
GIVING BIRTH AND CARING FOR NEWBORNS IN THE ROHINGYA CAMPS

NEW AND EXPECTANT MOTHERS, THEIR FAMILIES AND TRADITIONAL BIRTH ATTENDANTS NEED MORE INFORMATION AND TRAINING

The majority of maternal and newborn deaths occur during labour, delivery, or during the first 28 days of a baby's life. The kind and quality of healthcare offered and received during this time is key to reducing potential health risks for mothers and their babies.

Over half of births in the Rohingya camps take place at home, with only the support of traditional birth attendants (*dai ma* in Rohingya). When a skilled birth attendant is present during a birth, the risk of stillbirth or death due to complications can be reduced by 20%.¹

While *dai ma* are experienced at delivering

babies, they generally have limited formal training, lack the technical skills and knowledge that health professionals have, and only have access to rudimentary equipment to assist with births. This report provides insights into new Rohingya mothers' experiences and perspectives of giving birth and their beliefs and practices relating to the care of themselves and their babies during birth and in the first month of the child's life.

Who we spoke to

In August 2021, TWB conducted in-depth semi-structured interviews with 8 Rohingya women aged 21 to 34 years, all of whom had given birth in the camps in the previous 8 months. The women live in camps 1E, 2W, 3, 4, and 6. We asked them about their experiences

¹ '3 in 4 Rohingya refugee babies are born in unsanitary bamboo shelters'
<https://reliefweb.int/report/bangladesh/3-4-rohingya-refugee-babies-are-born-unsanitary-bamboo-shelters>

of pregnancy, birth and caring for their newborn babies. TWB also conducted in-depth semi-structured interviews with 6 *dai ma* from camps 2W, 3,4, and 5 who were aged between 35 to 60 years. The interviews explored their role and experiences of assisting with pregnancies, births and the care of newborns in the camps.

First--time mothers gave birth in hospitals, others at home

Four of the new mothers interviewed have 3 children, 1 has 4 children, 1 has 5 children, and 2 women gave birth to their first child this year. Seven of the 8 women had given birth to only 1 child in Bangladesh, while the mother with 5 children had given birth to 2 children in the camps. For their most recent births, 6 women gave birth at home, while the 2 first-time mothers gave birth in a hospital. The 6 women who gave birth to their youngest child at home have also had home births for all of their previous deliveries.

Most women prefer hospital births, but those who had hospital births had mixed experiences

Although most women gave birth at home, 7 of the 8 new mothers said their preference is to give birth in a hospital and they do not believe home births are safe. Other reasons for the preference for hospital births include having access to trained medical staff, pain relief and follow-up medical care.

The one woman who prefers to give birth at home believes that home births are safe and

expressed concerns about privacy, respect for religious sensitivities and the behavior of doctors at health facilities. Her husband's reservations played a key role in discouraging her from giving birth at a hospital.

"I think home deliveries are safe because as Muslim women, we have to do everything in a conservative way. But in the hospitals, doctors do not maintain conservative values, and the doctors perform deliveries without women being clothed and they also misbehave with the patients if they scream during the delivery. I don't like these kinds of things - and this is why my husband didn't agree for me to give birth at the hospital."

The 2 women who gave birth in hospital had different experiences of the care received. One woman was positive about the care and support she received, but the other said she felt afraid and was not listened to. She also faced complications after giving birth. However, despite these challenges, she was among the 7 women who said they would prefer to give birth in a hospital.

"During my (hospital) delivery I requested a volunteer to allow my mother into the delivery room but the volunteer ignored my request. I was so afraid because I couldn't see my family members inside the delivery room."

Some women planned to give birth at a hospital but gave birth at home

Among the small group of new mothers interviewed, all women reported that

community health workers who regularly visit them at their home advised them to give birth in hospital. However, family members – particularly husbands – encouraged the women to give birth at home.

Three of the 6 women who gave birth at home said they had planned to give birth in hospital. All went into labor at home and were unable to make it to hospital for the birth. In one case her family couldn't transport her to hospital because it was late at night and it was raining.

Interviewees generally said that they waited until they began experiencing significant labor pains before they considered going to a hospital. Most indicated that they would go to hospital only if there are complications during the birth. Since it is hard to predict the time of birth when contractions begin and what complications may arise during a birth, this approach means that even women who want to give birth in hospital are often unable to make it to a facility in time.

Women have high opinions of *dai ma* and trust them

Five of the 6 women who gave birth at home used the services of a *dai ma*. The sixth woman gave birth at home on her own. When she went into labor her husband went out to bring a *dai ma* to help, and she gave birth while he was away. She noted that she had to wipe the baby and cut the umbilical cord herself.

All of the 8 new mothers interviewed said that they trust *dai ma* to look after them and their babies. They said that *dai ma* have good intentions and help pregnant women without expecting money or goods in return. *Dai ma* are often offered food or clothes to thank them for their help, but interviewees said there is no expectation of payment in any form. (Two women said that in Myanmar they had to pay large sums of money or give expensive gifts in return for *dai ma* services). Women also said that in the camps *dai ma* are reliable, coming to assist whenever they are called and delivering babies carefully and safely.

| The role of a <i>dai ma</i> in a home birth | |
|--|--|
| Notification | <i>Dai ma</i> is generally contacted by a relative of a pregnant woman when she starts experiencing labor pains. They are often aware of women who are due to give birth. |
| Preparing the room | <i>Dai ma</i> prepare a room in the expectant mother's home where men and boys cannot enter. The room is cleaned with the help of relatives of the expectant mother. A rope is tied to the ceiling of the room, with a cloth wrapped around the rope to avoid injury to the mother's hands. . A soft cloth and a towel are prepared to wrap and clean the baby after birth. |
| Preparing for complications | To prepare for unforeseen challenges or complications with the birth, family members ask other family members to have contact numbers for community health workers ready, arrange for a driver to be on standby, and inform neighbors so they can assist if needed. |
| Preparing for the birth | The woman is seated on the plastic sheet and boiling water is prepared to disinfect the blade and string (used to tie off, and cut the umbilical cord). <i>Dai ma</i> check the dilation of the cervix; they determine that labor has started when it is dilated to a width of 3 fingers. They also look for symptoms such as intense pain in the lower abdomen, back and thighs, as well as the water breaking. <i>Dai ma</i> examine the woman regularly to check the position of the baby, using their hands to see if the baby's head or legs are at the vaginal opening. If the head comes down they assume it will be a normal delivery. |
| The birth | When they judge that the delivery is imminent, they tell the woman to hold on to the rope and push frequently. Family members are normally expected to assist. Two women are asked to be on either side of the woman in labor so they can hold her or so she can lean or hold on to them. At times other women are needed to encourage the mother to push. Family members often massage the pregnant woman's waist and legs to help her cope with the labor pains. When more regular contractions begin, <i>dai ma</i> encourage the woman to keep pushing until the baby is born. Some <i>dai ma</i> try to console the woman and encourage her not to be scared or stressed and assure her that she will be able to deliver the baby safely. |
| After birth | After a baby is born at a home in the camps it is wrapped in a clean cloth or towel. The <i>dai ma</i> use a length of string to tie off the umbilical cord and a razor blade to cut it. The razor and string are placed in boiling water before use but are not sterilized. |

Equipment for home births is not sterilized, increasing the risk of infection

The table above outlines the key processes *dai ma* follow when assisting with a home birth, as described by the *dai ma* interviewed. There are set processes for preparing for a birth, including a number of steps for cases where the birth does not go to plan. However,

without adequate medical training and with limited resources, home births present a number of risks to mothers and babies, regardless of whether there are complications with the labor or birth.

The Newborn Health in Humanitarian Settings field guide, produced by the WHO, Save the Children, and UNICEF, recommends using

sterilized equipment, including gloves and implements for tying and cutting the umbilical cord. *Dai ma* report using gloves, but only when they are available, and placing the razor blade and string in boiling water to kill bacteria. While this process may be effective in killing some harmful bacteria, it is not close to the sterilization processes for equipment used in hospital settings. Additionally, in a home setting with limited facilities for effective handwashing and disinfection of other surfaces, and potential for cross contamination, women and babies are at serious risk of contracting avoidable infections during and after birth.

According to the WHO field guide, “neonatal infection usually occurs through the exposure of the unhealed umbilical cord stump to tetanus spores, which are universally present in soil”. To be protected from such infections, “newborns need to have received maternal antibodies via the placenta”. The practices interviewees describe indicate an awareness of these risks, but a lack of resources to protect fully against them.

Babies are bathed after birth, against medical recommendations

All the *dai ma* interviewed report that they bathe the baby straight after birth, some with only water and some with a mixture of water and a disinfectant, such as Dettol or Savlon. The WHO recommends delaying bathing a newborn “for at least 24 hours to prevent heat

loss and hypothermia.”²

“When the baby is born, I take out the water and bathe the baby with the family members, and wash off any impure blood with my hands.”

***Dai ma* advise women to attend a hospital if complications arise during birth**

According to the *dai ma* interviewed, when there are complications during a birth, they always recommend that women go directly to a health facility. Health workers or CiC (Camp-in-Charge) volunteers are normally the first point of call to assist with organizing transport for the mother when complications occur. As one *dai ma* noted, often it may not be possible for a woman to be transported to a facility when a problem arises and, even if they do reach a hospital, there is a chance that they may be referred to other facilities, during which time their condition can worsen.

²Newborn Health in Humanitarian Settings- field guide’ <https://www.unicef.org/media/61561/file>

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

Women have limited contact with healthcare professionals in the first month after birth

All eight women interviewed had regular checkups at health facilities during their pregnancies; most women said that they saw a doctor monthly while others did so at least four times during their pregnancy. The two women who gave birth in hospitals reported that their babies were provided with medicine and vaccines on the day they were born. Those who gave birth at home received no

medical treatment, advice or support for themselves or their babies from health professionals on the first day. Most women say that after the birth they were mainly cared for by their mothers, with some also receiving assistance from their sisters or sisters-in-law. One had help from her husband, and the 2 women who gave birth in hospital had assistance from their mother and sister respectively, as well as health staff.

In the first 4 weeks of their child's life, 2 women say they received no health care or

support. Five mothers had their babies vaccinated for tetanus only and one woman's baby received treatment after suffering from diarrhea a week after being born. One woman said that she avoided going to the hospital due to concerns about Covid-19.

Food is key to keeping mothers and babies healthy

For most of the women interviewed, maintaining a healthy diet was seen as the most important thing to do in the first month after the birth. New mothers said that eating healthy foods, particularly lots of fruits and vegetables, is key to keeping them and their babies healthy. Bathing themselves and the baby regularly, keeping the baby warm, and regular breastfeeding are also considered important.

Some foods are considered good for breast milk production

New mothers are advised by family members and *dai ma* to consume various items to increase their breast milk production. These include bitter melon, wax gourd, *shojne shak* (a kind of spinach), large fish, green bananas, apples and hot water. Some also believe eating rice with vegetables 3 times daily helps with the production of breast milk.

New mothers are encouraged to eat certain foods, particularly dried fish

In Rohingya culture, there are various beliefs about what women should and should not eat after giving birth. For those interviewed,

mothers-in-law are the most common source of dietary advice, while mothers, traditional healers and *dai ma* also give advice. As shown in recent TWB research³, in normal circumstances dried fish is unpopular and considered by many Rohingya people to be unhealthy. However, after birth, the most common food that women are encouraged to eat is dried fish – *fauna mas* in Rohingya.

All 8 women interviewed reported eating large amounts of dried fish, often with red chilli, in the days after giving birth. All women reported eating dried fish for at least 2 days after giving birth, while others ate it for many weeks. New mothers have been told that eating dried fish has health benefits for both mothers and newborns, particularly helping the uterus to heal and “dry”, speeding up the process of the baby's navel drying, and protecting the baby from diarrhea and allergies.

Women are discouraged from eating various foods which are believed to harm their babies

There are also various foods which women are told to avoid after giving birth. The table overleaf outlines what foods new mothers said they have been told not to eat after giving birth and the reasons why they think these foods should be avoided. The general belief is that these foods will harm the baby through the breast milk, particularly causing allergic reactions, diarrhea and sores.

³ 'How Rohingya people think and talk about food and nutrition' <https://translatorswithoutborders.org/wp-content/uploads/2021/09/How-Rohinga-people-think-and-talk-about-food-and-nutrition-August-29-2021.pdf>

Foods Rohingya mothers believe they should avoid and why

| Food | Reason to avoid |
|---|---|
| Green chillies, okra, pumpkin, spinach, <i>arum</i> leaves, eggplant, beans, beef | Babies will develop allergies, sores and diarrhea. |
| Small fish | The baby will smell bad. |
| Fish, lentils | The baby will get diarrhea and won't be able to sleep. |
| <i>Hilsha</i> fish and prawns | Babies will develop allergies. Prawns should be avoided for 1 year after birth. |
| Oily food | The uterus will become infected if oily food is eaten. |

There are rules about breastfeeding

In Rohingya culture, there are various beliefs and traditions regarding what new mothers should and should not do following a birth. The new mothers we spoke to outlined some of the rules which they followed in the early days of their children's lives.

Women are advised not to breastfeed in front of people (particularly men) and not to breastfeed without covering the mother's head. Some are instructed not to feed their babies in front of a door to avoid being seen. They are also advised that their husbands should not see their breasts after childbirth and that they should not breastfeed in front of their husbands as this may cause their breasts to swell.

New mothers have restrictions on movement and activities

New mothers are often advised that they are not allowed to leave the home for the first 40 days after birth, particularly when a new moon is observed. And, for at least 1 week after giving birth, women are often barred from entering a kitchen to cook as they are thought to be "impure" after giving birth.

Women are also advised not to have sex with their husbands after the birth, for periods ranging from 40 days to 5 months after childbirth.

If people come from outside the home to see the baby, they must pass their hands over fire (generally a small fire burning in a pot outside the front door) before they can touch the baby. As was the case for the women we

interviewed during pregnancy, after giving birth they were advised not to go outside at night time for any reason, including to go to the toilet. If they must venture outside they should carry fire or an iron rod or nail, otherwise *jinn* (bad spirits) may attack them.

Women want more information and want to receive it from community health volunteers

Although all 8 new mothers interviewed said that they felt they had all the information they needed to prepare for their most recent birth, they said that they wanted to know more about the following:

- Foods that may cause babies to have allergic reactions
- Information about birth control
- The benefits of feeding honey to the baby right after birth
- How to have safe home deliveries and information about how to stop excessive bleeding during delivery
- How to protect a newborn from diseases
- Home remedies and medicines to prevent and stop convulsions
- How to protect children from pneumonia after the birth

All the women said that they prefer to receive information from community health workers, speaking in Rohingya, face-to-face in their

homes or at meetings in women-friendly spaces.

Recommendations for health providers:

- Continue efforts to educate and inform expectant mothers and their husbands and families about the dangers of home births, particularly through home visits by community health workers.
- Focus information sharing efforts on encouraging women to develop delivery plans which involve arrangements for them to be admitted to a health facility at the earliest possible stage of labor.
- Explore ways of providing *dai ma* with better access to suitable and safe equipment to assist with home births.
- Provide *dai ma* with training on safe birth practices, including disinfection, sterilization and appropriate care for newborns.
- Consider ways to improve the cultural appropriateness of maternity facilities, including allowing family members to be present and addressing privacy concerns.
- Explore ways of increasing opportunities for expectant and new mothers to seek and receive information about pregnancy, birth and the care of newborn babies.



Translators without Borders

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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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