



Sexual and Reproductive Health of Rohingya Refugee People In Bangladesh: A Systematic Review Protocol

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ABSTRACT

Background and Objective: Rohingya refugees are one of the most vulnerable population groups from any perspective, and that certainly includes their sexual and reproductive health and access to appropriate services. This review synthesizes SRH status and needs of Rohingya women of reproductive age, addressing their experiences in accessing services.

Methods: Following PRISMA guidelines, this review employs quality assessment tools (Newcastle-Ottawa Scale, MMAT, Cochrane Risk of Bias). The search strategy will be comprehensive, spanning prominent databases such as PubMed, CINAHL, Embase, Web of Science, and Scopus. Additionally, a diligent search will extend to gray literature, reference lists, and citations. Synthesis: Employing a narrative synthesis approach, the data synthesis will encompass three critical domains: the SRH status and needs of Rohingya women, the barriers encountered in accessing SRH services, and the effectiveness of existing SRH interventions.

Results: The review seeks to provide valuable insights for policymakers and healthcare practitioners, offering a foundation for evidence-based strategies aimed at advancing SRH outcomes among Rohingya refugees in Bangladesh and similar Asian contexts. The review is registered in PROSPERO (CRD42023444386) for transparency and efficiency.

Conclusion: Have been made to address the health and humanitarian needs of Rohingya refugees in Bangladesh, there is still limited knowledge about their SRH.

Keywords: *Sexual reproductive health, family planning, HIV/STIs, Rohingya refugee, Bangladesh.*

BACKGROUND

Rohingya refugees are one of the most vulnerable population groups from any perspective, and that certainly includes their sexual and reproductive health and access to appropriate services. Sexual and reproductive health (SRH) is a crucial aspect of human well-being and is recognized as a fundamental human right (Desrosiers et al., 2020; Leekuan et al., 2022). This encompasses the ability to make informed choices about one's sexual and reproductive health, access to comprehensive healthcare services related to family planning, contraception, pregnancy, childbirth, and sexually transmitted infections (STIs) as well as other related issues such as unintended pregnancy and abortion, sexual functioning and dysfunction, sexual violence, and harmful practices etc. (Seidu et al., 2022; Hossain & Zablotska-Manos, 2022). Despite global efforts to ensure universal access to SRH services by 2030, conflict, violence, and natural disasters have left around one billion people in need of humanitarian aid, with forced displacement exacerbating the vulnerabilities of women and girls (Munyuzangabo et al., 2020). In Asia and the Pacific, 9.2 million refugees require humanitarian assistance, 2.3 million of them are women and girls of reproductive age. Bangladesh alone is providing shelter to 1.2 million Rohingya refugees, half of which are women and girls. (UNHCR, 2020) World Health Organization developed the Minimum Initial Service Package (MISP) to provide lifesaving SRH services in humanitarian settings, but the quality and effectiveness of these services vary across different refugee settings (Tazinya et al., 2023; Desrosiers et al., 2020; Tran et al., 2021; WHO, 1999, 2005, 2010).

Rohingya refugees, who have fled Myanmar as a result of state-sponsored violence and genocide, represent one of the largest refugee groups worldwide. (Hossain & Dawson, 2022; Hossain et al., 2022; Hossain & Zablotska-Manos, 2022) Displacement and the associated challenges can have severe consequences for the SRH of individuals, particularly women, and girls. In Rohingya refugee settings, various factors contribute to inadequate access to reproductive healthcare services, limited contraceptive options, absence of skilled birth attendance, lack of family planning knowledge, limited awareness of HIV/STI prevention, increased risk of gender-based violence, and insufficient understanding of SRH, early and forced marriages, early childbearing, and gender-based violence (Khan et al., 2021; Khan et al., 2021; UNICEF, 2020). However, existing research on SRH among refugee populations often lacks specificity and fails to capture the unique experiences, challenges, and perspectives of Rohingya population (Hossain & Dawson, 2022).

We earlier attempted to summarize all available evidence about the SRH of refugees in Asia and suggested a pressing need for SRH services and interventions tailored to this population, with several barriers to accessing care identified (Hossain & Dawson, 2022). However, it is important to note that that review described research on both Rohingya and Afghan refugees without distinguishing each group. While there are similarities between them, it is crucial to recognize the significant differences in terms of country context, culture, and contrasting needs. By focusing specifically on the needs of Rohingya refugees, a deeper understanding can be gained, leading to the development of more tailored and effective interventions.

Therefore, the purpose of this systematic review is to synthesize the existing evidence on the SRH status and needs of Rohingya refugees in Bangladesh and identify gaps in knowledge. By doing so, this review aims to contribute to the development of effective interventions and policies that address the SRH needs of this vulnerable population. As such, the findings of this systematic review have the potential to inform the provision of targeted SRH services and interventions not only for Rohingya refugees but also for other displaced populations around the world.

Review question

The review will address the following question: What is the status of the sexual and reproductive health of Rohingya refugee women of reproductive age and their needs and experiences in accessing these services?

Our primary objectives, focused on Rohingya refugees in Bangladesh, are to:

- I. Summarize published evidence as to their SRH status.
- II. Describe their barriers to accessing SRH services in Bangladesh.
- III. Review and report interventions that are currently being delivered to address their SRH needs.

METHODS

Study design

This systematic review will be administered according to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist, ascertaining comprehensive and precise evaluation. The process of selecting publications for review will be presented using the PRISMA flowchart. All selected publications will be assessed for their quality using the Newcastle-Ottawa Scale for observational studies, the Mixed Methods Appraisal Tool (MMAT) for mixed-methods research, and the Cochrane Risk of Bias tool for randomized controlled trials for systematic reviews (Lipscomb, 2000). Maintaining transparency and reducing redundancy of efforts, our review has been officially registered in the PROSPERO database, designated with the unique ID CRD42023444386.

Search strategy

A comprehensive search will be conducted using multiple databases of peer-reviewed publications (PubMed, CINAHL, Embase, Web of Science, and Scopus). The systematic review will also search for gray literature from various reputable sources such as institutional repositories, government reports, non-governmental organization (NGO) databases, and Google Scholar. Additionally, the reference lists of the included studies will be manually screened to identify potential additional studies.

The review will encapsulate studies published from August 2017 through July 2023, providing they're in English or at least contain an English abstract. Our focus will be on women and girls of reproductive age (15-49 years old), specifically featuring results from Rohingya refugees in Bangladesh. The review will rule out studies related to Rohingya refugees based in other countries, given the differences in contextual settings and services offered.

Our key concepts, including sexual and reproductive health, Rohingya refugees, family planning, contraception, STIs, and access to services will serve as the basis for identifying suitable search terms and Medical Subject Headings (MeSH) (Lipscomb, 2000). The strategy will leverage Boolean terms, connectors, and wildcards to design an efficient search algorithm.

Search formula: (Rohingya) AND ("family planning" OR "contraception" OR "Sexual Health" OR "reproductive health" OR "reproductive health services" OR "HIV" OR "STIs" OR "sexually transmitted infections").

Note: The search strategy will be adapted as appropriate for each database and will be reviewed by a research librarian for accuracy and completeness.

All retrieved papers will be downloaded into Covidence for selection and review.

Study Selection

The study selection process will be conducted in two stages: title/abstract screening and full-text screening. Two independent reviewers will evaluate the titles and abstracts of identified studies to determine their eligibility based on predefined inclusion and exclusion criteria. Full-text articles of potentially suitable studies will be obtained and evaluated for final inclusion. Any discrepancies between the reviewers will be resolved through discussion or consultation with a third reviewer (the senior author).

To be considered eligible for inclusion, studies must meet the following inclusion criteria described in Table 1.

Table 1. Inclusion and exclusion criteria

	Included	Excluded
Population	Rohingya Refugee women of reproductive age	Other refugee groups
Setting	Humanitarian setting in Bangladesh	Humanitarian settings outside of Bangladesh
Topics	Papers that describe SRH such as Sexual Health, Family planning and contraception, STIs, HIV/AIDS, and Adolescent reproductive health.	Papers that reported on other SRH topics (e.g., Maternal and child health, gender-based violence, female genital mutilation, forced or early marriage, reproductive cancers)
Types of Paper/Data	Qualitative, quantitative, and mixed-method primary studies	Descriptive quantitative papers with no specific health intervention and no outcomes
Types of publication	Papers in peer-reviewed journals, gray literature, research report, and working paper.	Reviews, cases, case reports, commentaries, opinion letters/pieces, and editorials. (although these were screened for references)

Language	English	Study titles and abstracts in languages other than English
Publication Date	August 2017 to July 2023	Papers published before and after the period

Participants/population

The systematic review will specifically target Rohingya refugee women of reproductive age (15-49) residing in Bangladesh. The primary objective is to investigate the sexual and reproductive health (SRH) of women, with a particular emphasis on women, adolescent girls, young women, expectant mothers, and women and girls belonging to the Rohingya refugee community in Bangladesh. The review will include studies involving mixed populations, such as refugees from other backgrounds if they provide extractable data specific to Rohingya refugee women.

Data extraction (selection and coding)

For this systematic review, we will develop and pilot a standardized data extraction form. Two independent reviewers will extract relevant data from the included studies and input it into a Microsoft Excel form. The data to be extracted includes study characteristics (e.g., author, year, study design), participant characteristics, intervention details, outcome measures, and key findings related to SRH of Rohingya refugee women in Bangladesh. In the event of any disagreements, the reviewers will discuss and consult with a third reviewer (senior author) to reach a consensus.

Following the objectives, the data extraction process will involve extracting relevant information such as women's SRH status, access to comprehensive SRH care services related to contraception, pregnancy, childbirth, and STIs, unintended pregnancy and abortion, sexual functioning and dysfunction, sexual violence, barriers to accessing SRH services, and harmful practices from full-text journal articles, reports, and other literature that meet the predefined inclusion criteria. The extracted data will then be manually coded to identify patterns, with the codes organized into categories, and further grouped into MISP themes (WHO, 2005) for analysis.

Risk of bias (quality) assessment

The quality and risk of bias of included studies will be assessed using appropriate tools based on study design: the Newcastle-Ottawa Scale for observational studies, the Mixed Methods Appraisal Tool (MMAT) for studies of that design, and the Cochrane Risk of Bias tool for randomized controlled trials (Hong et al., 2018; Synnot et al., 2020; Nudelman & Otto, 2020). These tools allow for a comprehensive evaluation of various aspects of the studies, including study design, study selection, methodology, data collection, data analysis, data presentation, discussions, and results. Two independent reviewers will conduct the quality assessment, resolving any discrepancies through discussion or consultation with a third reviewer (the senior author).

Strategy for data synthesis

The collated data will be synthesized to offer a comprehensive overview across three key domains regarding SRH of Rohingya refugee women in Bangladesh: the SRH status and needs, the barriers they encounter when accessing SRH services, and the currently deployed SRH interventions and their effectiveness, staying aligned with our review objectives.

To summarize and analyze the findings of the included studies, a narrative synthesis approach (Lisy & Porritt, 2016) will be employed. This approach involves organizing the extracted data thematically, to address the objectives of the review.

Both qualitative and quantitative data will be subjected to content analysis, which aims to present the data descriptively under different themes and classifications. The extracted data will be grouped based on the objectives outlined in the Minimum Initial Service Package (MISP). Within each objective or set of activities, data will be synthesized according to SRH status, need, literacy and knowledge, family planning and contraception, prevention and management of sexually transmitted infections (STIs), and SRH of adolescents and young individuals.

For a deeper exploration of patterns and relationships present within the extracted data across different categories, we will utilize tables and concept maps. The identification of primary themes will involve merging diverse groups and subgroups. Subsequently, these themes will be critically assessed through discussions and reflective analysis, employing the narrative synthesis approach. This would allow us to pinpoint recurring themes and patterns across the studies, which will then be presented in a narrative form and will offer an understanding of the SRH landscape among Rohingya refugee women in Bangladesh.

Ethical Considerations: This systematic review will not involve any collection of new data and will only use data from previously published studies. There will be no real or perceived risks or threats to confidentiality of the previous research participants in studies included in our review; therefore, ethical approval of this systematic review will not be required.

RESULTS & DISCUSSION

The Rohingya refugee crisis in Bangladesh represents a significant forced migration situation, (Hossain et al., 2022; Hossain & Zablotska-Manos, 2022) yet there remains a research gap regarding the SRH status and needs of this vulnerable population. Although multiple national and international NGOs are working in the Rohingya refugee camps, providing various services, there are still challenges faced by the refugees, including limited access to healthcare and high levels of poverty. Additionally, the lack of formal SRH education and historical discrimination further exacerbate their health outcomes. There is only scarce and patchy published evidence, leaving uncertainties about the extent of coverage and gaps in knowledge.

Therefore, this systematic review will consolidate existing evidence on the SRH status and needs of Rohingya refugees in Bangladesh to identify knowledge gaps in the areas of access to SRH services, (particularly focusing on uptake of family planning, and HIV and STI prevention), barriers to SRH services among Rohingya refugee women in

Bangladesh and interventions. This systematic review aims to contribute to a better understanding of the challenges faced by Rohingya refugees in accessing SRH services and the need for effective interventions to address these challenges.

Through this systematic review, we seek to enhance our comprehension of the hurdles confronting Rohingya refugees as they endeavor to access SRH services. The findings of this review will ideally inform strategies for more effective interventions to surmount these challenges. Consequently, these insights can be utilized in the planning of health services, the implementation of evidence-based interventions, and the formulation of policies to foster improved SRH outcomes.

To disseminate the results, we intend to present our findings at local, national, and international forums and conferences. Moreover, we plan to publish the outcomes in esteemed peer-reviewed journals at both national and international levels. The ultimate goal of this study is to offer actionable recommendations geared toward enhancing SRH outcomes for the Rohingya refugee population in Bangladesh. By doing so, we aspire to equip policymakers and healthcare providers with valuable insights, facilitating the development of impactful strategies to uplift SRH outcomes for Rohingya refugees in Bangladesh, as well as other analogous regions within Asia.

CONCLUSION

In summary, this review protocol describes the procedures of a systematic review which aims to investigate the SRH status and needs of Rohingya refugee women in Bangladesh. Although efforts have been made to address the health and humanitarian needs of Rohingya refugees in Bangladesh, there is still limited knowledge about their SRH. By filling this knowledge gap, the review will help identify areas for future research and programmatic efforts to improve the SRH outcomes of Rohingya refugees in Bangladesh.

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