Global Journal of
Addiction & Rehabilitation Medicine
ISSN: 2573-2447

Juniper Publishers
key to the Researchers

Review Article
Volume 7 Issue 1 - September 2023
DOI: 10.19080/GJARM.2023.07.555710

Glob J Addict Rehabil Med

"Health Means Just to Live" At the Rohingya Camps of Bangladesh: A Culture-Centred Intervention

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Submission: August 22, 2023; **Published:** September 05, 2023

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Abtract

Rohingyas are considered the most persecuted refugee community of the world. The Rohingya refugee crisis has been shaped by more than four decades of organized hate, state-led persecutions, and violence with the active production of statelessness. The exodus of Rohingyas from the Rakhine state of Myanmar towards the neighbouring Bangladesh started in 1977, just after 6 years of its independence. With the latest exodus in 2017, now there are more than 1.6 million Rohingyas living in Bangladesh. Among them around one million Rohingyas have been sheltering in 33 congested refugee camps of Cox's Bazar, a South-Eastern district of Bangladesh. Drawing on the Culture-Centred Approach (CCA), this ethnographic article explores the meanings of health among the Rohingya refugees living in various camps of Cox's Bazar, Bangladesh. This manuscript reports on 53 in-depth interviews of the Rohingyas living in the camps, participant observations, and a systematic analysis of the literature (both published and grey). In this essay, we argue that living through the aid assistance from the international agencies, the meanings of health to the Rohingya refugees is 'just to live, without any hope.'

Keywords: Health; Rohingya; Refugee; Refugee camp; Refugee health; Cox's Bazar

Introduction

The Rohingyas are an ethnic minority Muslim group, who have lived for centuries in the Rakhine state of Myanmar [1]. One of the South-East Asian states, Myanmar (previously called Burma) got its independence in 1948 from the British [2]. It is the largest country in Mainland Southeast Asia, with a total population of 54 million [3,4]. Before the latest exodus of Rohingyas in 2017, the majority of Rohingya people, estimated one million, lived in Rakhine State [5]. Now only an estimated 600,000 Rohingyas remain in Myanmar – including more than 140,000 living in IDP camps [6]. Historians believe Rohingyas lived in the Independent Kingdom of Arakan, now known as Rakhine state of Myanmar, since the 7th or 8th century [7,8]. It is believed that Rohingyas came in contact with the religion of Islam through the Arab and Persian traders [9]. Some researchers observed that the term 'Rohingya' came from the Arabic word 'Raham' meaning sympathy [10].

After the independence of Myanmar, the Rohingya people have had some sorts of citizenship rights but when the Army came in power in 1962, Rohingyas' generation-long misery started [11]. The military junta suspended the 1947 constitution on which the new country (Burma) was born and introduced a new one in 1974 [8]. Based on the 1974 constitution, the military authorities disqualified many Rohingyas as Burmese citizens [12,13]. The military authorities then enacted the 1982 Citizenship Act, which completely denied the Rohingyas' citizenship rights and made them foreigners in Myanmar [14-16]. The 1982 Citizenship Act also divided the population of Myanmar into 135 ethnic groups, however, Rohingyas were not included in any official ethnicity of Myanmar [17,18]. As a result, since 1982, losing the nationality or identity, the Rohingya communities have been living in Myanmar in denial of the "right to have rights" [19,20].

A chronology of Rohingya statelessness is given below:

1948 : Full citizenship of Rohingyas with National Registration Certificates (NRCs)

1962 : Since November 5, 1962, no NRCs were issued to Rohingyas

1974 **:** Foreign Registration Cards (FRCs) were given designating Rohingyas as non-nationals under the Emergency Immigration Act

1982 **:** Rohingyas became stateless with the enactment of the Citizenship Act. Three categories of citizens: full citizens, associate citizens, and naturalized citizens was introduced based on 135 recognized races.

1982 to today: Rohingyas are stateless without any legal citizenship document.

Source: Own data file compiled from multiple sources [21-23]

In 1962 when the Myanmar military came to power, Rohingyas started to lose their various rights in Myanmar [24]. After coming to power, the Myanmar military made the lives of Rohingyas difficult in Myanmar and with the enactment of Citizenship Act 1982, Rohingyas became totally stateless within their state [25]. It is now more than 40 years, Rohingya community does not have any legal document of citizenship. As a result, Rohingyas are now the largest stateless community of the world [26,27]. Since the 1970s to today, facing the discriminatory policies of Myanmar's government and decades long abuse and persecutions, hundreds of thousands of Rohingyas continue to flee their homes [28]. Fleeing from their motherland by state-sponsored targeted persecutions, Rohingyas have sought refuge in neighbouring countries such as Bangladesh, Malaysia, Cambodia, Thailand and India [29,30,5,31]. The total Rohingya population worldwide is now an estimated over 3.5 million and the majority of them are totally stateless and do not have any legal identity document, even refugee status [32,33].

Though Rohingyas became stateless in 1982, their exodus towards Bangladesh started in 1977. At that time, Myanmar Army launched a national drive to register citizens, considering Rohingyas as illegal citizens that drove more than 250,000 Rohingyas into Bangladesh [34,35]. In 1982 becoming stateless, the Rohingyas lost all sorts of human rights in Myanmar that compelled them forced migration or forced displacement [36,37]. With denied citizenship rights, Rohingyas were subject to government-sponsored discrimination, detention, violence, torture, mass rapes, that causing several waves of mass exodus towards Bangladesh [38,39]. The Rohingya waves to Bangladesh occurred in 1977-1978, 1991-92, 2012, 2016 and continued [40]. The latest and largest Rohingya exodus occurred in August 2017 that resulted in more than 700,000 pouring to Bangladesh within four months [41].

In September 2017, a Washington Post Journalist mentioned that "more than 140,000 Rohingya Muslims have fled violence in Burma over the past 10 days, carrying with them whatever they can on the perilous journey to Bangladesh and arriving hungry, injured and afraid" [42]. The 2017 exodus is the largest exodus with more than 90 percent of Rohingyas having been forced to flee their homeland and it was the largest human exodus in Asia since the Vietnam War [43,44]. As a result of several exodus towards Bangladesh including the largest 2017 one, now there are more than 1.6 million Rohingyas staying in this country [45-47]. Among them around one million Rohingyas are being sheltered in various camps of Cox's Bazar since 2017, designated by the Government of Bangladesh as FDMN [48,49]. The rest of the Rohingyas are distributed throughout the country, and some are already integrated [50]. In the refugee camps of Bangladesh, although the Rohingyas do not be afraid of their lives as that of their position in Myanmar, however, they are living in desperate unhealthy conditions in overcrowded, makeshift camps [51].

Literature Review

Having no citizenship right, Rohingyas are denied their right to own property, marry and freedom of movement in Myanmar till today [52,53]. "For the Rohingya, this sweeping and selective denial of rights has resulted in abysmal health outcomes" [54]. Rohingya births are typically unregistered in Myanmar, and the kids do not have any access to essential childhood vaccinations [55]. In Myanmar, more than 80% of Rohingyas predominantly relied on traditional village doctors, paramedics or pharmacy shopkeepers for their medical care [56]. Acute malnutrition, child mortality, and maternal mortality are higher for Rohingyas while they were in Myanmar [57]. In 2009, an FAO survey found that 60% of Rohingya children under 5 years old were moderately underweight and that 27% were severely underweight [58]. In Myanmar, since 1982 to today Rohingyas are deprived of basic rights such as access to health services, education and employment. The illiteracy rate among the Rohingyas is very high, a staggering 80% of Rohingyas are illiterate [59,60].

After the recent arrival of Rohingyas in 2017 in Bangladesh, around 150 national and international agencies have responded to ensure the basic health needs of the displaced Rohingyas [48,61]. As of August 2023, there are 954,707 Rohingya refugees living in 33 Rohingya makeshift camps of Cox's Bazar [62]. The health professionals working for the Rohingya refugees are approximately 3.07 physicians and two nurses per 10,000 Rohingyas [62] which is lower than the national average of 5.26 physicians per 10,000 Bangladeshis [63]. The health sector of Rohingya camps comprises 36 primary health care centres (PHCs), 140 Health Posts (HPs), nine sexual and reproductive health centers, and 25 other specialized care centers which may vary from time to time [62]. Besides, there are five field hospitals run by non-governmental organizations (NGOs) and foreign governments with a total of 340 hospital beds (5.7 beds per 10,000 population) and up to 630 hospital beds when needed (10.5 per 10,000 population) [64]. However, still Rohingyas living in the Bangladesh camps are struggling with various health challenges like crowded and unhygienic living conditions, limited WASH (water, sanitation, and hygiene) facilities, scarcity of safe drinking water, with no hope for a better future.

How to cite this article: Md Mahbubur R. "Health Means Just to Live" At the Rohingya Camps of Bangladesh: A Culture-Centred Intervention . Glob J Addict Rehabil Med. 2023; 7(2): 555710. DOI: 10.19080/GJARM.2023.07.555710

CCA to Refugee Health

The Culture-Centred Approach (CCA) is a health communication framework that works for the marginalised community of the world by engaging the community to find out the relevant solutions of the problems they faced [65]. The Rohingya refugee community is the true example of the marginalised community as they are living for decades without citizenship rights. The CCA works through culture, structure and agency where culture always interacts with structures to form the very basis of agency [66]. In CCA cultural contexts are the entry points of theoretical insights to describe any community-led solutions experienced by marginalized community like the Rohingya refugee community [67]. Dialogue between researchers and participants appears as the emerging tool in CCA where lived experiences of the participants are used to find out the community-led solutions [66]. CCA seeks to reverse the erasures of marginalised community by narrating lived experiences shared through co-constructive dialogues between researchers and participants [69]. CCA believes listening as the entry points to addressing the needs of a marginalised community like the Rohingya refugees [70]. By listening the voice of the marginalised people like the Rohingya refugees, their problems could be articulated that helps in identifying community driven solutions [66].

Data collection and Analysis

The required information of this article has been collected from both primary and secondary sources. Primary information has been gained by the author through a qualitative field study conducted in Rohingya Refugee Camps of Cox's Bazar, Bangladesh, in December 2021-January 2022 through which 41 in-depth interviews of Rohingya people and some focus group discussions have taken place. Besides, the author visited Rohingya refugee camps in February 2020 and collected 12 in-depth interviews of the Rohingya refugees living there. The author also visited and talked to the Rohingya refugees as a journalist to cover the Rohingya camp visit programme of UN Secretary General Antonio Guterres in July 2018. Since 2017 the author has been working with the Rohingya refugee crisis first while he worked as a Journalist in Bangladesh Television from August 2017 to February 2020. Then from March 2020 to today, he has been dealing with the Rohingya refugee people living in New Zealand while working as a Research Assistant of CARE (Centre for Culture-Centred Approach to Research and Evaluation), Massey University.

In two field visits at the Rohingya refugee camps of Cox's Bazar, Bangladesh, 53 face to face individual interviews of the Rohingyas were conducted by the author. Each interview lasted between 30 minutes and 90 minutes. All the interviews were audio recorded with the consent of the Rohingya participants. Then the interviews have been translated and transcribed by the author to get the texts. Then the textual data has been analysed using co-constructivist grounded theory [71]. This involves an iterative process of going back and forth through the data, engaging in the reflective process of memo writing, field notes observation and cross- checking to find out the codes. The texts of the interviews were coded line-by-line to identify concepts before forming relationships between the concepts, and then providing themes for theoretical integration.

Findings

Rohingya participants indicated that they are reluctant with their health as they are always wary about their basic needs after fleeing from Myanmar to Bangladesh. The meanings of health to them is just to live, take shelter, move freely and even a life without fear. Rohingya refugees living in the camps do not have any proper idea about their health or healthcare. When asked about their health needs or the availability of healthcare facilities in the camps, they could not answer properly. Even when asked what the main disease suffered by you, the Rohingyas replied "We do not know." Rather they answered, "we only would like to live saving our lives."

Our in-depth analysis identified five predominant themes: (1) Health is just living, (2) Health is just taking shelter, (3) Health means living without any harassment, (4) Health means managing foods for living (5) Health means living without any disease.

Health is just living

During the in-depth interviews, the Rohingya refugees living in the Bangladesh camps answered that health means to them just to live with freedom as they have been living without any freedom in Myanmar for generations. Though the Rohingyas are not allowed to leave the camps of Bangladesh, still they feel far better compared to their previous life in Myanmar. A Rohingya male who came to Bangladesh in 1991 observed when he came to Bangladesh, at that time health meant to him just saved his life, but now health means to him to live with no disease. He mentioned:

I came to Bangladesh in 1991. Though I am not a registered refugee, but Bangladesh Govt. gave me shelter to live with security and provided me shelter. When I came in 1991 at that time health meant to me is just to live. But now health means to me proper living with no disease, with proper healthcare facilities **[Rohingya Male, 60 Years old]**.

After staying for more than five years in the Rohingya camps of Bangladesh, a Rohingya woman observed that she still feels health is just living. Though she observed that health means to her living without any disease. She mentioned:

I think health means just living. As we are in a position that we do not find any job to live rather to live only on food ration and so health means to me just living by taking food. Again, health means living peacefully without any disease though it is not possible here in the camps **[21 years old Rohingya female, born in Bangladesh camps]**.

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Health is just taking shelter

Rohingya respondents gave the testimonies of massacres of villagers, burning of homes, sexual violence, and attacks on relatives which are still prominent in their lives and put pressure on their mental health. They mentioned that 4-20 days were needed during their precarious journey to come to Bangladesh, and they could not take any belongings with them during their flight. All of them stated that they could manage to flee from their motherland only with the clothes they were wearing. Rohingya refugees living in the camps of Cox's Bazar, Bangladesh conveyed their greetings to the Bangladesh Government for giving them shelter. They mentioned that if Bangladesh Govt. did not open the border in 2017 then, they did not have any alternative to die with the hands of Myanmar Army. They said though their living conditions are not good in the camps but with the generosity of Bangladesh and its people they could manage to get shelter and save their lives.

A Rohingya male who fled in 2017 observed as:

We came from Myanmar and Bangladesh Govt. helped us a lot. If the Bangladesh Govt. did not extend their cooperation, then we could not enter Bangladesh. Bangladesh Govt. saved our lives. If Bangladesh did not open its Border, if Bangladesh Muslims did not support us then we could not reach Bangladesh and did not get shelter. At that time getting shelter was our priority and meant everything for our lives and health. **[Rohingya male, 42 years old]**

Another Rohingya male observed, by getting shelter, their lives have been saved. He mentioned to the author as:Health means to me is just living through getting shelter. Because our lives were in threat in Myanmar. We fled from our motherland just with a cloth to save our lives. Alhamdulillah we are now in good and peaceful condition in Bangladesh and getting shelter here, our lives are saved. Still, we have had some tensions for our future **[Rohingya male, 29 years old]**.

Among the Rohingya refugees there are around 500 Hindu Rohingya individuals living in Cox's Bazar refugee camp area. Their living area is separated from other camps. The author has got the opportunity to visit the Hindu Para and talk with the Hindu Rohingya refugees. A Hindu Rohingya has been frustrated to live in the same place for the last five years. He observed as: Now the Hindu Para (Hindu camp) is also gheraoed by the wired fencing. Every year the population increases but no extra space is given to us. We are bound to live within this area. Only giving food in one's belly is not enough for anyone's life or health. No recreation facility is present here, but we are just living somehow. In the case of health, it is just refugee life without any hope **[Hindu Rohingya male, 37 years old]**.

Health means living without any harassment

Harassment and/or abuse was very common for Rohingyas while living in Myanmar, so the Rohingyas living in Bangladesh camps believe health means to them living without any abuse or harassment. One of the aged Rohingya observed:

The aid workers provide us with food. We are living here peacefully with a healthy life. It is a much better place than the place where we lived in Myanmar. Because nobody intentionally harassed us here in the camps. In Myanmar at every step, we were harassed by the Myanmar Authority, local Buddhist people. So, living without any harassment means health to me **[Rohingya Male, 60 years of age]**.

Many Rohingya people lost their relatives during the 2017 violence against them. According to a report by the Ontario International Development Agency (OIDA), nearly 24,000 Rohingyas have been killed by the Myanmar security forces in 2017 [68]. As a result, those who could survive from the genocide, meanings of health to them just to subsist. A Rohingya male described as:

My relatives have been killed by the Myanmar Army. When we started to leave our homes, they also continued to burn our houses. The Rohingyas were also killed when they started to cross the border. They (Army) tortured and raped our mother-sisters, killed our brother-sisters. They also threw our children in the water and fire to kill them. Here in Bangladesh, we get shelter and could save our lives. Fleeing from Myanmar and living here in Bangladesh means everything or means health to us as no one harasses us here **[Rohingya Male, 42 years old]**.

Health means managing food for living

All the Rohingya participants cited that they spent their time idle in the camps as they are not permitted to do any job outside of the camps. The Rohingya refugees have confirmed that they do not have any job and are totally dependent on the relief and aid provided by the local and international stakeholders. Some of the Rohingyas mentioned they could manage some works performed within the camps offered by some NGOs or international donors which sometimes help them to earn a little. The Rohingya refugees are too busy to manage food and clothes for their living in the camps. So, when we talked about health, they replied that they do not have any idea how they could manage good health as their main thinking is to manage food for survival. One of the Rohingya refugees replied, "we are busy with our living needs, not with our health."

A Rohingya male observed: We are getting food ration from WFP (World Food Program) and the small family of 4-5 members is living more or less well but the larger family with 6-7 members are facing difficulties with the ration given by the aid organizations. No, we generally do not do any work here in the camps and we do not have the permission to go outside of the camps. Some work may be done by us inside the camps offered by the NGO, school etc **[Rohingya male, 39 years old]**.

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A Rohingya male who is staying in the Bangladesh camps for the last five years observed that they are totally dependent on food ration, though that is not enough for their living. He observed, if food ration is stopped, they will die and so health means to him managing food for life. He observed: Food ration is not enough for our living. But that is only the source of our living. We do not have any opportunity for work, camps are gheraoed by wired fencing and no opportunity to go outside. If we do not get the food ration, then we all will die without taking any food. So, to me, health is managing food in the overcrowded camps **[Rohingya male, 38 years old]**.

Health means living without any disease

The Rohingya refugees who stayed in the Rohingya camps for years, observe that health means to them living without any disease. Before fleeing to Bangladesh, the Rohingyas could not find any health professional for the treatment of the disease [72]. In the camps of Bangladesh, though there is scarcity of medical professionals, Rohingyas have some alternatives like to visit the field hospitals or even could have gone outside of the camps for better treatment.

So, they could now think, health means living without any disease. One Rohingya female who was born in the refugee camps of Bangladesh cited: I think health means living without any disease. When a person can live with an appropriate supply of food, healthcare needs, recreation facilities then his/her health becomes normal. But we get the same items of food, poor healthcare facilities and no recreation activity and so our health is not in good condition. Again, living in a refugee life, anybody's health will deteriorate automatically, I believe **[23 years old Rohingya female, born in Bangladesh camps]**.

Another Rohingya female who came to Bangladesh in 2017, observed that she also believes, health means freeness of any disease. However, she observed that it is very difficult to become free of any disease in the camps because of the poor drainage system and congested living conditions. She mentioned: I think health means living without the attack of any disease. But here in this shelter it is difficult to manage our health. We are frequently attacked by diseases. And I think the bad smell of latrines and poor drainage systems are adversely affecting our health, though there is no alternative **[Rohingya female, 25 years old]**.

Discussion

The overall health and hygiene situation in the Rohingya camps is still poor. Significant public health risks of Rohingya refugees are due because of the overcrowded living conditions and poor water, sanitation, and hygiene (WASH) practices at the camps [73]. Bangladesh Government along with its development partners have tried to provide basic services such as shelter, food, water, sanitation, access to healthcare to meet the basic needs of such a huge population of Rohingya refugees [73,74]. However, despite significant progress, till today the Rohingya refugees struggle to live in the overcrowded refugee camps of Bangladesh [51]. One of the Rohingya male observed, "it is the life of a Musafir (stranger). We get the aid from the Govt. of Bangladesh/Int. agencies. What we need we get 50% of our requirement and by this 50% we somehow lead our lives in the camps."

It is very difficult to maintain the health of the Rohingyas as they are living in congested camps with 40,000 people per square kilometre [75,76]. Again, the health conditions of the Rohingya refugees have been made worse by the COVID-19 pandemic period as they were always in fear of the disease and they did not have enough protective measures [77]. It is to be said that there have been consistent efforts towards improving health facilities by the agencies, capacity building of medical personnel; and preparation to combat disease outbreaks at the Rohingya camps. However, it is not reflected in the Rohingya articulation. The respondents said that they always face shortage of healthcare facilities at the camps. One Rohingya cited as: "The health facilities are not enough in the camp area. We need more healthcare facilities. The serious diseases like diabetes, blood pressure etc. do not have any treatment facility here in the camps."

During the Rohingya camp visit by the author it was found that there is hardly any window in the small houses/shelters of the Rohingya people. The smoke, caused by cooking inside of the houses as well as in the camp, may be prone to respiratory diseases of the Rohingyas. It was also found that sanitation is one of the major problems for the Rohingya refugees who are living in different camps of Cox's Bazar. Only a single toilet (latrine) is dedicated to 7-10 families or over 40 individuals. There is no gender segregation for the toilets that makes life even harder especially for girls and women. Again, because of space shortage in the camp areas, latrines were often built near one another as well as too close to shelters and water points. A Rohingya female observed, "there is no specific latrine for the female. But male female all of us use the same latrine. Again, the bad smell from the latrine often comes out that creates problems and affects our health."

If we consider the overall scenario of Rohingya refugee camps, then it is observed the Rohingyas are living with limited healthcare facilities. Their health is totally dependent on the aid as they do not have any opportunity of work and they are not allowed to go outside of the camps. Again, any decision regarding their health has been taken without the active participation of Rohingyas living in the camps and they are the passive users of any decision taken by the local or international agencies. Though the Rohingyas do not have proper idea about their health, however they observed they could do nothing to maintain their health and wellbeing as they do not have any income source. A Rohingya youth (25 years old) observed, "We are just living within the camps. We cannot go outside of the camps as per the direction of Bangladesh Govt. Inside the camp there is no/a little job opportunity. As a result,

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more than 98% of Rohingyas are now jobless and wasting time without doing anything."

Conclusion

Bangladesh is still in its position to treat the Rohingya crisis as a short-term challenge, focusing on the importance of repatriation and refusing to engage in multi-year planning for Rohingya refugees [78-80]. As a result, long term context-specific strategies and a multi-stakeholder approach could not be taken to address the health problems or overall wellbeing of the Rohingya refugees living in Bangladesh. It is also essential to understand the knowledge, attitude, and views or voices of the Rohingya population regarding different health events, as well as their culture, beliefs, and norms of health seeking behaviour, to increase the utilization of health care services at the camps [81]. A Rohingya male who has been staying in the camps since 2017 observed, "we can only learn about any decision taking about us. No NGO or Govt./international agencies call us or discuss with us, rather they take decisions on their own."

The Governments of Bangladesh and Myanmar and UN agencies—all have made official statements that the ideal solution to the Rohingya refugee crisis lies in the repatriation of Rohingyas to Myanmar. However, none of the three repatriation agreements that have been signed between Bangladesh, Myanmar and UN agencies formally include the Rohingya refugees or even mention the name 'Rohingya' [82]. Any decision-making process about Rohingyas, whether with respect to services like health, relocation or repatriation fails to include the Rohingya representation [83]. Now it is the demand of all that, Bangladesh and all its development partners must let the Rohingya speak for themselves for their rights [83]. Amnesty International in its 2020 report "Let us speak for our rights," highlights the voice of Rohingya refugees about their access to health care [84]. Culture Centred Approach (CCA) also believes that without having a voice, no solution for health can be fulfilled by the 'margins of the margins' Rohingya refugee community [85].

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How to cite this article: Md Mahbubur R. "Health Means Just to Live" At the Rohingya Camps of Bangladesh: A Culture-Centred Intervention . Glob J Addict Rehabil Med. 2023; 7(2): 555710. DOI: 10.19080/GJARM.2023.07.555710

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DOI: 10.19080/GJARM.2023.07.555710