

## Living Through Food Rations: A Culture-Centered Study With Rohingya Refugees

MD MAHBUBUR RAHMAN\*  
MOHAN J. DUTTA  
PHOEBE ELSERS  
Massey University, New Zealand

The Rohingya people, an Indo-Aryan Muslim ethnic group from Myanmar, have faced decades of discrimination and repression, rendering them the world's largest stateless community. Grounded in the culture-centered approach, a critical methodology that positions culture, structure, and agency in dialectical relationships, this study explores the issue of food scarcity among Rohingya people residing in refugee camps in Cox's Bazar, Bangladesh. Drawing from ethnographic research and 41 in-depth interviews with Rohingya refugees within these camps, 3 key themes were identified: Inadequate access to food, monotonous and culturally inappropriate food, and resorting to selling food. These findings depict how food scarcity is a direct contributor to poor health and works to inhibit agency in the pursuit of health and well-being in the refugee camps, informing a discussion about the interplay of communicative and material inequalities.

*Keywords: Rohingya refugees, communication and food insecurity, culture-centered approach, refugee health*

In recent years, there has been a growing recognition of the interconnection between communication and food scarcity (Schraedley et al., 2020). Emerging culture-centered work has examined cultural practices of food and how meanings of health can manifest in the deprivation of food (e.g., Dutta, Anaele, & Jones, 2013; Dutta, Hingson, Anaele, Sen, & Jones, 2016; Koenig, Dutta, Kandula, & Palaniappan, 2012; Tan, Kaur-Gill, Dutta, & Venkataraman, 2017) when set against the discursive erasure of food insecurity (and those experiencing it). Despite this growing awareness, dominant communication research often overlooks the experiences of displaced communities, such as refugees situated in the global margins. This is exemplified by the Rohingya refugees who escaped state-sponsored violence in Myanmar, only to find themselves confined to overcrowded camps in Cox's Bazar, Bangladesh (Ali & Duggal, 2022). Prevented from seeking formal employment, these refugees are entirely dependent on food rations provided by humanitarian organizations like the World Food Programme (Hero, 2023). Being physically present in Rohingya refugee camps in Cox's Bazar, the first author observed the impacts of recent food rationing cuts

---

Md Mahbubur Rahman: M.Rahman1@massey.ac.nz

Mohan J. Dutta: M.J.Dutta@massey.ac.nz

Phoebe Elers: P.Elers@massey.ac.nz

Date submitted: 2023-06-11

Copyright © 2024 (Md Mahbubur Rahman, Mohan J. Dutta, and Phoebe Elers). Licensed under the Creative Commons Attribution Non-commercial No Derivatives (by-nc-nd). Available at <http://ijoc.org>.

and the absence of effective communication channels regarding these circumstances, bearing witness to a humanitarian crisis.

The present study explores the prevailing issue of food scarcity within five refugee camps in Bangladesh, drawing from ethnographic research and 41 in-depth interviews with Rohingya refugees. In the next section, we outline the key tenets of the study's methodological grounding, Dutta's (2008, 2018) culture-centered approach (CCA), a critical methodology that positions culture, structure, and agency in dialectical relationships that play out in the realm of food options and practices (de Souza, 2023; Elers, Te Tau, Elers, Jayan, & Dutta, 2021). Subsequently, we provide a backdrop of the Rohingya refugees in focus, discussing their persecution and exodus from Myanmar, as well as the distribution of food rations in the Rohingya refugee camps in Cox's Bazar. Following an overview of the methods, we present the findings, which elucidate how food scarcity contributes to poor health outcomes while simultaneously constraining agency in the pursuit of health and well-being. The inaccessibility of culturally significant foods also suppresses traditional food practices. Our study advances the understanding of health as fundamentally intertwined with food inaccessibility within the camps, informing a discussion about the interplay of communicative and material inequalities as an entry point for the development of strategies for improving access to essential food supplies.

### **The Culture-Centered Approach**

Dutta's (2008, 2018) CCA is a critical health communication framework that works with communities situated in the "margins of the margins"—those erased in dominant discursive spaces. The Rohingya people, who have endured decades of discrimination and repression and are the world's largest stateless community (Ali & Duggal, 2022), epitomize the margins of the margins. Central to the CCA is the concept of *communication inequality*, traditionally associated with unequal access to health information. However, within the CCA, this concept also encompasses the unequal communicative infrastructures to express voice and respond to information dissemination (Dutta, 2021). The inclusion of this second dynamic in the CCA recognizes the need to address voice inequalities as a critical factor in rectifying health disparities (Rahman & Dutta, 2023). Thus, the construct of communication inequality within the CCA recognizes community agency and the pivotal role of communication structures in fostering equitable health outcomes, with the development of communication infrastructures involving dialogic, two-way participatory processes.

The key tenets of the CCA are culture, structure, and agency, all of which are intricately involved in food practices. Culture involves the everyday construction of shared meanings. Cultural food prohibitions can serve as a form of expression between the body and the supernatural, with certain religions influencing dietary practices through diverse rules, symbols, and meanings (Monterrosa, Frongillo, Drewnowski, de Pee, & Vandevijvere, 2020). Structure refers to the distribution of resources, with communities situated in the margins of the margins often facing structural obstacles in accessing food, such as financial constraints and the negotiation of conflicting material needs (e.g., Elers et al., 2021; Tan et al., 2017). For instance, CCA research conducted among marginalized women in the United States revealed how they were unable to exercise agency in their preferred foods due to inadequate government support and limited availability of nutritious options in charitable food settings (de Souza,

2023). This highlights an inherent tension within the neoliberal model of health citizenship, which prioritizes individual behavior change while overlooking governmental responsibility in creating healthy food environments. Finally, agency refers to individuals' ability to engage with and navigate these structures, such as dietary choices serving as a means of preserving social identities and expressing cultural affinities (Koenig et al., 2012).

The CCA is committed to understanding the meanings that communities situated in the margins of the margins construct at the intersection of structure, culture, and agency. Yet as Gordon, Hunt, and Dutta (2022) stated, it is insufficient to conceptualize "exploitative and extractive food system relations in abstraction . . . The embodied work of communicative struggle involves the building of voice infrastructures at the margins" (p. 3). The CCA emphasizes the importance of the physical presence of researchers in communities over time and actively listening in, working toward understanding and addressing the needs of those situated in the margins of the margins (Dutta, 2014). Listening works as "a communicative practice that interrogates the hegemony of the existing structures and opens the discursive sites and processes to new imaginations and new possibilities" (Dutta, 2014, p. 73). By listening to the voices of communities situated in the margins of the margins, such as Rohingya refugees, problems can be articulated, assisting in the identification of respective solutions (Dutta, 2018). In this sense, the CCA offers both a methodological blueprint for working with marginalized communities, commencing with fieldwork comprising ethnography and in-depth interviews, as well as a metatheory for conceptualizing social change.

### **The Rohingya People: A History of Discrimination and Persecution**

#### ***The Rohingya Exodus and Resettlement***

The Rohingya people, a predominantly Muslim ethnic minority group, have their own language, history, arts, culture, and food habits (Ali, 2021). They have been living in Myanmar for centuries (Htun, Lwin, Naing, & Tun, 2011; Uddin, 2023) and generally reside in Rakhine, one of the poorest states that borders Bangladesh (Poling, 2014). Myanmar gained independence in 1948, but successive governments have denied the existence of the Rohingya people in Myanmar (Selth, 2018). The 1982 Citizenship Law, formulated by the then Myanmar Army government, made Rohingya people illegal residents (Lee, 2019) effectively rendering them stateless (Cheesman, 2015; Chickera, 2021). As illegal residents in their home country, the Rohingya people were not allowed to move freely, had limited or no access to health care, education, and employment (Amnesty International, 2017), and required permission from authorities for marriage and childbirth (Fortify Rights, 2014).

The state-sponsored discrimination, violence, and persecution against the Rohingya people have led to a significant exodus from Myanmar, with hundreds of thousands fleeing to neighboring countries (Faye, 2021; Macdonald, Mekker, & Mooney, 2023). Since the 1970s, the Rohingya people have sought shelter in Bangladesh, often crossing the Naf river to reach Cox's Bazar (Ahmed, 2021; Firoz & Hanif, 2024). The most substantial mass exodus occurred in 2017 following genocidal attempts by the Myanmar Army (Aziz, 2020). Consequently, the Rohingya population in Myanmar has drastically reduced, with the majority

now residing outside their homeland. Before 2017, Myanmar was home to more than 1 million Rohingya people, but today, only 600,000 remain (Human Rights Watch [HRW], 2022).

There is no exact figure regarding the current Rohingya population in Myanmar. It is estimated that around 600,000 Rohingya people are now left in Myanmar, and before the 2017 genocide, an estimated 1.4 million Rohingya people lived in Myanmar (Merlo, 2024; O'Brien & Hoffstaedter, 2020). Again, as of March 31, 2024, the existing number of Rohingya people (official figure) sheltered in Bangladesh is 978,003 (United Nations High Commissioner for Refugees [UNHCR], 2024). The breakdown of the Rohingya population in Bangladesh is shown in Table 1.

**Table 1. Breakdown of the Rohingya Population.**

Total no. of Rohingya people at 33 camps of Cox's Bazar	942,944
Total no. of Rohingya people at Bhasan Char <sup>1</sup>	35,059
Total	978,003

However, there are thousands of Rohingya people living in Bangladesh, outside of the camps, who have already been integrated into Bangladeshi society; hence, the estimated total population of Rohingya people in Bangladesh is around 1.6 million (Halim, 2021; Rahman, 2023).

Most Rohingya people, around 1 million, now live in 33 refugee camps in Cox's Bazar comprising bamboo and tarpaulin shelters. Although Bangladesh has allowed the Rohingya people to enter its territory, the country does not recognize them as refugees, rather terming them "Forcibly Displaced Myanmar Nationals" (Dempster & Sakib, 2021). In the 1990s, the Bangladesh Army established the "*majhi* system" in the Rohingya camps to organize humanitarian assistance for the refugees (Assessment Capacities Project [ACAPS], 2018). The *majhi* (whose literal translation into English means "boat steersman") is a Rohingya community leader, usually a man, informally selected by camp authorities to support officials in maintaining law and order and act as a focal point for camp management activities (Translators Without Borders [TWB], 2020). The *majhi* system was abolished in 2007 but reintroduced after the 2017 Rohingya exodus to the refugee camps in Cox's Bazar. While *majhis* were established to help act as intermediaries between the Rohingya community and aid organizations in the camps, there are concerns raised that information acquired by the *majhis* may not be efficiently communicated to the wider Rohingya refugee population (Toma, Chowdhury, Laiju, Gora, & Padamada, 2018).

#### ***The Distribution of Food Rations to Rohingya Refugees in Cox's Bazar***

For the approximately 1 million Rohingya people residing in refugee camps in Cox's Bazar, the primary means of sustenance comes from the assistance provided by international agencies in conjunction

<sup>1</sup> Bhasan Char is an island that belongs to Bangladesh and located in the Bay of Bengal. It is around 60 km from the mainland. The Bangladesh government has built a rehabilitation project in Bhasan Char, for around 100,000 Rohingya people who were to be shifted from Cox's Bazar. The shipment of Rohingya refugees from Cox's Bazar to Bhasan Char started in December 2020 (Islam & Siddika, 2022).

with the Bangladesh government (Rahman & Mohajan, 2019). Up until March 2023, the monthly food aid of US\$12 per person per month has been extremely insufficient for their sustenance (Peter, 2023). This allows each Rohingya person or family to collect 40 food items from the retail outlets operated by the World Food Programme (WFP) within the refugee camps (Vallas & Sharma, 2021; World Food Programme [WFP], 2023a). These outlets offer Rohingya people some essential staples such as rice, fortified cooking oil, eggs, lentils, and some local fruits and vegetables (ACAPS, 2022).

Since 2017, Rohingya refugees residing in different camps of Cox's Bazar receive food rationing through two methods: General food distribution (GFD) and electronic food vouchers or "e-vouchers" (Hoddinott, Dorosh, Filipinski, Rosenbach, & Tiburcio, 2020). The GFD program was initiated on the arrival of the refugees in 2017 and continued until 2020 (WFP, 2020a). Under the GFD program, food rations, including rice, vegetable oil, and lentils were distributed among Rohingya households, calculated on an estimate of five members per family (Oh, 2018). However, all Rohingya families, regardless of size, received the same food rations through the GFD program. This approach was introduced to address the initial challenges of gathering household data during the influx in August 2017, often referred to as in-kind assistance (WFP, 2020a). In 2018, the WFP introduced an e-voucher system for newly arrived Rohingya refugees, though the e-voucher system was already in operation among the previous Rohingya refugees since 2014 (WFP, 2018a). The e-voucher functions like a debit card and is issued in the name of a senior Rohingya woman, along with one alternate nominee (Hoddinott et al., 2020; WFP, 2018a). WFP observed that 89% of all principal recipients of e-vouchers were Rohingya women and the rest were men (WFP, 2020b).

Since 2020, the WFP has offered almost all Rohingya refugees in the camps the option to receive e-vouchers for obtaining food items from the WFP outlets. As of January 2023, all Rohingya refugees living in Cox's Bazar received food assistance through e-vouchers (WFP, 2023b). This initiative represents the first establishment of e-voucher outlets by WFP for refugees globally, with Cox's Bazar serving as the pioneering operation (WFP, 2022). Until March 2023, Rohingya refugees could collect around 13 kg of rice, 500 g of chickpeas, 250 g of flour, five eggs, and some other basic cooking supplies per person for a month through the e-voucher (Porter, 2023). The most vulnerable, including the elderly, households headed by children, and households with persons with disabilities, could receive an additional US\$3 for purchasing fresh food products, supplementing the basic assistance of US\$12 (WFP, 2023c).

Most Rohingya refugees residing in the camps do not have an adequate food supply for their health and well-being (Jubayer et al., 2023; Shohel, 2023). An assessment by the WFP determined that 86% of Rohingya refugees were highly vulnerable to poverty and hunger in 2020, marking an increase from 70% in the preceding year (UNHCR, 2021). In March 2023, a United Nations organization reported that 45% of Rohingya families did not have a sufficient diet, 40% of Rohingya children suffered from stunted growth, and more than half endured anemia (Office of the High Commissioner for Human Rights [OHCHR], 2023). However, due to funding shortages, in March 2023, WFP reduced the food aid from US\$12 to US\$10 per Rohingya refugee, and in June 2023, it was further reduced to US\$8 (UNHCR, 2023a), meaning that each Rohingya refugee now receives 27 cents a day as their food ration, down from the earlier allocation of 40 cents a day. The new food ration provides them with less than 1,700 Kcal per day (Tafhim, 2023), well below the recommended daily intake. The two successive cuts in food ration in 2023 have raised concerns

among Rohingya refugees, who fear it will push them into starvation (Sankar, 2023). Against this backdrop and through the lens of the CCA, this study presents the findings of 41 in-depth interviews with Rohingya refugees, aiming to explore the following research question:

*RQ1: What are the lived experiences of food and food scarcity among refugees residing in the refugee camps in Cox's Bazar?*

### **Data Collection and Analysis**

Study procedures for this research were deemed to be low risk through Massey University, New Zealand's ethics procedures, and all participants completed informed consent processes. Before commencing the research, the lead researcher had experience engaging with Rohingya refugees. His engagement dates back to 2017 when he worked as a journalist for Bangladesh Television until moving to New Zealand in 2020, where he continued researching Rohingya refugee communities. The second researcher has been actively involved in researching Rohingya refugee communities in Malaysia, India, and New Zealand since 2018. This study was conducted within five Rohingya refugee camps situated in Cox's Bazar district in Bangladesh. Approval was sought and granted by the Refugee Relief and Repatriation Commissioner office, which was required to undertake the research with security checkpoints screening all people entering and exiting the camps. Subject to this approval, the researcher had to leave the refugee camps before 3:30 p.m., and no fieldwork could be undertaken on Bangladeshi government holidays.

The lead researcher visited five Rohingya refugee camps during three separate visits to Cox's Bazar: The first in July 2018, the second in February 2020, and the third from December 2021 to January 2022. Spending approximately 6 hours each day within the camps, this researcher undertook ethnographic observations, documented through journaling, and during the final visit, conducted 41 in-depth interviews of resident Rohingya refugees aged 18 years and older. This researcher is Bangladeshi and of Muslim faith, which assisted in fostering shared understandings around Rohingya cultural norms. On the first visit to each camp, the researcher engaged with *majhis* who supported the participant recruitment. Additionally, a male Rohingya community researcher, proficient in Bengali (spoken by the lead researcher), also facilitated participant recruitment and the interview conduction. A female community researcher could not be recruited, so the researcher took precautionary measures consistent with the cultural and social norms of female participants, including upholding the *purdah* (a religious and social practice by which a woman is kept out of the view of men they are not related to other than her husband; see Papanek, 1973). The male Rohingya community researcher from the same cultural background and community accompanied them during the research activities, while the lead researcher maintained a respectful distance from this interaction (further discussion about the cultural sensitivities in the study is provided in Rahman, 2022). The demographic information is outlined in Table 2.

**Table 2. Participant Demographic Information.**

Demographic	Number of Participants (Total = 41)	Proportion of Total (%)
Age, years		
18–34	23	56.1
35–54	9	22.0
55+	9	22.0
Gender		
Male	19	46.3
Female	22	53.7
Time residing in Bangladesh		
0–5 years	0	0
6–10 years	25	61
10+ years	10	24.4
Born in Bangladesh	6	14.6
Refugee camp		
Camp 1	13	31.7
Camp 2	5	12.2
Camp 3	9	22
Camp 4	10	24.4
Camp 5	4	9.7

Each interview, ranging from 30 to 90 minutes in duration, was conducted within the participants' dwellings and recorded with the participants' consent. In keeping with Dutta's (2018) CCA, the interview guide comprised broad questions addressing individual and community challenges to health and well-being, as well as respective solutions going forward. The interviews were then translated (from Bengali to English) by the first researcher. We recognize the inherent limitations of the translation process, which necessitate the interpretation and rearticulation of meanings, but this was the only practical way that we could analyze and present the findings within our research team. To assist in ensuring the validity of the data, the second author (who is also fluent in Bengali) cross-checked and compared the transcribed data.

Initially, the researcher had planned to conduct up to 30 in-depth interviews, but this was extended to 41 interviews to achieve data saturation. The transcripts were analyzed using co-constructivist grounded theory (Charmaz, 2000) by the first author and then reviewed by the second author; any disagreements were mediated through dialogue. The analysis involved an iterative process of line-by-line analysis of the transcripts, going back and forth through the data, engaging in a reflective process of memo writing, field notes observation, and cross-checking to identify codes. For instance, during open coding, various codes such as "same food items every month," "limited curry items," "daily food is only rice," "purchasing fruit creates a shortage of staple food," and "not able to buy food as per wish" were identified and later grouped under the theme "Monotonous and culturally inappropriate food." Open coding, axial coding, and selective coding led to the identification and refinement of themes within the emerging theoretical framework. Three

overarching themes were identified: (1) inadequate access to food, (2) monotonous and culturally inappropriate food, and (3) resorting to selling food.

## Findings

### *Inadequate Access to Food*

The inadequate structural access to food significantly impacted the health and well-being of Rohingya refugees in the camps. The issue of food scarcity in these camps was first identified as far back as 2002 (Médecins Sans Frontières [Doctors Without Borders], 2002), and it has persisted even after the significant exodus of 2017 (Khan, 2018). From the interviews and observations carried out in these settings, it was evident that food scarcity has become an intrinsic part of the daily existence of Rohingya refugees. Participants revealed lived experiences of hardship stemming from a structural dependency on WFP food rations, whereby refugees have no choice but to rely on these organizations due to broader constraints, including employment restrictions. This structural dependency was expressed by a participant who gave the following explanation:

Food ration is not enough for our living. But that is only the source of our living. We do not have any opportunity for employment, we are *gheraoed* [surrounded] by wired fencing. And so, if we do not get the food ration then we all will die without getting any food. (P-31, 38-year-old man)

This excerpt depicts how the dependence on WFP food rations stems from the restricted physical environment—materialized and signified in their living conditions being: “*gheraoed* by wired fencing.” This serves as a material structural restrictor to agency in pursuing health and well-being, rendering individuals physically incapable of seeking income opportunities or accessing alternative food sources. Another participant explained that if the food rations ceased, “then we all will die. Because we are now confined in the camp with the fencing, and we do not have any employment opportunity” (P-27, 36-year-old woman).

Moreover, participants described how their food rations have deteriorated since 2017. This decline is likely because Bangladeshi people donated items, such as food and clothing, to the Rohingya refugees in the early stages of the exodus. As a 27-year-old Rohingya man observed,

When we came in 2017, at that time we got various items of food, fish, etc., but now we do not get enough food. Now we get the fixed items of food. With those fixed items of food, we are just living but that does not fulfill our nutritional needs. Many children in the camp seem malnourished. Not only the children, but we are also facing a shortage of nutrition. (P-18)

This situation reveals how changes in aid distribution can contribute to depriving Rohingya refugees of access to food and essential nutrition, extending health disparities. Public donations met an immediate need within the camps but fell short in establishing long-term structural infrastructures required to sustain Rohingya refugees over time.



Furthermore, while conducting interviews across various camps in Cox's Bazar, the interviewer encountered four participants who did not possess a food ration card (e-voucher). This posed substantial difficulties in their ability to access food from the WFP outlets, leaving them dependent on the assistance of others. A 21-year-old Rohingya woman explained how not possessing a food ration card affected her:

A great problem for me. After my marriage, I came to this shelter, but still, my name has not been included in the ration card. I have applied but still did not get the card. As a result, there are some problems with my husband. He always criticizes me as my name was not included before my marriage. (P-10)

The above excerpt uncovers administrative and cultural complexities surrounding ration card distribution and its implications on personal relationships within the Rohingya community.

The devastating health impacts resulting from food scarcity were further emphasized by other participants, particularly concerning their children. Participants stated, "My main tension is whether we can live without proper food . . . our children are growing with less nutrition, and they are not properly grown up" (P-21, 30-year-old woman) and "My son's age is one-year, two-months. But I cannot manage his good food. He cries several times for food, but I cannot manage any dry milk . . . The cost of dry milk is very high, I cannot buy that" (P-26, 19-year-old woman). These accounts highlight severe health repercussions resulting from insufficient access to proper nutrition within the camps.

### ***Monotonous and Culturally Inappropriate Food***

The structure of food accessibility further constrained the agentic expression of cultural practices relating to food. A 43-year-old man described this as "the life of a *musafir*" (P-01); in this context, "*musafir*" loosely translates to "stranger," suggesting a sense of alienation or disconnection and associated emotional tolls on their well-being. Most participants expressed significant dissatisfaction with the limited variety of food that they receive through the rations, noting that they are unable to choose their meals and usually consume the same type of food every day. Participants stated that they were taking the "same type of food every day. For the last four days I had only rice with potato mash" (P-20, 22-year-old man) and "Today is the consecutive third day we are taking the rice with *dal* [lentils]" (P-39, 42-year-old man), which was depicted as being "monotonous" (P-14, 23-year-old woman) and "boring" (P-09, 22-year-old woman). Rice has served as the staple food for the Rohingya community, with 97% of the population relying on monthly rice collections from WFP outlets (Talukder et al., 2022).

While residing in Myanmar, the Rohingya people enjoyed the flexibility of complementing their rice with vegetables or fish, in adherence to their traditional diet, known as *Sutki-vat*, which consists of dried fish and boiled rice (Roy et al., 2022). However, in the camps in Bangladesh, Rohingya refugees are constrained to subsisting primarily on rice and lentils (Hero, 2023), which is inconsistent with their cultural culinary traditions. A 32-year-old Rohingya woman stated,

Maximum days we generally take rice with *dal* [lentils] though we Rohingya people do not like *dal* as the Bengali people like it. But we do not have an alternative, rather we are bound to take the food as we do not have any income in the camp area. (P-33)

Food is not only a means of nutrition; it also holds cultural significance. Among the Rohingya people, fish is culturally important, yet it is largely absent in the Bangladesh camps (Khan, 2018). Interviews with Rohingya refugees confirmed their preference for fish and its general unavailability in the camps, demonstrating a disconnection between their cultural food preferences and the provided rations. As a 30-year-old man expressed, "We cannot eat food as per our wish. It is now our life!!" (P-07). Another participant questioned, "Without a good *torkari* (curry) how can a person live months after months or even years after years?" (P-15, 20-year-old woman). This absence of culturally significant foods, coupled with the lack of alternative food sources, such as the capacity to grow crops or vegetables (Ahmad, Ramlan, Ladiqi, & Noor, 2020), constitutes the suppression of cultural and traditional food practices, which are denied to those born within the confines of the camps.

Notably, there are some very limited avenues to obtain fish items, but doing so comes at the expense of other essential items. The lack of income prevents Rohingya refugees from purchasing food according to their needs or preferences. As a participant explained,

Yes, there are options to take fish, meat, etc., from the WFP shop. But we do not take the meat or fish for if we take those items, then the main staple food will be short. Again, as we do not have any preservation system, we have to eat fish and meat within a day or two. So, we do not take fish or meat from the WFP shop. If anyone can earn money, then he can buy some items like fish or meat. (P-30, 45-year-old man)

This excerpt highlights intersectional challenges, encompassing food security, cultural dietary needs, and economic limitations, contributing to the poor health and well-being of Rohingya refugees. The notable absence of access to culturally significant items, such as fish, is a gap in their culinary traditions, impacting their overall well-being. Simultaneously, being unable to seek employment exacerbates their struggles and constrains their capacity to access food that aligns with their cultural preferences.

### ***Resorting to Selling Food***

This theme depicts a form of agency grounded in cultural frameworks within the structure of food rationing. Despite the food scarcity in the camps, selling food items is a prevalent practice for Rohingya refugees, which currently serves as their primary source of income (Malhotra, 2018; WFP, 2018b). With Rohingya refugees being restricted from seeking employment outside of the camps, they lack alternative income sources and thus engage in selling aid (food and nonfood) items to generate money to purchase other necessities. Though one participant said, "Without selling [aid items] we do not have any other way to collect money" (P-10, 21-year-old woman), another participant said, "If we sell any food item to collect money, then in that month we face more difficulties" (P-03, 42-year-old woman). The following excerpt portrays a 27-year-old man's sacrifice of his limited food available to secure a child's education, exemplifying

the difficult choices Rohingya refugees are forced to make, with education often being viewed as a pathway to a better future:

We do not have any income in the camp. Then how can we manage the fees of tuition?  
The only way to manage the fees is to sell the food ration items in the *bazar* [market]. I have to sell the food to manage my child's tuition fee. (P-18)

Selling food items was also necessary to purchase some medicines, as mentioned by one participant: "I am an aged woman . . . I need medicines but all medicines I do not get free . . . I do not have any income and so I have to sell the food items to get money to purchase medicines" (P-36, 62-year-old woman). Another participant similarly stated,

When we need medicines and we do not get those in the hospital then we have to buy those medicines from the pharmacies, but to buy medicines we need money. Finding no other alternative, we sell our food items like rice, oil, etc., in the local market and get some money to buy the required medicines. (P-31, 34-year-old man)

From these excerpts, it seems that Rohingya refugees will be forced to continue selling food items until other necessities of health and well-being are taken care of.

However, some participants expressed grievances about not receiving the fair market price for these items when they engage in such transactions. A participant explained this:

When we go to the *bazar* [market] to sell the oil bottle, we get less price. For example, when we get the oil, each bottle costs 150 taka at the WFP food ration shop but when we sell it, we get 100–120 taka per oil bottle. Still, we do not have any alternative, rather to sell the food items to collect some money. (P-15, 20-year-old woman)

Despite the economic disadvantage of receiving significantly less than the purchase price for food items, Rohingya refugees are compelled to sell these items as a means of generating much-needed money for other necessities, highlighting their economic vulnerability and loss of agency situated against structures of inaccessibility, which can have profound consequences on their health and well-being.

### Discussion

This study reports on the findings of in-depth 41 interviews with Rohingya refugees residing in camps in Cox's Bazar. The findings from the participant narratives depict how food scarcity is a direct contributor to poor health and works to inhibit agency in the pursuit of health and well-being. The impact of food scarcity on poor health has also been documented by the OHCHR (2023), Shohel (2023), and the UNHCR (2021), which is particularly concerning for the children residing in the camps, whose growth status and immunity are compromised due to insufficient nourishment (Rahman & Islam, 2019). The participants further depicted how their dependence on rations for survival, although intended to aid, paradoxically hinders agency in pursuing health and well-being. This is exacerbated by economic limitations and the

inaccessibility of other essential provisions, driving some participants to the desperate measure of selling their limited food supplies to access some medications and education for their children.

Our study is grounded in Dutta's (2008, 2018) CCA, which positions food insecurity as a manifestation of a structure of inequitable resource distribution. Communities have voiced how experiences of marginalization are tied to hunger or inadequate access to nutritious foods in a range of contexts (e.g., Dutta et al., 2016; Koenig et al., 2012; Tan et al., 2017). Moreover, the CCA asserts that communicative and material inequalities work hand in hand with the erasure of communities situated in the margins of the margins by reproducing and circulating structures of oppression that threaten the health and well-being of these communities (Carter & Alexander, 2020). Such erasure and material inequality are both signified and materialized by the Rohingya refugee camps being separated by *gheraoed* wired fencing, which prevents them from seeking employment or from leaving except for essential medical treatment (Prodip, 2023). The physical separation of these camps also contributes to erasing awareness of both the food scarcity within them and the plight of Rohingya refugees, who lack communication infrastructures to publicize their situation. The association between erasure and food scarcity can be observed through shifts in aid distribution; in the aftermath of the 2017 exodus, increased visibility prompted donations from Bangladeshi people, but over time, funding and food rations significantly declined. It is now at the point where recent reductions in food rations have raised fears that Rohingya refugees may be pushed to the brink of starvation (Sankar, 2023). In September 2019, a directive was issued prohibiting the donations of financial assistance in the camps, which a government representative related to concerns that refugees could use these funds to acquire illicit identification documents (Ahmed, 2019).

Structural and communication inequalities can also intersect with broader inequalities in food ownership, distribution, and circulation (Carter & Alexander, 2020; Dutta & Thaker, 2020), which frequently play out in social categories involving race, gender, and social class (Schraedley et al., 2020). Undertaking our research necessitated engagement with the *majhis*—the local Rohingya leaders originally established by the Bangladesh Army (ACAPS, 2018). Doing so unveiled power imbalances within the camps (Rahman, 2022) and this leadership structure has been criticized for contributing to communication gaps in disseminating information within the camps (Toma et al., 2018) and hindering the direct and meaningful participation of some Rohingya refugees in working with humanitarian organizations (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2018). Furthermore, the lead researcher encountered four Rohingya refugees who did not have a food ration card, rendering them entirely reliant on the assistance of others. This could have social repercussions within the camps as illustrated by the aforementioned case of a young woman who faced marital difficulties due to this lack of a ration card despite having applied for it.

The CCA also emphasizes the relationship between culture, structure, and agency. Health meanings expressed by participants tended to be constructed within a context of structural absences, where individuals lack access to an adequate quantity of food, nutritious options, and other essential provisions necessary for a healthy life, which worked to reduce agency. Participants further revealed how this could interplay with culture as there is insufficient access to foods in adherence to their traditional diet, known as *Sutki-vat* (Roy et al., 2022). The substitution of culturally significant foods with unfamiliar staples like *dal* (lentils), combined with the absence of alternative food sources, including the capacity to grow crops or vegetables (Ahmad et al., 2020), suppresses traditional food practices. This association between the loss of land and food production practices

with struggles in healthy dietary practices has been documented in CCA research in other contexts (e.g., Carter & Alexander, 2020). Consequently, those born within the confines of the Rohingya camps have little experience of these cultural foods. As one participant poignantly articulated, their experiences are akin to living as a “*musafir*” (stranger), revealing how their situation is inherently tied to displacement.

Ultimately, our study spotlights and advances the understanding of health as fundamentally intertwined with food accessibility within the camps, situated within the culture-structure-agency triad, as an entry point for the development of strategies aimed at enhancing access to basic food supplies. By centering the experiences of Rohingya refugees situated in the margins of the margins, we acknowledge their agency and expertise in navigating the challenges they encounter and in working toward respective solutions. Second, through these interviews, we gain insight into the systemic factors underpinning food scarcity, including structural inequalities and discriminatory policies. By documenting these realities, we lay the groundwork for advocating for policy changes and structural reforms that address the root causes of food insecurity among the Rohingya refugees in Cox’s Bazar. Without addressing food scarcity, the health repercussions will continue to be devastating. The food crisis has unleashed a cascade of additional challenges, ranging from heightened levels of child labor, early marriages, and domestic violence to the crucial issue of human trafficking, which was estimated to involve 15,000 Rohingya people between March 2019 and March 2020 (Shishir, 2021). In 2022, more than 3,500 Rohingya refugees resorted to fleeing the refugee camps in Bangladesh through perilous boat journeys across the Andaman Sea and the Bay of Bengal, with at least 348 losing their lives or going missing during these voyages (UNHCR, 2023b). The CCA involves centering voices of hunger in the margins of the margins as a foundational step in developing theoretical frameworks for addressing the dynamics of social change (Dutta et al., 2016).

### References

- Ahmad, A. A., Ramlan, A. Z., Ladiqi, S., & Noor, N. F. M. (2020). Importance of food security: Rohingya refugee in Cox’s Bazar camp. *International Journal of Psychosocial Rehabilitations*, 24(1), 5153.
- Ahmed, K. (2019, December 17). Cash ban stokes worry among Rohingya volunteers: “Women are already not getting enough opportunities. It makes it very hard for them to earn a living.” The New Humanitarian. Retrieved from <https://www.thenewhumanitarian.org/news/2019/12/17/Rohingya-cash-World-Vision-livelihoods-education-refugees-WFP>
- Ahmed, S. (2021, April 16). Long after the world moved on, Bangladesh is still sheltering Rohingya refugees. *The Diplomat*. Retrieved from <https://thediplomat.com/2021/04/long-after-the-world-moved-on-bangladesh-is-still-sheltering-rohingya-refugees/>
- Ali, M. (2021, December). *A language in crisis*. Cultural Survival. Retrieved from <https://donate.culturalsurvival.org/publications/cultural-survival-quarterly/language-crisis-rohingya>

- Ali, M., & Duggal, H. (2022). *Rohingya exodus explained in maps and charts*. Al-Jazeera. Retrieved from <https://www.aljazeera.com/news/2022/8/25/rohingya-exodus-explained-in-maps-and-charts>
- Amnesty International. (2017). *Myanmar: Rohingya trapped in dehumanising apartheid regime*. Retrieved from <https://www.amnesty.org/en/latest/news/2017/11/myanmar-rohingya-trapped-in-dehumanising-apartheid-regime/>
- Assessment Capacities Project. (2018). *Rohingya crisis: Governance and community participation*. Retrieved from [https://www.acaps.org/sites/acaps/files/products/files/20180606\\_acaps\\_npm\\_report\\_camp\\_governance\\_final\\_0.pdf](https://www.acaps.org/sites/acaps/files/products/files/20180606_acaps_npm_report_camp_governance_final_0.pdf)
- Assessment Capacities Project. (2022). *Bangladesh: Needs and priorities of Rohingya refugees and host communities in Cox's Bazar since 2017*. Retrieved from [https://www.acaps.org/sites/acaps/files/products/files/20220830\\_acaps\\_thematic\\_report\\_cxb\\_needs\\_and\\_priorities\\_of\\_rohingya\\_refugees\\_and\\_host\\_communities.pdf](https://www.acaps.org/sites/acaps/files/products/files/20220830_acaps_thematic_report_cxb_needs_and_priorities_of_rohingya_refugees_and_host_communities.pdf)
- Aziz, T. (2020). The exodus of Rohingya community: From the past to present. *Re: Locations-Journal of the Asia-Pacific World*, 3(1), 1–17. doi:10.33137/relocations.vi0.33911
- Carter, A. L., & Alexander, A. (2020). Soul food: [Re] framing the African-American farming crisis using the culture-centered approach. *Frontiers in Communication*, 5(5), 1–14. doi:10.3389/fcomm.2020.00005
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 509–536). Thousand Oaks, CA: SAGE.
- Cheesman, N. (2015). Problems with facts about Rohingya statelessness. *E-International Relations*, 8, 1–3. Retrieved from <https://www.e-ir.info/pdf/60081>
- Chickera, A. D. (2021). *Stateless and persecuted: What next for the Rohingya?* Migration Policy Institute. Retrieved from <https://www.migrationpolicy.org/article/stateless-persecuted-rohingya>
- Dempster, H., & Sakib, N. H. (2021, January 21). *Few rights and little progress: The Rohingya in Bangladesh*. Centre for Global Development. Retrieved from <https://www.cgdev.org/blog/few-rights-and-little-progress-rohingya-bangladesh>
- de Souza, R. (2023). Women in the margins: A culture-centered interrogation of hunger and “food apartheid” in the United States. *Health Communication*, 1–11. Advance online publication. doi:10.1080/10410236.2023.2245206
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Cambridge, UK: Polity Press.

- Dutta, M. J. (2014). A culture-centered approach to listening: Voices of social change. *International Journal of Listening*, 28(2), 67–81. doi:10.1080/10904018.2014.876266
- Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication infrastructures for subaltern voices. *Communication Methods and Measures*, 12(4), 239–259. doi:10.1080/19312458.2018.1453057
- Dutta, M. J. (2021). Singapore's extreme neoliberalism and the COVID outbreak: Culturally centering voices of low-wage migrant workers. *American Behavioral Scientist*, 65(10), 1302–1322. doi:10.1177/00027642211000409
- Dutta, M. J., Anaele, A., & Jones, C. (2013). Voices of hunger: Addressing health disparities through the culture-centered approach. *Journal of Communication*, 63(1), 159–180. doi:10.1111/jcom.12009
- Dutta, M. J., Hingson, L., Anaele, A., Sen, S., & Jones, K. (2016). Narratives of food insecurity in Tippecanoe County, Indiana: Economic constraints in local meanings of hunger. *Health Communication*, 31(6), 647–658.
- Dutta, M. J., & Thaker, J. (2020). Sustainability, ecology, and agriculture in women farmers' voices: Culture-centering gender and development. *Communication Theory*, 30(2), 126–148. doi:10.1093/ct/qtz029
- Elers, P., Te Tau, T., Elers, S., Jayan, P., & Dutta, M. (2021). Explorations of health in Aotearoa New Zealand's low-income suburbia. *Health Communication*, 36(12), 1453–1463. doi:10.1080/10410236.2020.1767447
- Faye, M. A. (2021). Forced migration from Myanmar to Bangladesh and beyond: Humanitarian response to Rohingya refugee crisis. *Journal of International Humanitarian Action*, 6, 1–7. doi:10.1186/s41018-021-00098-4
- Firoz, G., & Hanif, S. M. (2024, February 12). Rohingyas trying to enter Bangladesh as fighting continues in Myanmar. *Prothom Alo*. Retrieved from <https://en.prothomalo.com/bangladesh/wgp5gyn8hc>
- Fortify Rights. (2014). *Myanmar: Abolish abusive restrictions & practices against Rohingya Muslims*. Retrieved from <https://www.fortifyrights.org/mya-inv-2014-02-25/>
- Gordon, C., Hunt, K. P., & Dutta, M. J. (2022). Food systems communication amid compounding crises: Power, resistance, and change. *Frontiers in Communication*, 7, 1–7. doi:10.3389/fcomm.2022.1041474
- Halim, A. (2021). The Rohingya crisis in Bangladesh: Exploring global security implications. *SSRN*. <http://dx.doi.org/10.2139/ssrn.3896637>

- Hero, S. Z. (2023, April 28). A Rohingya photographer's dispatch on food-aid cuts in the refugee camps. *Himal South Asian*. Retrieved from <https://www.himalmag.com/rohingya-photographer-dispatch-on-food-aid-cuts-in-the-refugee-camps-coxs-bazar/>
- Hoddinott, J., Dorosh, P., Filipski, M., Rosenbach, G., & Tiburcio, E. (2020). Food transfers, electronic food vouchers and child nutritional status among Rohingya children living in Bangladesh. *PLOS One*, 15(4), e0230457. doi:10.1371/journal.pone.0230457
- Htun, K. M., Lwin, N. N., Naing, T. H., & Tun, K. (2011). ASEAN-India connectivity: A Myanmar perspective. In F. Kimura & S. Umezake (Eds.), *ASEAN-India connectivity: The comprehensive Asia development plan* [Phase II, ERIA Research Project Report 2010-7] (pp. 151-203). Jakarta, Indonesia: ERIA.
- Human Rights Watch. (2022). *Myanmar: No justice, no freedom for Rohingya 5 years on*. Retrieved from <https://www.hrw.org/news/2022/08/24/myanmar-no-justice-no-freedom-rohingya-5-years>
- Islam, M. D., & Siddika, A. (2022). Implications of the Rohingya relocation from Cox's Bazar to Bhasan Char, Bangladesh. *International Migration Review*, 56(4), 1195-1205. doi:10.1177/01979183211064829
- Jubayer, F., Kayshar, S., Arifin, S., Parven, A., Khan, S. I., & Meftaul, I. M. (2023). Nutritional health of the Rohingya refugees in Bangladesh: Conceptualizing a multilevel action framework focusing the COVID-19. *Nutrition and Health*, 30(1), 21-25. doi:10.1177/02601060231169372
- Khan, Y. (2018, February 14). *Rohingya refugees in Bangladesh: A trapped population seeking food security*. Global Dev Blog. Retrieved from <https://globaldev.blog/rohingya-refugees-bangladesh-trapped-population-seeking-food-security/>
- Koenig, C. J., Dutta, M. J., Kandula, N., & Palaniappan, L. (2012). "All of those things we don't eat": A culture-centered approach to dietary health meanings for Asian Indians living in the United States. *Health Communication*, 27(8), 818-828. doi:10.1080/10410236.2011.651708
- Lee, R. (2019). Myanmar's citizenship law as state crime: A case for the International Criminal Court. *State Crime Journal*, 8(2), 241-279. doi:10.13169/statecrime.8.2.0241
- Macdonald, G., Mekker, I., & Mooney, L. (2023, April 12). *Conflict dynamics between Bangladeshi host communities and Rohingya refugees*. United States Institute of Peace. Retrieved from <https://www.usip.org/publications/2023/04/conflict-dynamics-between-bangladeshi-host-communities-and-rohingya-refugees>
- Malhotra, A. (2018, February 12). *Rohingya refugees sell aid to fund basic diet*. Al Jazeera. Retrieved from <https://www.aljazeera.com/news/2018/2/12/rohingya-refugees-sell-aid-to-fund-basic-diet>



- Médecins Sans Frontières [Doctors Without Borders]. (2002). *Ten years for the Rohingya refugees: Past, present and future*. Retrieved from <https://www.aerzte-ohne-grenzen.de/sites/default/files/attachments/2002-03-bangladesh-report-rohingya.pdf>
- Merlo, F. (2024, February 10). *Rohingya refugees: Victims of global silence*. Vatican News. Retrieved from <https://www.vaticannews.va/en/world/news/2024-02/rohingya-refugees-myanmar-bangladesh-save-the-children-stateless.html>
- Monterrosa, E. C., Frongillo, E. A., Drewnowski, A., de Pee, S., & Vandevijvere, S. (2020). Sociocultural influences on food choices and implications for sustainable healthy diets. *Food and Nutrition Bulletin*, 41(Suppl. 2), 59S–73S. doi:10.1177/0379572120975874
- O'Brien, M., & Hoffstaedter, G. (2020). "There we are nothing, here we are nothing!" The enduring effects of the Rohingya genocide. *Social Sciences*, 9(11), 1–16. doi:10.3390/socsci9110209
- Office of the High Commissioner for Human Rights. (2023). *Bangladesh: UN experts decry devastating second round of rations cuts for Rohingya refugees*. Retrieved from <https://www.ohchr.org/en/press-releases/2023/06/bangladesh-un-experts-decry-devastating-second-round-rations-cuts-rohingya>
- Oh, S. A. (2018). *Food assistance and the social construction of Rohingya refugees in Bangladesh*. ISEAS-Yusof Ishak Institute. Retrieved from [https://www.iseas.edu.sg/wp-content/uploads/pdfs/ISEAS\\_Perspective\\_2018\\_38@50.pdf](https://www.iseas.edu.sg/wp-content/uploads/pdfs/ISEAS_Perspective_2018_38@50.pdf)
- Papanek, H. (1973). Purdah: Separate worlds and symbolic shelter. *Comparative studies in Society and History*, 15(3), 289–325.
- Peter, Z. (2023, March 01). *More hunger, crime forecast for Rohingya refugees in Bangladesh as food rations dwindle*. VOA. Retrieved from <https://www.voanews.com/a/more-hunger-crime-forecast-for-rohingya-refugees-in-bangladesh-as-food-rations-dwindle/6985069.html>
- Poling, G. B. (2014, February 13). *Separating fact from fiction about Myanmar's Rohingya*. Center For Strategic & International Studies. Retrieved from <https://www.csis.org/analysis/separating-fact-fiction-about-myanmar%E2%80%99s-rohingya>
- Porter, J. (2023). *The silent decay of international aid to Rohingya refugees*. Humanitarian Advisory Group. Retrieved from <https://humanitarianadvisorygroup.org/the-silent-decay-of-international-aid-to-rohingya-refugees/>
- Prodip, M. A. (2023). Education for what? The politics of education for Rohingya refugees in Bangladesh. *Politics & Policy*, 51(6), 1028–1045. doi:10.1111/polp.12541

- Rahman, M. M. (2022). Challenges and strategies to conduct research at restricted Rohingya refugee camps of Bangladesh. *Indiana Journal of Humanities and Social Sciences*, 3(9), 22–31. doi:10.5281/zenodo.7123481
- Rahman, M. M. (2023). "Health means just to live" at the Rohingya camps of Bangladesh: A culture-centred intervention. *Global Journal of Addiction & Rehabilitation Medicine*, 7(2), 1–8. doi:10.19080/GJARM.2023.07.555710
- Rahman, M. M., & Dutta, M. J. (2023). The COVID-19 pandemic's impact on the health of Rohingya refugees. In S. Kaur-Gill & M. J. Dutta (Eds.), *Migrants and the COVID-19 pandemic* (pp. 51–67). Singapore: Palgrave Macmillan. doi:10.1007/978-981-19-7384-0\_3
- Rahman, M. M., & Mohajan, H. (2019). Rohingya—The stateless community becoming the lost generation. *Journal of Economic Development, Environment and People*, 8(2), 24–36. doi:10.26458/jedep.v8i2.621
- Rahman, M. R., & Islam, K. (2019). Massive diphtheria outbreak among Rohingya refugees: Lessons learnt. *Journal of Travel Medicine*, 26(1), 1–3. doi:10.1093/jtm/tay122
- Roy, S. K., Jahan, K., Khatoon, S., Alam, N., Tasnim, S., Parveen, S., S., . . . Cubra, K. (2022). Effectiveness of home-based "egg-suji" diet in management of severe acute malnutrition of Rohingya refugee children. *Journal of Health, Population and Nutrition*, 41(1), 1–9. doi:10.1186/s41043-022-00321-x
- Sankar, A. (2023, June 07). *Fear of hunger plagues Rohingya after WFP slashes food ration to \$8*. The National News. Retrieved from <https://www.thenationalnews.com/uae/2023/06/07/fear-of-hunger-plagues-rohingya-after-wfp-slashes-food-ration-to-8/>
- Schraedley, M. K., Bean, H., Dempsey, S. E., Dutta, M. J., Hunt, K. P., Ivancic, S. R., . . . Sellnow, T. (2020). Food (in) security communication: A Journal of Applied Communication Research forum addressing current challenges and future possibilities. *Journal of Applied Communication Research*, 48(2), 166–185. doi:10.1080/00909882.2020.1735648
- Selth, A. (2018). *Myanmar armed forces and the Rohingya crisis*. United States Institute of Peace. Retrieved from <https://www.usip.org/sites/default/files/2018-08/pw140-myanmars-armed-forces-and-the-rohingya-crisis.pdf>
- Shishir, N. N. (2021, February 02). *Human traffickers prey on Rohingya refugees*. The Third Pole. Retrieved from <https://www.thethirdpole.net/en/livelihoods/human-traffickers-prey-on-rohingya-refugees/>

- Shohel, M. M. C. (2023). Lives of the Rohingya children in limbo: Childhood, education, and children's rights in refugee camps in Bangladesh. *Prospects*, 53(1), 131–149. doi:10.1007/s11125-022-09631-8
- Tafhim, M. (2023, July 19). *Rohingya struggle to meet their nutritional needs with latest food ration cuts*. Rohingya Refugee Response. Retrieved from <https://rohingyaresponse.org/rohingya-struggle-to-meet-their-nutritional-needs-with-latest-food-ration-cuts/>
- Talukder, M. N., Hossain, M. I., Shohag, A. A. M., Haque, E., Ehsan, I., Falcone, J., & Rob, U. (2022). *Assessment of economic opportunities for young Rohingyas in Bangladesh*. Population Council. <http://dx.doi.org/10.31899/sbsr2022.1032>
- Tan, N., Kaur-Gill, S., Dutta, M. J., & Venkataraman, N. (2017). Food insecurity in Singapore: The communicative (dis) value of the lived experiences of the poor. *Health Communication*, 32(8), 954–962.
- Toma, I., Chowdhury, M., Laiju, M., Gora, N., & Padamada, N. (2018). *Rohingya refugee response gender analysis: Recognizing and responding to gender inequalities*. Retrieved from <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/620528/rr-rohingya-refugee-response-gender-analysis-010818-en.pdf?sequence=1&isAllowed=y>
- Translators Without Borders. (2020). *The language of leadership: The words that define how majhis are seen and understood in the Rohingya refugee response*. Retrieved from [https://translatorswithoutborders.org/wp-content/uploads/2020/10/TWB\\_Bangladesh\\_Majhi\\_Report\\_FinalEN.pdf](https://translatorswithoutborders.org/wp-content/uploads/2020/10/TWB_Bangladesh_Majhi_Report_FinalEN.pdf)
- Uddin, N. (2023). *Understanding the Rohingya crisis*. Asia Pacific Bulletin. East-West Center. Retrieved from <https://www.eastwestcenter.org/publications/understanding-rohingya-crisis>
- United Nations High Commissioner for Refugees. (2021). *Pandemic-hit Rohingya refugees and local Bangladeshis get help to grow food*. Retrieved from <https://www.unhcr.org/news/stories/pandemic-hit-rohingya-refugees-and-local-bangladeshis-get-help-grow-food#:~:text=Stories-Pandemic%20hit%20Rohingya%20refugees%20and%20local%20Bangladeshis%20get%20help%20to,to%20grow%20their%20own%20food>
- United Nations High Commissioner for Refugees. (2023a). *Rohingya refugees face hunger and loss of hope after latest ration cuts*. Retrieved from <https://www.unhcr.org/news/stories/rohingya-refugees-face-hunger-and-loss-hope-after-latest-ration-cuts>

United Nations High Commissioner for Refugees. (2023b). *UNHCR seeks comprehensive regional response to address rise in deadly South-East Asia sea journeys*. Retrieved from <https://www.unhcr.org/news/unhcr-seeks-comprehensive-regional-response-address-rise-deadly-south-east-asia-sea-journeys>

United Nations High Commissioner for Refugees. (2024). *Joint government of Bangladesh—Population breakdown as of March 2024*. Retrieved from <https://data.unhcr.org/en/documents/details/107773>

United Nations Office for the Coordination of Humanitarian Affairs. (2018). *Protection considerations on the "Majhi system."* Retrieved from [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/protection\\_considerations\\_on\\_the\\_mahji\\_system\\_pswg\\_fv\\_june\\_2018.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/protection_considerations_on_the_mahji_system_pswg_fv_june_2018.pdf)

Vallas, A., & Sharma, A. (2021, August 8). *European Union renews commitment to food and nutrition assistance for Rohingya refugees and hosts in Cox's Bazar*. World Food Programme. Retrieved from <https://www.wfp.org/news/european-union-renews-commitment-food-and-nutrition-assistance-rohingya-refugees-and-hosts>

World Food Programme. (2018a). *A year into the Rohingya refugee emergency response*. Retrieved from <https://www.wfp.org/publications/2018-year-rohingya-refugee-emergency-response>

World Food Programme. (2018b). *Refugee influx emergency vulnerability assessment (REVA)*. Retrieved from <https://docs.wfp.org/api/documents/WFP-0000106095/download/>

World Food Programme. (2020a). *WFP Bangladesh: Rohingya refugee response; situation report #39, June 2020*. Retrieved from <https://docs.wfp.org/api/documents/WFP-0000118101/download/>

World Food Programme. (2020b). *WFP in Cox's Bazar| gender brief*. Retrieved from <https://www.wfp.org/publications/wfp-coxs-bazar-gender-brief>

World Food Programme. (2022). *Rohingya refugee response WFP Bangladesh | Information booklet*. Retrieved from <https://docs.wfp.org/api/documents/WFP-0000139876/download/>

World Food Programme. (2023a). *Lack of funds forces WFP to cut rations for Rohingya in Bangladesh*. Retrieved from <https://www.wfp.org/news/lack-funds-forces-wfp-cut-rations-rohingya-bangladesh>

World Food Programme. (2023b). *Food security & livelihoods coordination meeting, 10 January 2023*. Retrieved from [https://fscluster.org/sites/default/files/documents/20230110\\_fss\\_coordination\\_meeting.pdf](https://fscluster.org/sites/default/files/documents/20230110_fss_coordination_meeting.pdf)

World Food Programme. (2023c). *WFP Bangladesh country brief March 2023*. Retrieved from <https://docs.wfp.org/api/documents/WFP-0000148396/download/>