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Knowledge, Attitude And Practices Regarding Different Diseases Among Different People Of FDMN Community In Rohingya Refugee Settlement, Cox's Bazar, Bangladesh.

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Abstract
Background: *The Rohingya refugee crisis persists as a significant humanitarian issue on a global scale, as a large number of Rohingya individuals have been compelled to escape from violence and mistreatment in Myanmar, and are currently seeking shelter in nearby nations, predominantly Bangladesh. The Rohingya refugee community encounters a range of difficulties, such as overcrowded living conditions, restricted healthcare access and insufficient sanitation.* ***Aim of the study:*** *The aim of this research is to focus on gaining an insight into the knowledge, attitude and behavioral practices (KAP) relating to different communicable and non-communicable diseases among the Rohingya refugee population.*
Methods: *A descriptive and cross-sectional survey on Rohingya people (N = 3060) living in refugee camps in Bangladesh. Data was collected via face-to-face interviews, after voluntary consent, using a pretested, language validated questionnaire on Knowledge, attitude and behavioural practices. Ethical approval and trial registration were obtained prospectively.*
Results: *A total of 3060 individual refugee people from different refugee camps where water borne diseases, tuberculosis, mosquito borne diseases, hypertension, diabetes mellitus and iron deficiency anemia had 504, 523, 511, 504, 517 and 501 respondents respectively. Socio-Demographic variables had found significant association on different diseases knowledge and practice part. Age groups had significantly associated with practice part "Do you wash your hands after defecation with soap?" variables ($p<.05$). Gender had significantly associated with practice part "Do you cook your foods properly?" variable ($p<.001$).Age groups had significant association with "Do you know what TB is?" variable ($p<.05$). Age groups had found significant association with "Do you know about Mosquito-borne disease?" variable ($p<.001$) and with "Do you know the causes of Mosquito-borne disease?" variable ($p<.001$). Monthly family income had found significant association with "Do you take sufficient fruits and vegetables regularly?" variable ($p<.05$), and with "Do you have regular meals daily?" variable ($p<.05$).*
Discussions & Conclusion: *Rohingya refugees struggle to manage communicable and non-communicable diseases, which affect their health. Overcrowding, lack of healthcare, and cultural obstacles affects the Knowledge and practices toward community diseases. Governments, humanitarian groups, and healthcare professionals must work together to undertake focused interventions that increase health education, access to healthcare, and disease prevention. Addressing knowledge gaps and encouraging positive healthcare-seeking behaviors can enhance health outcomes and quality of life for Rohingya refugees and other displaced groups. It is imperative to acknowledge the limitations of the study and take them into account when interpreting the results. Additional research is required in various refugee settings to corroborate and build upon the existing discoveries, thereby augmenting the efficacy of healthcare interventions for marginalized populations on a global scale.*
Key words: *FDMN, refugee, communicable, non communicable, KAP, Diseases.*

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