money as the greatest obstacle, 7 language barriers and 4 physical access challenges. The remainder spoke of a lack of information (2) and too few doctors (1), while 6 women did not report any obstacles.

Those who identify financial issues as the greatest obstacle report being unable to afford

medicines they need and unable to pay for specialized medical treatment for conditions such as eye problems and back pain, and for surgical operations.

Those who report language as the greatest obstacle feel that they are not able to explain their problems to the doctors and that often the doctors only speak Bangla and so don't understand them. Of the 28 women interviewed, 22 do not speak Bangla and 6 report some or minimal Bangla language ability. Some believe that this language gap results in their not receiving appropriate diagnosis and treatment.

"I think the biggest obstacle is that we are helpless because we can't speak English or Bangla."

The 4 women who report physical accessibility as the greatest obstacle to obtaining health care live some distance from the facilities (which specialized services, such as those for pregnant women). They also face challenges transporting sick and older people long distances and over difficult terrain, including when emergency care is required. Understaffing at facilities and long wait times were also mentioned as obstacles.

Challenges in accessing health information persist: women need more sources of health information

Nine women had faced difficulties accessing

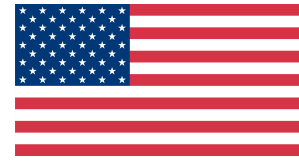
health information in the previous 12 months. Challenges include not knowing what facilities are available and where they are, not knowing where to go to get specialized medical care (including eye care or surgery), health information not reaching some harder-to-reach areas, and a lack of coordination between health providers.

Recommendations for health providers:

- Increase the amount of health information available to women through health volunteers, including information about available health services (including specialist care) and their locations
- Provide more opportunities for women to receive and request health information in appropriate spaces near their homes
- Train volunteers on appropriate processes for sharing information and handling queries about sensitive topics during home visits
- Recruit more female Rohingya volunteers to act as interpreters between women and doctors during health consultations
- Explore ways of improving older women's access to and experiences of health care



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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.

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