

A HEALTHY DISCUSSION: ROHINGYA LANGUAGE GUIDANCE FOR HEALTHCARE WORKERS

These Rohingya language guidelines provide sociocultural background and linguistic context for humanitarian program managers, field workers, and interpreters who work in nutrition programs. WHO helped develop this document. It accompanies the TWB Glossary for Bangladesh, which contains more than 300 health-related terms, as well as over 1,000 terms from other humanitarian sectors. It is available in five languages both online and offline via smartphone app in written and audio format.

<https://glossaries.translatorswithoutborders.org/bangladesh/>

We collected data through key informant interviews and focus group discussions, supported by complementary field and desk research.



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The Rohingya people's understanding of health combines ancient Indian traditions like Ayurveda, religious concepts like the Islamic *jinn*s and *asar*, Myanmar culture, and modern Western medicine. These culturally rich beliefs of how and why people get sick are valuable to understand when designing health interventions for the community.

Understanding basic anatomy

The Rohingya community has not had easy access to healthcare or health education while living in Myanmar. General medical knowledge is improving in the community, though its reach and adoption depend on factors like an individual's cultural and religious values, social isolation, and education level.

The low health literacy in the community is particularly evident when talking about anatomy. You may have heard someone in a health center saying *aaar hoilla dufdufar*, while moving their palm up and down their chest. An obvious assumption would be that they are complaining of chest pain. However, when translated literally, the phrase means 'my liver is palpitating.' The idea that a person's liver is near his or her chest is a common misunderstanding in the Rohingya community.

The multiple words used to describe the concept of 'heart' further illustrate anatomical misconceptions in the community. Rohingya people differentiate between the multiple purposes of the heart. An 'emotional heart' is *dil* (borrowed from Urdu). This word is used to describe emotional states, along with the word *mon*, which means 'mind.' The physical heart in someone's chest is called *hoilla*, (which remember, literally means 'liver'). However, when describing an animal heart – let's say, that of a cow after a ritual sacrifice – they use *aam*, which means 'mango' because the shape of a heart resembles a mango.



WHICH LANGUAGE IS THAT IN?

Rohingya speakers are increasingly adopting English and Bangla words for new concepts that they learn about in the camps. For example, Rohingya often say *sekap* for prenatal checkups with a doctor. The word is derived from the English 'checkup' but is only used for prenatal purposes. A general checkup is usually called *dattar dehon*, meaning 'to see a doctor.'

Another borrowed word is *niyana*, which is derived from 'pneumonia.' However, *niyana* is only used when a baby (usually less than one year old) has pneumonia. Anyone older with the disease is said to have *salim* or *araiya*.

Rohingya speakers borrow from English to say *kinni* meaning 'kidney.' However, such borrowings can confuse interpreters. The same word *kinni* means 'to buy something' in Chittagonian. Like the Rohingya speakers, Chittagonian speakers have adopted many Bangla and English words to describe health terms. These words are not easily understood by the recent Rohingya refugees. For example, Chittagonians use the English word 'diabetes' to describe the disease, whereas Rohingya speakers say *mida biaram*, which literally means 'sweet disease.'





SPIRITUAL UNDERSTANDING OF HEALTH

Spirituality and medical practices are interlinked in the Rohingya community. They therefore use a mix of health treatments, including medical doctors and traditional healers.

The concept of jinns is part of Islamic folklore. They are spirits that can be either malevolent or benevolent. Rohingya believe that these spirits can affect people's health and mental states. In the Rohingya language, paralysis is translated as *batashe maijje*, which literally means 'hit by winds.'

Many female reproductive conditions are also explained by jinns. Women who have periods with a heavy flow are encouraged to carry something made of iron (like a nail or a pin) when they leave the house to protect them from bad *jinns*. This also applies to new mothers, who Rohingya people believe are highly susceptible to *jinns*. To discourage these *jinns*, the Rohingya community often seek the guidance of holy men – usually an imam or a *fokir* (a celibate spiritual person). Treatment often includes holy water, exorcism, prayers, and herbal remedies.

Another element of this spiritual healthcare is dream medicine. Recipes and procedures for medical treatments come in a dream, often to pious people. Dream-medicine practitioners can be any age, though those younger than 10 years are seen as very powerful, as children are perceived to be closer to God. Most dream-medicine concoctions are herbal.

These spiritual medical practices are relatively widespread in the camps. However, they are considered taboo and people are often not comfortable talking about them. That makes it difficult to know what percentage of people use these treatments. This is particularly for anything related to mental health. As mental health is still poorly understood and a taboo subject, many people resort to spiritual and traditional healers for remedies.

HEALTH, AGE, AND TIME

The concept of age is relative in the Rohingya community. They do not have a clearly defined understanding of child, adolescent, and adult, as these terms are social constructs rather than biological parameters.

Childhood is a time of free play for all sexes, though certain milestones and rites of passage are marked during childhood to start segregating the genders. For male children, circumcision – usually around the age of 7 to 10 years – marks the initiation into manhood. Girls may pierce their ears or noses to mark their rise into womanhood, though the ages vary.

The Rohingya do not have a general translation of 'adolescence' or 'adolescent.' They use *horim balok* for prepubescent girls and *fata hoish>sha* for prepubescent boys. The word *juwan*, which literally means 'youth' or 'young,' is generally used for both sexes after they show physical signs of puberty. There are more descriptive words for girls after puberty that reflect their lives in a segregated society. For example, *gor goille* means 'one that enters the house,' and *mathar hor diye* means 'one who covers her hair.'

Similarly, the Rohingya do not have a distinct word for 'adult.' They often say *beda* or *bedi*, meaning 'man' or 'woman.' They refer to someone approximately between the ages of 30 and 50, as *adboisha*, which means 'half a lifetime.' Anyone that looks elderly and has a good social standing in the community is known as a *muropi*, loosely translated as 'elder.'



WORKING WITH A MEDICAL INTERPRETER

Health interpreters are a crucial link between patients and health workers. They must understand complex health conditions and terms in English and Bangla and find an equivalent in Rohingya. Working in the medical field, they need to be extra cautious in their interpretation, as any misinterpretation could lead to misdiagnosis.

Here are some simple steps to support your health interpreter:

- Speak clearly and slowly. Relay information to and from a patient in clear and simple language. Avoid complex medical terms and use simple common terms instead. For example, instead of 'cardiac arrest', use 'heart attack.'
- Allow the interpreter time to introduce themselves to the patient and explain their role. This helps the patient be confident that the interpreter will treat the case ethically and confidentially.
- Allow enough time. Patients, particularly children and older people, may not be able to speak coherently if they are in pain. A good interpreter will not interrupt, or assume what the patient is trying to communicate. Communicating at the patient's pace helps to build trust.
- Show respect by using appropriate body language. Position yourself at the same physical level as the patient. For example, if you are in a seat, the patient should be too. Address your questions to the patient, not the interpreter. Make eye contact only when culturally appropriate.
- Encourage questions. The patient may not immediately understand the medical terminology and concepts you use. Let them ask questions so they understand their condition and treatment better. This will lead to better health outcomes for them. Similarly, as a medical practitioner you may not understand certain cultural or linguistic topics; ask the interpreter if anything isn't clear.
- Always use an interpreter. Using a health interpreter from the same community as the patient, and of the same gender, improves trust in the medical system.
- Train the interpreter in medical terminology, interpreter conduct, and ethics. Tell interpreters about resources available to them to better communicate medical conditions. TWB has a number of resources, including the [Bangladesh Glossary](#) and we offer regular language and skills training. Contact bangladesh@translatorswithoutborders.org for more information.

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