

Breaking Barriers: Addressing STI Healthcare Access Challenges among Rohingya Refugees in Bangladesh

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ABSTRACT

Background: The Rohingya refugee crisis, stemming from Myanmar's Rakhine State, has led to a significant displacement of nearly a million Rohingya seeking refuge in Bangladesh's Cox's Bazar district. Among the myriad health challenges faced by this population, Sexually Transmitted Infections (STIs) present a pressing concern. The study aimed to explore the burden of STIs among Rohingya refugees in Cox's Bazar, Bangladesh, by examining the prevalence of STIs, associated risk factors and access to healthcare services.

Materials and methods: A cross-sectional study was conducted from January to December 2023, involving 150 Rohingya refugees residing in refugee camps in Cox's Bazar. Data collection included demographic characteristics, STI symptoms, healthcare-seeking behavior, perceived barriers to healthcare access and access to transportation. Descriptive statistics, bivariate correlation analysis and logistic regression were employed for data analysis.

Results: Preliminary findings revealed a high prevalence of STI symptoms among Rohingya refugees, with 20.0% experiencing genital ulcers, 33.3% reporting vaginal discharge and 26.7% suffering from painful urination. However, only 46.7% sought treatment from healthcare providers, with perceived barriers such as financial constraints (40.0%) and lack of awareness (26.7%) hindering access to healthcare.

Conclusion: By shedding light on the complex interplay of demographic, socioeconomic and healthcare-related factors, this study contributes to a deeper understanding of the health challenges faced by displaced populations and underscores the importance of tailored healthcare strategies in humanitarian settings.

Key words

Healthcare; Rohingya; Refugees; STI.

Introduction

The Rohingya refugee crisis, originating from Myanmar's Rakhine State, has led to one of the largest and most protracted displacement situations in recent history. Fleeing violence, persecution and human rights abuses, nearly a million Rohingya have sought refuge in

neighboring Bangladesh. This mass exodus has placed immense strain on humanitarian resources and infrastructure in Cox's Bazar, where the majority of refugees are now concentrated. While efforts have focused on providing essential services such as food, shelter and medical care, the health needs of Rohingya refugees remain complex and multifaceted. Among the various health challenges facing Rohingya refugees, the prevalence of Sexually Transmitted Infections (STIs) emerges as a pressing concern.¹⁻³ The precarious living conditions, overcrowded camps and limited access to healthcare exacerbate the risk of STIs among this vulnerable population. Additionally, reports of gender-based violence and sexual exploitation further compound the risk, particularly for women and girls. The situation is further exacerbated by the high prevalence of STIs in Myanmar, where inadequate healthcare infrastructure and social stigma contribute to underreporting and underdiagnosis. This backdrop underscores the importance of addressing STIs among Rohingya refugees in Bangladesh. However, despite the evident need, comprehensive data on the prevalence, incidence and determinants of STIs among Rohingya refugees remain scarce.^{4,5}

Against this backdrop, this study aims to explore the

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burden of STIs among Rohingya refugees in Cox's Bazar, Bangladesh. By examining the prevalence of STIs, associated risk factors and access to healthcare services, the study seeks to inform targeted interventions and policy responses to mitigate the impact of STIs on the health and well-being of Rohingya refugees.¹⁻⁵ In doing so, the study contributes to a deeper understanding of the health challenges facing displaced populations and underscores the importance of tailored healthcare strategies in humanitarian settings.

Materials and methods

A cross-sectional study was conducted among Rohingya refugees residing in Bangladesh to investigate factors influencing healthcare-seeking behavior, STI symptoms and access to healthcare services. The study was carried out from January to December 2023 in Rohingya camp, Ukhia, Cox's Bazar. The study included Rohingya refugees residing in refugee camps in Cox's Bazar, Bangladesh. A total of two camps were selected for the study. The inclusion criteria comprised non-pregnant and non-lactating women of reproductive age (18-50 years). A sample size of 150 participants was determined using a convenience sampling method. Data collection were carried out from January to June 2023. Trained interviewers administered structured questionnaires to collect information on demographic characteristics, STI symptoms, healthcare-seeking behavior, perceived barriers to healthcare access and access to transportation. Information on participants' age, education level, marital status, and socioeconomic status were also obtained. Descriptive statistics such as frequencies and percentages were used to summarize categorical variables. Bivariate correlation analysis was conducted to explore relationships between demographic variables, STI symptoms, healthcare-seeking behavior and perceived barriers to healthcare access. Logistic regression analysis was performed to identify significant predictors of healthcare-seeking behavior among Rohingya refugees. Statistical significance was set at $p < 0.05$. Informed consent was obtained from all participants before data collection. Confidentiality and anonymity of participants were ensured throughout the study.

Table I Demographic Characteristics, STI Symptoms, Healthcare-Seeking Behavior and Access to Healthcare among Rohingya Refugees in Bangladesh (n=150).

Variable	Category	Frequency (n)	Percentage (%)	Correlation (r)	p-value
Demographic Characteristics					
Age Group	21-30 Years	50	33.3		
	31-40 Years	60	40.0		
	41-50 Years	40	26.7		
Education Level	Illiterate	90	60.0	-0.35	<0.01
	Primary	50	33.3		
	Secondary	10	6.7		
Marital Status	Married	130	86.7	0.25	<0.05
	Unmarried	20	13.3		
STI Symptoms					
Genital Ulcers		30	20.0		
Vaginal Discharge		50	33.3		
Painful Urination		40	26.7		
Genital Itching		30	20.0		
Healthcare-seeking Behavior					
Visited Healthcare Provider		70	46.7		
Self-medication		50	33.3		
Did Not Seek Treatment		30	20.0		
Perceived Barriers to Healthcare Access					
Lack of Awareness		40	26.7		n=190 due to multiple response
Financial Constraints		60	40.0		
Cultural Beliefs		20	13.3		
Language Barriers		30	20.0		
Distance to Healthcare Facilities		40	26.7		
Access to Transportation					
Yes		110	73.3		
No		40	26.7		
Socioeconomic Status (SES)	Low	80	53.3		
	Middle	50	33.3		
	High	20	13.3		
Previous STI History	Yes	70	46.7	0.30	<0.01
	No	80	53.3		
Access to Healthcare Information	Yes	100	66.7	0.25	<0.05
	No	50	33.3		

Table I provides a comprehensive overview of demographic characteristics, STI symptoms, healthcare-seeking behavior, perceived barriers to healthcare access and access to transportation among Rohingya refugees in Bangladesh. The table reveals that the majority of refugees were aged 31-40 years (40.0%), with a significant proportion falling within the 21-30 years age group (33.3%). Education-wise, the majority had no formal education (60.0%), followed by those with primary education (33.3%). Marital status data indicate that most refugees were married 130 (86.7%).

Regarding STI symptoms, notable percentages experienced vaginal discharge (33.3%) and painful urination (26.7%). Healthcare-seeking behavior varied, with 46.7% of refugees visiting healthcare providers, 33.3% resorting to self-medication and 20.0% not seeking treatment. Perceived barriers to healthcare access included financial constraints (40.0%) and lack of awareness (26.7%). Access to transportation was prevalent among 73.3% of refugees.

Discussion

The study conducted a comprehensive examination of the factors influencing healthcare-seeking behavior among Rohingya refugees in Bangladesh, revealing significant insights into their health-related experiences. Analysis of demographic characteristics indicated that out of the total sample of 150 refugees, 33.3% fell within the 21-30 age group, while 40.0% were aged 31-40 and 26.7% were aged 41-50. Regarding education levels, 60.0% had no formal education, 33.3% had primary education and 6.7% had secondary education. Marital status data showed that 86.7% of the refugees were married, while 13.3% were unmarried. Assessment of STI symptoms revealed that 20.0% experienced genital ulcers, 33.3% reported vaginal discharge, 26.7% suffered from painful urination, and 20.0% had genital itching. Healthcare-seeking behavior among the refugees varied, with 46.7% visiting healthcare providers, 33.3% resorting to self-medication and 20.0% not seeking treatment. Perceived barriers to healthcare access included lack of awareness (26.7%), financial constraints (40.0%), cultural beliefs (13.3%), language barriers (20.0%), and distance to healthcare facilities (26.7%). Access to transportation was a significant determinant, with 73.3% having access, while 26.7% did not. Socioeconomic status also played a role, with 53.3% classified as low SES, 33.3% as middle SES and 13.3% as high SES. Logistic regression analysis revealed that education level ($p < 0.01$), marital status ($p < 0.05$), previous STI history ($p < 0.01$) and access to healthcare information ($p < 0.05$) were significant predictors of healthcare-seeking behavior among Rohingya refugees. These findings highlight the complex interplay of demographic, socioeconomic and healthcare-related factors shaping healthcare access and utilization within the Rohingya refugee community.

Conclusion

The study reveals a significant burden of sexually transmitted infections (STIs) among Rohingya refugees in Cox's Bazar, Bangladesh, with a high prevalence of STI symptoms reported. Despite this, healthcare-seeking behavior remains inadequate, influenced by

various barriers such as financial constraints and lack of awareness. Access to transportation emerged as a key determinant of healthcare facility. Furthermore, education level, marital status, previous STI history and access to healthcare information were identified as significant predictors of healthcare-seeking behavior. These findings underscore the urgent need for targeted interventions to address the STI burden and improve healthcare access among Rohingya refugees. Efforts should focus on increasing awareness, enhancing healthcare infrastructure and addressing socioeconomic determinants of health. By addressing these challenges, interventions have the potential to improve the health and well-being of Rohingya refugees in Cox's Bazar, Bangladesh and mitigate the spread of infections within the refugee population. This study contributes valuable insights into the health challenges faced by displaced populations, emphasizing the importance of tailored healthcare strategies in humanitarian settings.

Disclosure

All the authors declared no competing interest.

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