When Rohingya girls have their first menstruation\(^1\) while living in the camps, they are told to follow the strict rules their community follows in Myanmar - they are forbidden from going outside during their first period, unless they need to use the latrine. When they do go outside, they must keep their eyes down, use an umbrella and carry something made of iron. They follow all these rules to avoid possession by Jinn\(^2\) (Jinor Asor) or being affected by the evil eye from Jinn. Additionally, their family generally requires them to avoid eating certain foods at that time, including salt, garlic, onion, mango, eggplant and certain fish like shrimp.

After coming to Bangladesh, some women report being given sanitary pads and reusable cloths by NGOs. However, they say that these products are no longer being provided. Some women are therefore using the old cloths they got from NGOs while others are using cloths made from old clothes. Many women say that the lack of sanitary products is making it difficult for them to move around, and is resulting in skin diseases, particularly if cloths are not washed and dried properly.

"When we use the old cloths, we suffer from skin diseases."
- Female, age 18, camp 1W

As many women find secrecy and privacy important during menstruation, women say that they must wash and dry the cloths somewhere people normally wouldn’t go. Women believe it is a sin if men see the cloths. Where such places are not available, women are disposing of products in latrines or burying them, so that they cannot be seen. Disposal of period products in latrines could be one reason why toilets are being clogged up in the camps.

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\(^1\) In Rohingya, the term for menstruation is 'haiz', but in polite company it is more appropriate to use the euphemism gosol, which means to shower.

\(^2\) Supernatural creature which many Muslims believe in.
Knowledge about the health care support available during menstruation is not high among Rohingya women. During menstruation, when women have back pain or abdominal pain, some of them report going to NGO hospitals to get painkillers, though some of them perceive menstruation as a natural process and don’t think that going to the doctor is necessary. Some women report drinking *pani pora* brought from a *Moulavi* if they have pain, even if they can afford to go to a doctor.

Women say that they usually don’t discuss menstruation with their husbands, unless they need pain medication.

Girls report never discussing menstruation with their fathers. Consequently, men don’t know what kind of problems women are facing and what their specific needs are in the camps. They perceive menstruation as a female issue and believe that women should hide that they are having their period, as it is seen as a matter of shame.

Men’s ignorance about this issue and the pervading cultural stigma associated with open discussion about menstruation appears to therefore be a barrier to women in Rohingya society obtaining effective health care during menstruation.

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**It is a female issue, men don’t need to do anything to help women.”**

- Male, age 50, camp 7

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3 Water blown on after reciting verse from Quran
4 Religious scholar

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**Colours in the camps**

Kutupalong may seem a dusty brown from afar, but just a short walk in its winding paths leads to a kaleidoscope of colours. Blue lungis and black burkas mingle with the bright tarpaulins and umbrellas plastered with logos. And as with all communication, when we use colour, we need to understand how it will be understood by the community as the Rohingya identity comes in many shades.

**Colour names**

Many colour names in Rohingya are similar to Chittagonian and Bangla. The word for red – *lal* – is the same in all three languages, and the word for black is also very similar (*kalo* in Bangla, *hala* in Chittagonian and Rohingya). But for other colours, the names are taken from the world around them. Just like in English the name for orange, or violet were inspired by nature, people will use descriptive words to name the colour. For example, people will call yellow “*oliddha*” or “*zinya fulor rong*” (the colour of a gourd flower). The various shades of green are called ‘leaf colour’ (*fatha rong*) or ‘parrot colour’ (*thutha rong*).

**Communicating with colours**

Colours play a practical role in the interaction between humanitarian organisations and the Rohingya community. Taking these cultural and linguistic concepts into consideration can help the communities communicate better with each other.

For example, to express “danger” or “warning” on a poster or sign, the Rohingya community is slowly adopting a red front-facing palm of a hand. However, if the colour changes, so does the meaning. The same palm symbol in white means “clean hand” to the community.

Medicine is another area where colours can be used to better communicate with the community. Birth control pills distributed in the camps are in red blister packs (*lal fatha dhabai*), so Rohingya women often associate medicine in similar packets with birth control pills. Any brown or dark coloured tablets are associated with iron supplement tablets, which are called *metta bori* (literally ‘earthen tablet’). Since the community already associates certain colours with specific medication or ailments, it is important explain any prescribed medication clearly to avoid confusion or assumptions.
Colours and symbolism

Colours and their associated symbolism can be radically different from culture to culture – go a shade darker or lighter and good luck can very easily change into extreme danger. But cultures also share colour symbolisms. Many South Asian communities see white as a colour of purity. Rohingya people also have this notion in their culture. Elderly mosque-going men often wear white to show their religiosity and piety. Women mostly wear black burkas because black is often seen as the colour of privacy. Like Western societies, red is also associated with danger and threat in the Rohingya community. Older people in the community also prefer not to wear red or similarly bright colours, because it is seen as impure.

Flags in the camps

It’s hard to go a few meters in the camps without seeing a flag. These are used for various purposes, from demarcating camp boundaries to identifying specific services and centres. The Bangladeshi flag, flown near government and military spaces, is called “red and green flag” (lal ar ail rongor bota). The bright pink BRAC flags (and vests) are hard to miss in the camps, though knowing how to say ‘bright’ (zolzoilla) and pink (gulafi) may still come in handy. During the cyclone season, the Cyclone Preparedness Program (CPP) introduced the square red and black flag (lal ar hala rongor bota) warning system. During vaccination campaigns in Bangladesh, participating health centers usually fly a small yellow flag with an image of a baby. Bangladeshis often call it the moni potheka (baby flag), but the Rohingyas started calling it oliddha bota (yellow flag).

Colour of identity

For a community with low literacy, colours can be a useful tool to differentiate between important documents. Using distinct colours for specific services and documents may be helpful for those who are not literate.

In recent years, Rohingya communities have been exposed to various identity documents. For the longest time, the Rohingya community was given a green coloured identification card, which they called ail kaat (green card). With this card, they were able to travel more freely within Myanmar. However, after the events of 2012 in Myanmar and the subsequent marginalisation of the Rohingya community, they were given a white card (dhola kaat). With this new card, they were not allowed to travel freely or receive certain services. When it comes to any identification documents, aid organisations should be aware that some people in the community still associate these white cards with Myanmar’s military crackdown.

After coming to Bangladesh, the Rohingya community were introduced to a new set of cards with different colours and meanings. When the registered refugees arrived in the early 1990s, they were given two cards, one coloured white and the other pink; both were used for family identification. However, the pink card (lal kaat, which actually means ‘red card’) was seen as more important. These cards are now defunct, though the community still keeps them secure. Amongst the new Rohingya community, information about shelters and location are written on a yellow card, which the community has started calling oliddha kaat.
Rohingya Community Feedback – situation in Rakhine State, Food Card, Hospitals and Monsoon

Situation in Rakhine State

We have heard that places that belong to Rohingya people have been taken away by the government of Burma after they [the Rohingya people] arrived in Bangladesh [...]. We have heard about it from the people who are still in Burma. That is why we are deeply concerned about how we can go back to Burma.*

- Man, 55, camp 1E

We were born here in Bangladesh, we are now 19, 18 and 23 years old. We have heard from our parents that all the land that belonged to them has been taken away by the government of Burma. When we hear such things, we don’t feel like going there ever.*

- Woman, 23, camp 2E

One of the leading topics in the last two months has been concerns about land and property that the Rohingya community left behind in Myanmar. These concerns have come up in connection with the recently signed MOU and the UNHCR verification process. Some community members share that they not only (and most importantly) have lost family members, but also land, houses, domestic animals, cash and other valuables. While they know that many of the properties were destroyed and cannot be restored, community members are keen to know about the status of the land they used to live on. Many community members are worried that everything they owned was taken away by the government of Myanmar and other Rakhine people. Therefore, there are many requests for information on the status of Rakhine state and the land that Rohingya people left behind. Meanwhile, some of the Rohingya people who came to Bangladesh in early 1990 and in 2012 are doubtful that repatriation will happen at all and do not want to go back to Myanmar.

Food

Why didn’t we get food cards? The people in Modhurchara got them. Why didn’t we get it? We are really suffering a lot, we can’t buy anything that we really want.*

- Woman, 35, camp 1W

The rice we are receiving recently is very bad. It gets softer right after we cook it and smells bad. If the proper amount of water is not used to cook this rice, it gets spoiled very easily. My children do not want to eat the rice when it gets bad and smelly. I haven’t told this to anyone, because I don’t know where to go and complain about it. A neighbour told me to go to [agency’s] office, but I don’t know where that is. If an NGO supported us, it would be very helpful. What kind of support? If they can tell us where to go and what to do about this issue, that would be very good.*

- Man, 46, camp 1E

Concerns related to food have been a dominant theme in all feedback collected by Internews since April 2018. Previously, a lot of food-related feedback focused on related to concerns about not having enough food, the need for food diversity and accessibility of food distributions. However, in the last two months a lot of the feedback on food relates to two key issues: difficulties in updating food cards when a new family member is born, or somebody marries; and the quality of rice that community members receive, which the community says has been of a lower standard in the last two months.
Hospitals

My son is suffering from a disease for the last six years. After coming to Bangladesh, we visited [a hospital]. They referred us to buy medicine from Cox’s Bazar. The doctor in the hospital provided some treatment, after that he advised us to take medicine for three months. But I only got medicine from them for 10 days. They told us to get the rest from outside. If I want to buy the medicine from outside, I need to spend 1000 BDT. I don’t even have 1 BDT.”

- Woman, 30, camp 1W

The hospital staff gave my friend the wrong medicine that was not written on the prescription. When I asked why we got different medicine from the one prescribed, the staff got angry and did not give any explanation. We went back home with the medicine, we did not have any other choice. My friend was scared to take the medicine”

- Man, 35, Kutupalong RC

Some community members shared their frustration about not being treated with respect when visiting some hospitals and a few were concerned about the quality of treatment and medicine. While some of the doctors are perceived to be friendly and reliable, the hospital staff who do initial triage at the door, instruct where to go, and provide medicine are often perceived to be arrogant and unfriendly. There have been some reports of hospital staff and volunteers yelling at patients and not providing explanations when community members have questions and concerns. Some community members shared that they try to avoid going to hospitals for these reasons.

Monsoon

Our home is okay, but it got flooded when it was raining heavily. The tarpaulin roof over my shelter was torn up and water entered my home. It was very uncomfortable to stay inside the shelter.”

- Man, 55, camp 1W

We haven’t received any support from any NGOs during the week of heavy rainfall. When it rained heavily, we somehow protected our belongings by wrapping plastic around the important things.”

- Man, 42, camp 1W

In our roof we had used two pieces of tarpaulin. They have ripped up now due to heavy rainfall. We need three pieces of tarpaulin. We haven't received other materials such as rope to build our shelter.”

- Woman, 35, camp 1W

The Rohingya community members’ feedback on the monsoon season mainly reflects a need for stronger shelter materials, particularly additional strong tarpaulin for the roof. Moreover, some individuals shared that during the heavy rainfall in the last week of July 2018, they did not receive any support from humanitarian agencies. Community members also shared that they would have liked clear instructions regarding where to get food, how to take care of their children and elderly and where to take shelter during the days of heavy rainfall.