



DISCUSSING DISABILITY WITH THE ROHINGYA COMMUNITY



These Rohingya language guidelines provide sociocultural background and linguistic context for humanitarian program managers, field workers, and interpreters who work with people with disabilities. Humanity & Inclusion (formerly Handicap International) helped develop this document. It accompanies the TWB Glossary for Bangladesh, which contains more than 130 disability- and therapy-related terms, as well as over 600 terms from other humanitarian sectors. It is available in five languages both online and offline via smartphone app in written and audio format: glossaries.translatorswithoutborders.org/bangladesh/

Data was collected through focus group discussions, delineated by gender and language (Chittagonian or Rohingya), and supported by complementary field and desk research.

Contact bangladesh@translatorswithoutborders.org for language needs in Bangladesh, or info@translatorswithoutborders.org to discuss overall language services and resources for communicating with communities in need.

The concept of disability is difficult to grasp in many communities due to a complex interplay of culture, socioeconomics, and language.

In the Rohingya community, decades of oppression and seclusion have led to further complexity, which greatly affects the lives of people with disabilities. Communicating information and services to affected people in the camps can be difficult because the Rohingya language is unstandardized, and many in the community have a low education level in a second language. These challenges compound the communication barriers many people with disabilities face as a result of specific impairments or through reduced opportunities to learn to read or to speak another language.



Mental and intellectual

It is easier to explain specific physical disabilities (*gaar mazuri*) than mental (*dhemaki*) conditions and intellectual (*ahol*) disabilities, as psychological conditions are not concepts commonly discussed in the Rohingya community. They refer to many clinically distinct mental conditions as *faul*, a general term meaning ‘madness’ or ‘lunacy.’ A huge stigma (*bodnaam*) is still associated with any form of mental disability. Abstract concepts – like imagination (*baafon*) and trigger points – are also challenging for many Rohingya to conceptualize, so it is difficult to use these words for psychological therapies.

Of jinns and winds

Historically, many cultures blurred the line between spirituality and medicine. They explained illnesses and diseases as being the workings of supernatural entities (*zin-fori* in Rohingya), and therapies for these ailments came in the form of sanctified herbal remedies. The advent of modern medicine and better scientific education has decreased belief in such things in certain societies. However, in societies as cut off as the Rohingya community, belief in spiritual illnesses is still common. Many Rohingya people still see disability as a test from God, particularly if it is psychological and/or intellectual in nature. They explain a variety of mental conditions by saying people are possessed by spirits (*asor’e dhoron*), and treat them using exorcisms (*zaara-fua*).

For example, the term for paralysis – *boyare maijje* – literally means ‘to be hit by the wind.’ But who is doing the hitting? Many Rohingya believe that jinns hit humans with winds to make them immobile.

Types of pain

The general word for ‘pain’ in Rohingya is *bish*. It is associated with physical pain rather than mental or emotional pain (which they describe as *hoshto*, meaning ‘difficulty’). The Rohingya language differentiates between types of physical pain. Aching or prolonged dull pain, is *horani*, which literally means ‘to bite.’ Shooting or stabbing pain is *sissen*, and tingling or pin-and-needles is *zinzini*. Though these specific terms exist in the Rohingya language, many Rohingya patients find them difficult to recall during consultations; they tend to use the general word for pain (*bish*) instead. Prompting patients with the specific words will help health practitioners and health interpreters to identify sources and types of pain.

Frektis makes perfect

The word for ‘exercise’ does not exist in Rohingya. Both Bangla and Chittagonian speakers use the word *biyam*, but many Rohingya do not understand that word. When told that it is a set of movements one does repeatedly, Rohingya respondents suggested several alternative words. Some women called it *karate*; apparently they were taught self-defense exercises when they were back in Myanmar. Some men called it *tenning*, from the English word ‘training.’ If it is sports-related, many people say *kela-dula*, which means ‘playing around.’ A word that both men and women agreed to was *frektis*, which is the Rohingya pronunciation of English ‘practice.’



Note that the word for pain also sounds like the word for ‘poison’ (*beesh*), though the ‘*ee*’ is stressed more in the latter.



Chittagonian versus Rohingya

Knowing the similarities and differences between Chittagonian and Rohingya terms is important since many interactions with Rohingya patients occur through Chittagonian interpreters. Chittagonian borrows many scientific and medical terms from standard Bangla, which the Rohingya community generally does not comprehend. However, certain health-related words used colloquially in Chittagonian are similar to, if not the same as, Rohingya, as historically they both borrowed words from languages like Arabic, Farsi, and Urdu. For example, Chittagonian uses both **maazur** (same as in Rohingya, via Urdu) and **fungo** (derived from Bangla pungo) to mean 'disabled.'

Male versus Female

There are clear differences in the way Rohingya men and women use their language. As men typically have more access to the outside world, they are exposed to more new and foreign words. The Rohingya language traditionally borrowed from Arabic, Farsi, and Urdu for many medical and social terms. Women commonly do not understand these more academic words easily. For example, the word for 'treatment' – **elaaz** – is derived from Arabic via Urdu, which most men understand. However, most women do not understand it. They prefer to say **dabai goron**, meaning 'to get medicated.' Newly adopted Bangla words are also difficult for many Rohingya women to understand, though there is a desire and effort to learn Bangla and Chittagonian words.

This publication is part of the Common Service for Community Engagement and Accountability. The work is being delivered in partnership with IOM, the UN migration agency, and is funded by Humanity & Inclusion, EU humanitarian aid (ECHO) and the UK Department for International Development. The views expressed in this report should not be taken, in any way, to reflect the official opinion of the European Union, nor do the views expressed necessarily reflect the UK government's official policies. The UK government and the European Commission are not responsible for any use that may be made of the information contained in this document.