



Misunderstanding + misinformation = mistrust:

How language barriers reduce access to humanitarian services, reduce the quality of those services and aggravate social exclusion for Rohingya communities

PART II: COX'S BAZAR, BANGLADESH

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TRANSLATORS
WITHOUT BORDERS

A three-part report

Translators without Borders (TWB) is pleased to launch a three-part report and accompanying language guidance on an innovative cross-border study. The series explores the role of language in humanitarian service access and community relations in Cox's Bazar, Bangladesh and Sittwe, Myanmar.

- **Part I.** Cross-border trends: Challenging trends in Cox's Bazar, Bangladesh and Sittwe, Myanmar
- **Part II.** Cox's Bazar, Bangladesh: Findings from Bangladesh including sections on challenges, adaptive programming, and recommendations
- **Part III.** Sittwe, Myanmar: Findings from Myanmar including sections on challenges, adaptive programming, and recommendations

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Children learn the Arabic alphabet at a madrassa in a Bangladeshi community neighboring the refugee camps in Cox's Bazar. Credit: TWB / Fahim Hasan Ahad



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Methods and further information

Detailed information on methods and limitations is available at https://translatorswithoutborders.org/wp-content/uploads/2019/09/Methods-and-limitations_Cross-Border.pdf.

For detail on the languages of the Rohingya response in Bangladesh and Myanmar, see https://translatorswithoutborders.org/wp-content/uploads/2019/09/Languages-in-the-Rohingya-response_Cross-Border.pdf.

Usage

Language and ethnicity names:

We use the official language or ethnicity name designated by the national government in Bangladesh or Myanmar respectively. For example, we use Bangla instead of Bengali and Myanmar instead of Burmese.

If a language or ethnicity is not officially recognized, we use the name recognized in American English or the preferred term of self-identification used by interviewees. For example, Rohingya. Also, local and non-local Bangladeshi.

Language speakers: The terms "English speaker," "Myanmar speaker," "Rakhine speaker," "Rohingya speaker," refer to a person who is most comfortable speaking the given language.

This does not imply that the person is a native speaker of that language or that their ethnicity necessarily mirrors the language they are most comfortable speaking unless otherwise stated. For example, a Chittagonian speaker may be ethnic Rohingya.

Executive summary

“A language should have its own exclusivity... Until today language is the only anthropological element to identify them as Rohingya. One Rohingya can be separated from a Bangladeshi only with his or her language. So we do not want them to mix up with our language and culture.”

- A Bangla speaking government official

The Rohingya are marginalized in Myanmar society, as reflected in their lack of legal status and recognition as citizens. Across the border in Bangladesh, they are also unable to fully participate in society due to their lack of legal status and recognition as refugees. One consequence of this is to reduce their opportunities to learn other languages such as Bangla or Chittagonian. This locks in their exclusion through language.

Monolingual Rohingya in the Cox's Bazar refugee camps and host communities have difficulty accessing information, voicing their needs and wishes or engaging with decision-makers except

through other people. The groups that are most commonly monolingual are also disadvantaged in other ways. This language dependency reinforces their relative lack of power and agency.

Forced displacement increases reliance on others from outside the Rohingya community for support. This makes it even more essential for them to communicate across languages and cultures. The role of intermediaries becomes more important and the risk of exclusion for monolinguals even greater.

Effective two-way communication is a key component of user-centered, equitable service provision and accountable humanitarian action. In the linguistically diverse humanitarian response, organizations struggle to get that communication right. The result is reduced access to quality services, further exclusion, and missed opportunities to help improve intercommunal relations.

Humanitarian organizations in Cox's Bazar District can improve communication with Rohingya refugee communities by increasing staff language capacity, cultural awareness, and knowledge of interpreting principles.

More fundamentally, language and cultural awareness should inform every aspect of program design, resourcing, and implementation. That is how we ensure that under-served Rohingya can understand their options, make their needs and wishes heard, and build better relations with neighboring communities.

Recommendations

This assessment highlights ways in which humanitarian organizations can communicate more effectively with the affected population.

1. **Apply plain language principles**

Develop information, education and communication materials in plain language, especially those intended for the Rohingya community. Explain concepts using familiar words and clear sentence structure. Avoid or explain technical jargon and words that are not commonly used. Ensure content is field-tested, appropriate for the intended audience, and addresses key community concerns. (For an overview of plain language principles, see <https://translatorswithoutborders.org/wp-content/uploads/2019/09/Basic-plain-language-principles-for-humanitarians.pdf>)

2. **Invest in formal training for interpreters and field staff in language and cultural skills**

Assess Rohingya language skills as part of staff recruitment, and engage Rohingya staff and volunteers to support community engagement. Training and support programs can build interpreters' and field workers' capacity, including in complex terminology such as health interpreters may require. This can draw on tools like [TWB's multilingual glossaries of humanitarian terms](#). Humanitarian organizations can foster cross-cultural communication skills by encouraging collaboration between Rohingya staff and volunteers and those from other backgrounds.

3. **Test comprehension of critical messages**

Develop and test message banks to see which messages are best understood, convey the intended meaning, and resonate with target groups. Whenever possible, co-design or co-redesign messages with community members. This will also help to track progress and raise awareness of the importance of clear messaging. Ultimately this should increase the effectiveness of humanitarian communication practices over time.

4. **Promote and support empathy with service users and understanding of their needs**

Train and brief service providers in language and cultural awareness. Enable them to apply that learning by designing programs to allow adequate time for communication. In health clinics, for instance, this means organizations should plan for doctors to spend longer with patients, especially new patients. It is common for interpreting into an unstandardized language to take a few minutes longer. Plan for any interpreted meeting or gathering, such as focus groups, to take at least twice as long. As far as possible, don't rush interactions with Rohingya community members: it can readily be taken as rude and disrespectful.

5. Design a bridging strategy for home language (Rohingya) to national language (Myanmar) as the language of instruction in classrooms

Expanding the use of the Rohingya language in education will improve children's learning across the curriculum, including learning additional languages. This is especially important for disadvantaged groups such as girls, children with disabilities, and those who have missed years of schooling. Starting immediately, provide stronger guidance for the use of Rohingya in teaching and learning, teacher training, management, and assessment. Consider developing an approach to teaching Myanmar as a second language and progressively using it as a language of instruction as students become more confident. In the long term, work with the Rohingya community to explore

scope for standardizing Rohingya as a language of instruction.

6. Develop social cohesion programming that addresses language-based exclusion and does not perpetuate it

Design social cohesion and peacebuilding programs to be accessible to monolingual Rohingya, as well as to other groups. This should inform everything from activity planning to staff recruitment and training, to communication. Model and promote intercommunal respect by referring to social groups by the names they prefer: call Rohingya, Rohingya. Explore the role of language intermediaries and shared problems like gender-based violence as entry points for promoting intercommunal understanding.

A community health worker speaks to the assessment team at a clinic in the refugee camps in Bangladesh.



Language barriers limit access to quality services

Rohingya speakers who do not also speak Rakhine or Myanmar are vulnerable to exclusion from information, access to services, and quality service provision. Such monolinguals make up the vast majority of the Rohingya population. They are predominantly people with no or low education, people from rural areas, and women.

Service providers and service users alike struggle to communicate. Service providers broadcast unclear messages and have low professional language capacity. Service users are unable to understand messages due to low literacy and education levels.

Rohingya speakers who do not speak other languages depend on those who do. This results in diminished individual agency, and gives the intermediary a critical role in the individual's ability to access quality services. Our assessment found that humanitarian organizations are largely not ensuring staff and volunteers have the skills, training, and support to play that role effectively.

LANGUAGE BARRIERS LIMIT ACCESS TO QUALITY HEALTH SERVICES

Among women and older people in particular, health knowledge and trust of health service providers are low, which affects service access and quality. Language and communication challenges compound these problems.

Most Rohingya access humanitarian health services, but many doubt the quality and effectiveness of care

Health services in Cox's Bazar District are provided by both government and national and international humanitarian organizations. We limited our scope to humanitarian-operated primary health services and health and hygiene promotion.

A household survey we conducted for this study found very high rates (92 percent) of health service use among newly arrived Rohingya refugees in Cox's Bazar. Yet 23 percent reported that they did not feel all their questions were answered, nor did they understand everything during their visit. Some informants told us unlicensed doctors also see as many as 150 patients a day because some refugees trust them more than humanitarian clinics.

During our consultations we learned that most Rohingya refugees tend to go to the nearest humanitarian clinic for primary health issues. For more serious issues, they prefer the larger foreign-operated facilities, such as the Malaysian or Turkish hospitals. Only a small minority from Kutupalong-Balukhali Expansion Site reported going to Bangladesh government-run health facilities. People gave several reasons for this preference for foreign health facilities. These include longer opening hours, shorter waiting times, higher quality service, better quality medicines, and more trained professionals.

For the Rohingya community, the social acceptability of health services is limited by factors such as:

- inability to communicate effectively or at all with service providers
- rude or disrespectful behavior of health service providers
- short consultation times with the doctor
- cultural taboos about seeking medical help for sexual and reproductive or mental health issues.

These complaints arose repeatedly during consultations, but they were especially common among monolingual Rohingya, particularly women and older people.

Patients, doctors and intermediaries struggle to understand and be understood

Rohingya speakers commonly reported communication issues, explaining that some had disastrous consequences.

“Recently I went to a clinic with my child, who had a high fever. I explained to the doctor about my child’s suffering and the doctor seemed to not understand what I was saying.”

- A newly arrived Rohingya-speaking man aged 15 to 24

“I had treatment for my child in this hospital, but I did not understand what the doctor was saying. He drew some lines on the package of the medicine, but I couldn’t understand it. Because of this, I gave my child an overdose of medicine and it caused him to become unconscious.”

- A newly arrived Rohingya-speaking man aged 15 to 24

Many patients only speak Rohingya. They depend entirely on an intermediary to communicate with the doctor. These are often community health workers who can communicate with the doctors in Bangla and to some extent with the

patients in Chittagonian, which is related to Rohingya. From our interviews and observation, these intermediaries often struggle to facilitate exchanges between patient and doctor.

Differences between Rohingya and Chittagonian create further potential for confusion. When seemingly simple words in Rohingya and Chittagonian have completely different meanings, prescriptions can be easily misinterpreted. This can result in patients not taking their medicine at the right time or in the right dose, for instance.

“When [the Bangladeshi] say *bikal*, it means ‘afternoon’ [the period from 3pm to 5pm], but Rohingya understand *bikal* as ‘night’.”

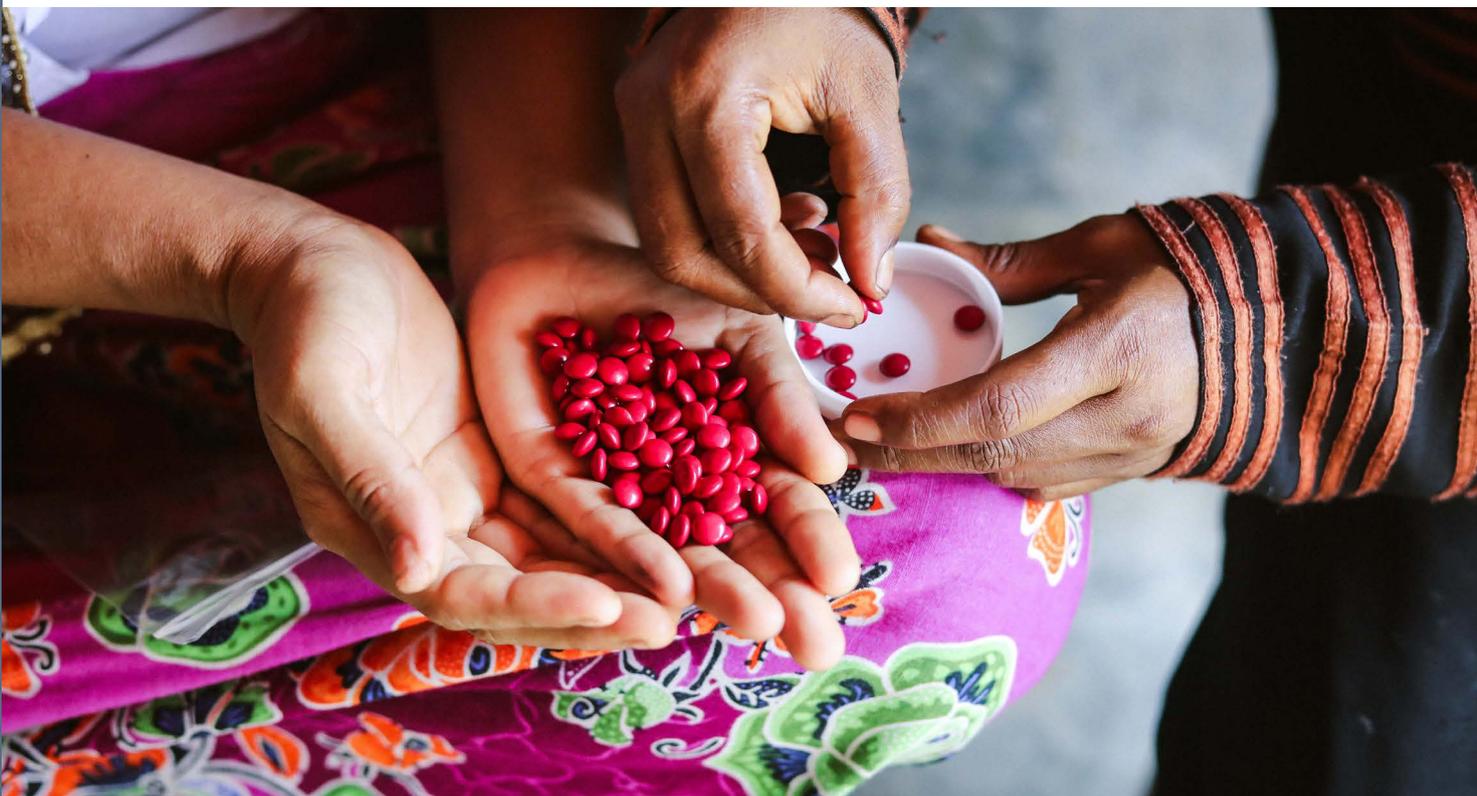
- A newly arrived Rohingya-speaking man aged 15 to 24

Discussions about internal medical issues are particularly difficult to communicate. This is partly due to the inherent difficulty of communicating about something you can't see. Low health literacy in the Rohingya community further complicates this. Common misconceptions about human anatomy include placing the liver in the chest not the abdomen, so people will describe chest pains as pain in the liver (*hoilla*).

“If I want to explain a disease in detail inside the body or something heart-related which is not visible to point to, then it's very hard to explain.”

- A newly arrived Rohingya-speaking man aged 15 to 24

A pharmacist dispenses medicine to a Rohingya woman at a humanitarian clinic in the refugee camps. Credit: TWB / Fahim Hasan Ahad



When they talk about health, doctors and patients are also speaking from different medical traditions. Traditional medicine in Rohingya society perceives health and sickness as an imbalance of bodily fluids and supernatural elements. The understanding of Western medicine among Rohingya in the camps today is influenced by these traditional beliefs. For example, people we interviewed generally viewed injections - which put fluid into the body - as more effective than pills.

“Previously they used to think that oral medicines aren’t enough to heal from diseases. Only injections and saline can make any difference.”

- A Bangla-speaking man who is a field supervisor

These Rohingya-speaking patients want to be fully engaged in the management of their own care, but they lack the health knowledge due to language, cultural and education barriers.

Women face particular problems understanding and being understood on health issues, in part because of their limited opportunities to learn other languages.

“When my wife goes to the clinic, I always need to go with her because she does not understand the language that is spoken at the clinic. We men go outside, interact with Bangladeshi people, collect aid distribution, so we understand like 20 percent of Bangla. But women always sit at home so they don’t understand.”

- A newly arrived Rohingya-speaking man aged 15 to 24

In our conversations with Bangla- and Chittagonian-speaking health service providers, we found that some were dealing with inaccurate translation by bypassing spoken communication. This was especially the case with individuals who had been working in the response for some time.

“The Rohingya patient and the Bangla-speaking doctor were speaking in Bangla. (...) The patient could not speak proper Bangla and the doctor couldn’t speak Rohingya so they communicated through hand gestures and repeating words.”

- Observation notes from a visit to a humanitarian clinic

Diagnosing conditions and prescribing medication without clear two-way communication can result in misdiagnosis and inappropriate treatment. This highlights how a lack of skilled interpreters can lead to health services that are not patient-centered or equitable.

Cultural issues prevent access to appropriate care

Beyond technical competence with medical and other relevant terminology, interpreters need cultural awareness to be effective. They need to understand the importance of communicating cultural and linguistic nuances. This cultural mediation role is essential to improve the quality of health services.

We observed several instances where language and cultural barriers discourage patients from discussing symptoms with health professionals. Patients do not receive patient-centered and equitable care because the doctor and interpreter do not have adequate language skills or cultural awareness.

Rohingya cultural norms prevent women from discussing female body parts or functions with or in the presence of men. Interviews suggest that if a female staff member is not, or not expected to be available, many women will not seek care at a clinic.

“Sometimes women and children have difficulty explaining health-related words, especially about sexual and reproductive health. As most of the doctors are men, women feel shy to explain their problems. They hesitate a lot to speak about problems affecting their reproductive organs or private parts. Sometimes they keep quiet and do not tell anyone about their sickness and health problems.”

- A Chittagonian-speaking man aged 25 to 49

In these conditions, women often use body language and euphemism to communicate their symptoms. This relies on intermediaries being sensitive to those signals.

A lack of cultural awareness impairs trust

Rohingya patients also complained of rude or disrespectful behavior. These cases were often linked to a lack of cross-cultural understanding or a lack of willingness to accommodate patients' language support needs.

“Once I was given some medicine for my leg pain and I found it very helpful. When I returned to the hospital to ask for more of the medicine that I was given before, the doctor said to me: ‘This is not rice, that you would ask me and I will give you as much as you want.’ That, I really didn’t appreciate.”

- A newly arrived Rohingya-speaking man aged over 50

“Doctors say that you don’t need to come here if you don’t understand the language.”

- A newly arrived Rohingya-speaking man aged 15 to 24

Many Rohingya interviewed complained of medicines being wrongly prescribed, or generic painkillers being prescribed for all ailments. In many cases their doubts about the quality of treatment were linked to a sense that health providers lacked real concern for their welfare.

“Once I went to a hospital for a big cut I had on my leg. The doctor did the surgery and prescribed me only a few paracetamol. When I asked the doctor why he is prescribing only that, he said, ‘If you want to take it, you can, otherwise you may leave.’ So I threw the medicine away and left.”

- A newly arrived Rohingya-speaking man aged over 50

Cultural norms make it hard for patients to voice concerns

Most Bangla- and Chittagonian-speaking health service providers interviewed did not feel there were serious language and communication challenges.

“I don’t really see any problem with language. If a patient doesn’t understand me or anyone else, they ask again and then understand. I really like when the patients keep asking until they are clear.”

- A Bangla-speaking man who is a medical assistant

“Bonding between doctor and nurse has improved, there is good bonding between patient and doctor too. We faced problems of language in the past but now it is easier.”

- A Bangla-speaking man who is a health facility manager

It may be that medical personnel are not aware of the problems their patients experience because people are reluctant to complain openly.

Our study indicates that Rohingya patients often find health services inadequate but generally fail to raise their concerns with health providers. This seems to be due to a combination

of culture, pragmatism, and ignorance of rights. Social emphasis on saving face, by not revealing the extent of one’s needs, combines with concern that criticism may lead to services being withdrawn. Concepts of patient-centered care and what they imply for their right to quality health services are also unfamiliar.

“No one offers to help us with these [language] challenges and we don’t know how to complain. And we also dare not complain.”

- A newly arrived Rohingya-speaking man aged over 50

In this context, it takes considerable tact, cultural sensitivity, and time to establish a dialogue where the patient’s concerns can truly be heard. Clearer messaging and an investment in patient-centered care and communication could go a long way to improving the actual and perceived quality of health services.

A fictional scenario illustrates the limitations of relying on untrained interpreters

The fictional scenario below illustrates the issues with health service quality encountered in the Kutupalong–Balukhali Expansion Site and surrounding areas. We constructed it from our observations in humanitarian clinics and the experiences described by program managers, doctors, nurses, community health volunteers, and patients.

Scenario: Momena complains of “pain while showering.”
Misdiagnosis: minor sprain

Momena, a young Rohingya woman, waits in the health center waiting room, about half an hour’s walk from her shelter in the Kutupalong camp. She sits in the corner of the room, grimacing with pain.

Momena has been having erratic but heavy menstruation for the past several months. Her lower back pain and cramps leave her bedridden for days at a time. It has become difficult for her to take care of her two young children, which is taking a toll on her relationship with her husband.

Joshim, a Chittagonian college graduate who only recently joined the healthcare facility as an interpreter, finally calls Momena into the doctor’s consulting room. Doctor Rofik, a Bangla speaker, sits behind a desk reviewing Momena’s health record. Momena is the 55th patient the doctor and interpreter have seen today, and many more queue in the waiting room and outside.

Doctor Rofik asks Momena what brings her here; Joshim interprets. Momena is uncomfortable and sits in silence. She looks towards the door, as if expecting someone else to walk in. Joshim repeats the question, again without reply. Both the doctor and Joshim grow impatient, and Joshim finally asks again loudly.

Momena, startled, responds: “My sister-in-law told me there were female interpreters here. Can I speak with a woman please?” Joshim does not relay this question to the doctor, but answers her directly: “Both female staff are sick and are not working this week. So if you want help, you will have to speak with me.”

Momena considers leaving to avoid the shame of discussing certain areas of her body with a man, but this time, she is in too much pain. She touches her lower back and very quietly says, “*Ghusol’or shot beshi dorod gora.*”

Joshim interprets this to Doctor Rofik: “She is in pain when showering.” Joshim doesn’t realize that the word for shower, *ghusol*, is also a euphemism for menstruation in the Rohingya language.

Seeing that Momena is uncomfortable, Doctor Rofik tries to use the few Rohingya words he picked up while working in the camps, and asks Momena to lift up the back of her burka and her blouse which she reluctantly does. He checks her lower back. He presses her spine a little and asks if she fell recently. She shakes her head indicating no.

Sensing it could just be a minor sprain, he prescribes her paracetamol and an ointment.

Doctor Rofik does not say this to Momena, but speaks directly to Joshim to let him know. Joshim only tells Momena that she will get some medicine for the pain. He then points her to the pharmacy with the prescription slip Doctor Rofik wrote for her.

The consultation has taken less than five minutes.

Conclusion: In the absence of a female health worker or interpreter, Momena resorts to euphemism. The interpreter fails to spot the euphemism, and does not facilitate direct communication between patient and doctor. The doctor makes little effort to engage the patient directly. As a result, both miss verbal and non-verbal signs that could have helped them to understand Momena’s real problem.

Cultural understanding breaks down barriers to health access

Young Rohingya mothers and older Rohingya women are some of the most vulnerable subgroups in the camps. Both groups are likely to speak only Rohingya and have low levels of formal education. Young mothers are subject to cultural taboos and restrictions that make it difficult for them to leave their homes to go to a clinic.

A few people interviewed called for health service providers to be particularly supportive when women overcome these obstacles to seek care. One suggestion was to allow a family member to be present to provide support.

“[A woman] was in labor, and restless. She was screaming *Maa! Maa!* (mother). Her mother was just outside the labor room and but wasn’t permitted to enter. The nurse told the woman in labor, ‘This is not a place to shout. You have to do whatever I say’.”

- A Rohingya-speaking woman who supervises community health volunteers

Precisely because of these constraints on women, we observed that those women who are multilingual have an important role to play. Health services are dominated by male staff and volunteers: traditionally women have not taken such positions, in part through concerns for their dignity and safety.

Yet the few female community health workers are highly valued. A woman with health knowledge and sociolinguistic skills can communicate effectively on topics such as women’s reproductive health, vaccination rumors, and traditional medical practices. This is particularly important for topics that could potentially undermine access to health services.

“It’s very important for women to work in the camps. Women make up 68 percent of the population in the camps, yet all our staff are men. Women stay inside the house and they don’t come in front of male staff. In order to reach them, we need female staff...”

- A Rohingya-speaking man who is a civil society leader

To expand the pool of female community health volunteers, health service providers need to address their safety concerns and persuade their communities of the unique contribution they can make.

A fictional scenario illustrates the value of cultural understanding

We constructed the following scenario from our observations in humanitarian clinics and the experiences described by program managers, doctors, nurses, community health volunteers, and patients.

Scenario: Older women stick to traditional beliefs, mistrust health promoter

"If anyone in your family suddenly stops talking and keeps to herself, or if she is trying to hurt herself, see a doctor immediately." This is the advice from Ayesha Khatun, a Chittagonian community health promoter working in the Kutupalong extension camps, to a group of Rohingya women gathered in the women-friendly space.

Ayesha is from Ukhiya, the closest town to the Rohingya camps in Cox's Bazar District. Her first language is Chittagonian, though she is also fluent in Bangla. Her intermediate Rohingya skills and friendly demeanor make her quite well-liked in the camp blocks where she works.

This morning, the women at the women-friendly space range in age from 20 to over 50. Several women have brought their children along. The room is full of energy, with the children yelling and playing, but the group of women were deep in a serious conversation.

"But my mother-in-law said my daughter should first go to the imam and get holy water," one of the young women says in a quiet voice. "She said my daughter could have been possessed by a *jinn* during our long trek to the camps. She hasn't spoken since we came here."

The other women nod in agreement.

In the pre-Islamic and Islamic context, the term *jinn* is used for supernatural creatures that are neither good nor evil. They cannot be seen with the naked eye, but live in the same plane as humans and can sometimes possess animate beings.

Ayesha initially began the meeting by saying they would talk about women's mental health, a concept that was alien to the group just as it was alien to Ayesha prior to her working at the NGO. But she

didn't expect to be talking about *jinn*s and evil eyes with the women. Before Ayesha can respond, one of the older women speaks up.

"What do these Bangla people know about our culture?" she says. "They don't need to teach us what is going on in our mind. *Jinn*s and *nazar* (evil eye) are part of our religion. You don't argue with what Allah created."

"Some things cannot be treated with paracetamol!" another woman quips. The other women laugh in agreement.

Ayesha feels unsure. There have been times when a few women disagreed with what she was saying or just walked away. But this time, these women seem to be taking offence at what she was saying. She tries to remember what she learned in training a year ago. Though the training included guidance on many things, it said little about spiritually sensitive topics. She knows she has to improvise.

"The medicine is for your body, and the holy water is for your soul. You need both, but it is best to seek medicine first because the doctors are not always here. You can get a hold of the imams anytime," Ayesha suggests.

The older women warm to this argument and move closer to hear what else she had to say.

Ayesha doesn't say this just to placate the women. She genuinely believes it herself. She takes paracetamol to relieve headaches, but when she is feeling sad or tense, she reaches for the holy *tabeez* (talisman) given to her by her grandmother.

Conclusion: Understanding and respecting traditional beliefs is important for communicating on health. Here the health promoter draws on her own knowledge of traditional Rohingya practices to communicate effectively and encourage uptake of health services.

LANGUAGE BARRIERS LIMIT ACCESS TO QUALITY EDUCATION SERVICES

Lack of understanding impacts trust. When many teachers and most parents do not understand education policy and newly adopted learning approaches, misunderstanding and miscommunication can further impact access and quality.

Within the Rohingya community, people express concerns about the quality of education provided in temporary learning centers. Education service providers lack guidance on using Rohingya after level 1 and in making the most of Rohingya as a language for learning. Teachers struggle with their own Myanmar and English language skills and with helping learners to transition to these as languages of instruction. Teachers, teacher trainers and teacher supervisors face challenges in communicating and learning about unfamiliar teaching methods in a multilingual context.

In the resulting confusion, there is a danger that learners miss out on an opportunity to learn effectively in a multilingual environment.

Most Rohingya children access humanitarian education services, but many parents doubt the quality and effectiveness of teaching

In the Cox's Bazar refugee camps, humanitarian organizations provide basic education through temporary learning centers. In parallel, the community organize madrassas, or religious schools, and community schools.

A 2019 assessment¹ found that 64 percent of children aged three to five in the camps were attending school or temporary learning centers. Attendance fell off for both sexes from the age of six, most sharply for girls. By the time children were aged 15 to 18, just 1 percent of girls and 9 percent of boys were still in school.

For the Rohingya community, cultural taboos about girls going to school after puberty are a powerful constraint on education access. Any change in those attitudes will take time, and this study does not address them directly. However, a parallel TWB study on education² did find that community members have general concerns about the education provided in the temporary learning centers in the camps. Below we analyze findings from that study on the part language can play in establishing effective and trusted education services in the Rohingya response in Bangladesh.

Early in the response, temporary learning centers relied heavily on play-based learning approaches. These were intended in part to provide psychosocial support following the traumatic experience of displacement. The potential benefits of that practice were not communicated effectively, however. As a result, we found a persistent belief among teachers, parents, and even learners, that these institutions are not serious.

1 [REACH, UNICEF. Education needs assessment, Cox's Bazar, April 2019](#)

2 TWB, UNICEF (2019) Language, education and the Rohingya refugee community of Cox's Bazar [forthcoming]. This finding is supported by another recent study: Olney, J. Haque, N. and Mubarak, R. (2019) [We must prevent a lost generation: Community led education in Rohingya refugee camps](#). PRIO

“We only played there [former temporary learning center] and we were not taught there, which is why we left.”

- A Rohingya-speaking girl aged 10 to 12

The temporary learning centers are now expected to apply the learner-centered methods of the Learning Competence Framework Approach (LCFA). Its child-friendly methods are different from the traditional rote teaching and learning approaches that both Rohingya and local Bangladeshis are used to. Teachers are encouraged to use games, songs and visual aids to help children learn. For many community members these unfamiliar practices indicate that temporary learning centers aren't serious about learning.

Parents also question the quality of Rohingya teachers, often based on their Myanmar language abilities rather than their teaching skills.

In addition, the initial assessment of students' educational levels was carried out in English and Myanmar. As a result, students unable to express themselves in those languages were unable to demonstrate their competence in other subjects such as numeracy. In the eyes of many families this has led students to be incorrectly streamed at lower levels.

A continued lack of trust in humanitarian teaching approaches has the potential to reduce enrollment and attendance. More effective communication practices could help to overcome parents' reservations and allow their insights to inform education delivery.

Language in the classroom

Ensuring the education provided yields positive results is clearly also essential to overcome parental concerns about temporary learning centers. The TWB study referenced found teachers were unsure about how to apply unfamiliar methods, including in the use of Rohingya in the classroom.

The learner-centered methodology of the LCFA is new to teachers, parents, and children alike. The LCFA also endorses a mother tongue-based multilingual education approach, which is acknowledged best practice in multilingual settings.³ In this approach, children learn new concepts and ways of communicating in their first language while also learning and gradually receiving instruction in additional languages.

While both the learning and the language methodology are positive, an assessment combining class observation and interviews found that practice falls short of the ideals set out in the LCFA.

All the lessons observed were multilingual, with teachers frequently moving between the target language (Myanmar or English) and Rohingya or Chittagonian (the teachers' own mother tongue). Lessons largely consisted of the teacher talking, with learners contributing mainly short or one-word answers. Teachers spoke a mix of either Rohingya or Chittagonian, and English and Myanmar. Rohingya teachers tended to confuse Myanmar and Rakhine.

3 Susan Malone 'The rationale for Mother Tongue Based Multilingual Education: Implications for Education Policy' SIL 2007 accessed at: https://www.sil.org/sites/default/files/files/mtbml_e_implications_for_policy.pdf

The extract below illustrates a typical approach to teaching. Here the task is to say the Myanmar words for “father” and “mother”, and is explained in Rohingya. Learning is by rote, and learners do not use Rohingya in the process.

Teacher:

Father hode kiore?
(How do we say father?)

Learners (most):

Bafore (father)

Teacher:

Bafore. Father. Maare.
Mother. Nnofori yar
age? (Didn't we learn
that before?)

- Observation notes from a visit to a temporary learning center, Level 2

As in this case, in the lessons observed, teachers typically used Rohingya to translate words and phrases from Myanmar or English and to explain tasks. They did not invite students to explore new concepts or complete tasks in Rohingya. This practice reflects a view that Rohingya should be “phased out” of teaching and learning as soon as possible, echoed by teachers:

“The Rohingya language is important at the beginning but after two to three years, when students know English and Myanmar, this will not be needed.”

- A Rohingya-speaking man who is a teacher

This view contradicts accepted practice in multilingual education, where mother tongue has a central role for at least the first six years of schooling. The LCFA does not currently offer guidance on the best way to incorporate Rohingya in relation to language and content learning outcomes beyond level 1. Without such guidance, interaction between teacher and learner may be limited by their ability in English and Myanmar.

The classroom observation also found that there were no Rohingya language resources available in classrooms to encourage learning in the learners’ mother tongue. Other teaching and learning materials were used little, and teachers didn’t refer to the books or materials on the walls. Teachers tended to resort to repetition and there was no individual reading, pair or group work using resources.

A fictional scenario illustrates typical concerns with education quality

We constructed the following scenario from our observations and experiences described by program managers, teachers and co-teachers, and students and their parents.

Scenario: Yusuf's child is not developing his Myanmar language skills; teacher admits to low capacity and resources

Yusuf, the father of eight-year-old Sakib, and a few other fathers are chatting outside the temporary learning center. They have gathered to speak with Mashab Alom, their children's teacher.

Yusuf is not happy with the education his son is getting. Sakib is now in grade 1, a year behind where he would have been back in Myanmar, and he still does not speak any Myanmar. Yusuf thinks all his son does is pass time at school. He believes school should be about learning the language of their home country, building the foundations for future success and possibly citizenship.

Students begin pouring out of the classroom. Mashab sees the men outside and welcomes them in. They all sit in a circle on the floor. After an exchange of greetings and some sweet milk tea, Yusuf begins.

"Mashab. You tell me. Shouldn't we be teaching our children a language that they could use with other groups, especially when we leave these camps? Shouldn't we be part of Myanmar?"

Mashab opens his mouth to speak, but Yusuf continues.

"Now, we are not as educated as you are," he says as he lowers his eyes. "Some of us didn't even finish primary school. But our Bamar teachers taught us very good Myanmar," he exclaims, regaining his courage.

Mashab finally interjects. "This is indeed an issue," Mashab says. He has heard these complaints many times now. "But parents have to understand the difficulties we teachers face here."

"Many of the teachers, including me, never had a chance to finish school back in Myanmar so our skills in Myanmar language are not the best. The Bangladeshi teachers don't know any Myanmar language, so they use their local language which sounds like ours. I know it is not the best situation, but what can we do?"

Mashab continues. "To help them understand the topics, we use Rohingya. The NGO experts are telling us that learning materials in Rohingya language is important for your children's future. They say it is better for them this way. At least they learn the ideas, even if their Myanmar language skills are not good... They said they will share more Rohingya language materials to help children excel in both Myanmar and English. We are waiting for this."

Conclusion: Teachers struggle to teach children in Myanmar and English when their own language skills are limited. They also lack a full understanding of the potential benefits of using Rohingya in the classroom, and their use of it is therefore less effective. Nor does this enable them to address the concerns of parents who think teaching their children directly in Myanmar offers them the best chance of an education.

Language barriers impede teacher supervision and training

Language barriers also have an impact on teacher training, supervision, and support, in a context where teachers and their trainers and supervisors speak a range of languages.

While teachers attend many short training courses, they are not trained in the use of Rohingya for teaching and learning, although as outlined above this is challenging. Nor do they currently receive language training in Myanmar or English as the languages of instruction, although their knowledge of these languages is limited. Both teachers and humanitarian education program staff called for teachers to receive language training in Myanmar (Rohingya teachers) and English (host community and Rohingya teachers).

“If we get training in English and Myanmar, a language which we don’t know very well, our language skills will be more developed. (...) If we want to advance the students in English, we have to get training in English.”

- A Rohingya-speaking man who is a teacher

Teacher training has followed a cascade model moving through English, Bangla, and Chittagonian. Rohingya language use in teacher training was reportedly very limited. Cascade training is a difficult model for building professional competence, particularly where so much of the content is new. In this case,

the need for translation and interpreting added a layer of complication for trainee teachers.

Beyond training, technical and program staff from humanitarian organizations supervise all the teachers, observing teaching and provide feedback. Technical staff are often Bangla speakers from other parts of Bangladesh. Program staff are generally local Chittagonian speakers. Rohingya teachers therefore receive feedback and guidance in languages they may struggle to understand.

Teachers’ professional development should include building both their own language skills and their ability to use a range of languages effectively in their teaching. Such development should make explicit the teachers’ capacity to create opportunities for learners to develop their thinking and expressive skills in Rohingya and, over time, in English and Myanmar.

Teacher learning circles set up in the camp context offer an example of how education sector partners can provide teachers with further support. These are multilingual group study and planning initiatives which provide teachers with an opportunity to overcome language and learning obstacles together. They could be an effective means of relaying future guidance on the use of Rohingya as an initial language of learning and the teaching of Myanmar and English to help children transition to learning in these languages.

A fictional scenario illustrates the difficulties of communicating new learning methods

We constructed the following scenario from our observations and experiences described by humanitarian program managers, teachers and co-teachers, and students and their parents.

Scenario: Samina advocates for play-based learning, but is met with skepticism

A group of Rohingya teachers from the temporary learning classrooms in Cox's Bazar return to their seats in the humanitarian training space after the break. A few Chittagonian teachers from the host communities sit among them.

Samina Chawdhry starts the next training session by throwing several colorful plastic beach balls at the surprised participants. Samina is a non-local Bangladeshi technical officer on education in emergencies. She is new to using games in the classroom, but feels that it helps keep people engaged.

"The goal is to keep as many balls in the air as possible!" she shouts in Bangla over the laughter. Tahmina interprets with equal enthusiasm.

Tahmina is a Chittagonian speaker from Teknaf town. She is fluent in Bangla and Chittagonian, and speaks some English from her humanitarian work and some Rohingya she picked up in the camps.

She is acting as an interpreter for the training session. The session is in Chittagonian, though Tahmina struggles to translate some concepts which Samina speaks about in English. She is not a trained interpreter, but her language skills help bridge the communication gap between Bangla speakers and Rohingya who understand some Chittagonian.

After a couple of minutes of sporadic ball throwing, hitting and the accompanying laughter, Samina tells the group to catch the balls and place them on the floor. "Playtime is over!" Tahmina interprets and the group complies.

Samina then explains the purpose of the activity.

"Play is not just for fun. Just like this game taught you how to interact, it can teach kids how to behave and cooperate with one another." Samina pauses so that Tahmina can interpret.

"That's why it is so important to teach young children, especially kindergarteners, how to play games and interact with their peers."

Samina highlights best practices in kindergarten and primary school settings. She is sensitive to the resource-constrained environment of a temporary learning classroom in a camp. She uses examples of different play-based activities like ball games, coloring, and role play.

Some of these ideas are new to Tahmina, and she struggles to find words in standard Bangla, let alone in Chittagonian or Rohingya. The teachers start to find it harder to concentrate on what she is saying.

Samina notices that some of the teachers are whispering and carrying on side conversations in Rohingya. She stops the presentation and asks Tahmina what they are talking about.

Tahmina is also puzzled by the sudden side conversations, and she asks the group in Chittagonian, "Do you have any questions about what Samina is saying? Is something wrong?"

One of the teachers gives Tahmina a long explanation in Rohingya. Tahmina looks flustered and is reluctant to relay the information to Samina.

"They are saying that the children's parents don't want their children to play these games. The parents think the teachers are wasting time with the children by playing and drawing," Tahmina finally explains.

A Rohingya teacher explains that parents want their children to memorize and recite poems in the Myanmar language. "They think that's education."

Samina has heard this view before. She knows intuitively that play helps with attention and engagement, but she actually agrees with the teachers and parents that it is not serious. She is unsure how to convince the teachers of the effectiveness of play-based approaches she was taught by her trainers.

Samina says, "It's true that play and games are not serious. But you will see that it will help children pay attention in class. I'm not sure what else to say, but I trust the experts and I think, maybe, we can try this and see what happens..."

Conclusion: The interpreter struggles with unfamiliar concepts and a lack of prior information on the session in relevant languages. Providing training materials and other content in advance and discussing the meaning of new terms gives interpreters the best chance of facilitating meaningful conversations. The trainer struggles to convince teachers of new teaching approaches which she does not fully understand.

Children learn the Arabic alphabet at a madrasa in a Bangladeshi community neighboring the refugee camps in Cox's Bazar. Credit: TWB / Fahim Hasan Ahad



Communication is needed to address community concerns

To date, education sector communication with caregivers has focused on regular parent meetings in the temporary learning centers. This is problematic, as the power imbalance between education sector staff and Rohingya community members may impede open communication. The use of Chittagonian may limit caregivers' understanding and willingness to talk.

Moreover, educational concepts such as "competence" and "active learning" are likely to be unfamiliar and to have no direct equivalent in the Rohingya language.

Similar to health service providers, however, education service providers often don't see language as a barrier. Greater awareness of the challenges for parents is needed to establish dialogue with families on their children's schooling.

"We hold a parents' meeting every month. We use local language [Chittagonian] at the meeting. This is not a problem because after one or two years everyone understands."

- A Chittagonian-speaking man who is a technical officer

To overcome community concerns about the quality of the education provided in the temporary learning centers, humanitarian education providers need an explicit communication strategy. This centers on explaining child-friendly teaching practices and the benefits of using mother tongue as a language of teaching and learning, including for the better acquisition of Myanmar and English language skills.

This could involve presenting parents with their children's expected learning outcomes, in Rohingya and in a format they can understand, so they are aware when targets are achieved. A wider dialogue, in Rohingya, is also needed on challenging issues like accreditation, and the legal limitations on the languages used in teaching centers.

Ultimately, this communication could be the basis for better mutual understanding between education providers and families, for the benefit of students.

Language barriers hinder the inclusion of Rohingya communities in Bangladesh today and in Myanmar tomorrow

“Back in Myanmar, Rakhine and Burmese people used to call us [Rohingya] ‘Bengali’ with hatred since [they thought] we came from Bangladesh. When they really want to insult us, they call us *kalar* (dark-skinned, foreigner, Indian). Now in the camps in Bangladesh, some drivers call the children *halar Bormaiya* (damn Burmese) when some cross the street in front of their cars.”

- A Rohingya- speaking man who is a civil society leader

Language is pivotal to overcoming the isolation and exclusion of the Rohingya in Bangladesh society. As long as the Rohingya lack opportunities to learn Bangla and Chittagonian, they will rely on intermediaries who speak Rohingya. They will continue to have difficulty directly accessing information, voicing their needs and wishes, and engaging with decision-makers. The relationship between the Rohingya and their language intermediaries impacts the effectiveness of humanitarian response. It will also determine the success of efforts attempts to resolve intercommunal tensions.

Current government policy bans teaching Bangla to Rohingya children in schools, on the premise that their displacement is temporary. Yet until durable, voluntary repatriation is achieved, there are direct social benefits to supporting children and adults to learn local languages.

Social cohesion programming can also help improve the relations between Rohingya and their language intermediaries. Organizations planning such programming should consider language as a factor of exclusion and design their interventions accordingly to maximize reach and impact.

LANGUAGE SKILLS DETERMINE ACCESS AND STATUS IN BANGLADESH

“We want children to learn Arabic first, because it is important for reading the holy book and prayers. English is also important. We want them to learn Rohingya, as well, we never know if we can go back to Myanmar someday! If we are going to reside in Bangladesh, it is important for them to learn Bangla.”

- A newly arrived Rohingya-speaking woman aged 25 to 49

The Bangladesh government's position is that newly arrived Rohingya are “Forcibly Displaced Myanmar Nationals” whose displacement is temporary. The ban on teaching Bangla in temporary learning centers is consistent with that. But it excludes a significant portion of the Rohingya population from opportunities to build positive relations with neighboring communities.

While ancestry and appearance are also markers for exclusion, language can either deepen or bridge the intercommunal divide. Knowledge of Bangla or Chittagonian enables Rohingya to negotiate at least partial social inclusion and access to local services.

Speaking Bangla is associated with political power through claims to Bangladesh identity, as well as the ability to compete for jobs. Interviewees from both government and local communities voiced concern to limit Rohingya integration and competition for employment.

“A language should have its own exclusivity... Until today language is the only anthropological element to identify them as Rohingya. One Rohingya can be separated from Bangladeshi only with his or her language. So we do not want them to mix up with our language and culture.”

- A Bangla-speaking man who is a government official

“If Rohingya are educated and taught Bangla, they will take our jobs. This is happening already. Whereas a Bangladeshi employee is getting 17,000 BDT salary per month a Rohingya is becoming his boss and getting 34,000 BDT. It is not acceptable.”

- A Chittagonian-speaking man who is a journalist

Language barriers affect intercommunal relations and communication between Rohingya and neighboring communities. Rohingya who have arrived in Bangladesh since 2017 and have not acquired a knowledge of local languages are at the greatest disadvantage. Their reliance on interpreters and cultural mediators from the registered refugee and local Bangladeshi communities to access information and services leaves monolingual Rohingya with diminished individual agency. The resulting power differential between them and the intermediary communities fosters mistrust and blocks social integration.

Even if most Rohingya and local Bangladeshis spoke the same language, opportunities for direct interaction are limited. When interactions do occur, they are usually at the marketplace, in the informal market (between landlord and tenant, employer and day laborer,

driver and passenger) or workplace (humanitarian facilities).

Local Bangladeshis interviewed sometimes took a negative view of these interactions.

“We gave them shelter because they are also Muslims. But we discovered that we have many differences with them even in terms of language. Some think we speak the same language. As a matter of fact: no. Sometimes we hire Rohingya workers to work in our field or home. But it is very difficult to get things done properly. Because they do not understand our language”

- A Chittagonian-speaking man aged 25 to 49

Among Rohingya, the “registered” refugees who largely came to Bangladesh two or three decades ago are more likely to speak Chittagonian and have grown culturally closer to their local Bangladeshi neighbors. Ethnic Rohingya that grew up in the registered camps usually speak a mix of Rohingya and Chittagonian as their home language. Some can also speak Bangla.

“Only unregistered newly arrived Rohingya have language issues. Registered Rohingya don’t have them.”

- A registered Rohingya-speaking woman aged 25 to 49

“There are problems with newly arrived refugees. The old Rohingya are used to Bangla words and Chittagonian language. But newly arrived Rohingya do not understand the local dialect properly.”

- A Bangla-speaking man who is a program lead

Decades ago they struggled to integrate in the Ukhia and Teknaf camps due to their lack of a shared language and the suspicion of their new Bangladeshi neighbors. Now, registered refugees are important intermediaries between humanitarians and the newly arrived refugees. Yet many resent the newcomers for seemingly setting back their cause of integration.

“We don’t like them at all. We’ve been here for nearly 30 years and making our demands and they have ruined all our efforts. Why they are getting more facilities than us?”

- A registered Rohingya-speaking woman aged 25 to 49

Bangladeshis don’t tend to differentiate between registered and newly arrived refugees so the registered refugees make the distinction themselves, arguing that they are also “local” to the Cox’s Bazar area.

LANGUAGE DETERMINES FUTURE INTEGRATION EFFORTS IN MYANMAR

Parents consulted expressed clear preferences for the language they want their children to learn in order to succeed. Most Rohingya refugees said that they want their children to learn Myanmar because it is the national language. It would open up opportunities for them to return to Myanmar. These opportunities relate to employment, further education, and the ability to integrate into broader Myanmar society. However, some qualified that if they cannot go back home to Myanmar, they would like their children to learn Bangla for similar reasons.

The next most valued language was English because of its importance in qualifying for humanitarian positions. Arabic was the third most valued language for religious and cultural reasons. Rakhine was also valued, as the lingua franca of Rakhine State.

NAMING CONVENTIONS REINFORCE INTERCOMMUNAL DIVISIONS

In the border area between Bangladesh and Myanmar, various language, cultural, and religious groups have coexisted for millennia, trading and intermarrying.

As in every human society, competition for resources naturally pushes groups to make decisions about who does and does not belong. Judgements over belonging find their expression in the ways different groups refer to each other. Differences between the name that a group uses to describe itself or its members (endonym) and those others use to describe it

(exonyms) reveal tensions between them. Understanding these naming practices and using the names each group prefers to be called can promote more positive communication with and between them.

Figure 1 shows the endonyms and exonyms used between Rohingya, non-local Bangladeshis and local Bangladeshis. It highlights the use of names that are or are perceived as pejorative. The first word in each cell is the one used most commonly by the “namer”. The second and third terms are other names, which may or may not be commonly used by the “namer”. Terms considered pejorative by (at least some of) the “named” are in orange. Positive or neutral terms are unmarked. Cells in blue

Figure 1. Endonyms and exonyms among Rohingya, non-local Bangladeshis and local Bangladeshis in Cox’s Bazar, Bangladesh

NAMED	Rohingya (new arrival)	Rohingya (registered)	Bangladeshi (local, Chittagonian)	Bangladeshi (non-local, non-Chittagonian)
NAMER				
Rohingya (new arrival)	Rohingya <i>Nua refuzi</i> (New refugee) <i>Arakani</i> (Arakanese)	Rohingya <i>Furan refuzi</i> (Old refugee) <i>Arakani</i> (Arakanese)	<i>Geraimma / gerami</i> (villager) Bangladeshi	<i>Bangladeshitta</i> (Bangladeshi) <i>Bangali</i> (Bengali)
Rohingya (registered)	Rohingya <i>Nua refuzi</i> (New refugee) <i>Arakani</i> (Arakanese)	<i>Rester refuzi</i> (Registered refugee) <i>Furan refuzi</i> (Old refugee) Rohingya	<i>Gerami</i> (villager) <i>Sitainga</i> (Chittagonian) Bangladeshi	<i>Bangladeshitta</i> (Bangladeshi) <i>Bangali</i> (Bengali)
Bangladeshi (local, Chittagonian)	Rohingya <i>Burmaiya</i> (Burmese)	Rohingya <i>Burmaiya</i> (Burmese) <i>Furan Rohingya</i> (Old Rohingya)	<i>Staniyo</i> (local) Bangladeshi	<i>Boinga</i> (non-native ⁴) Bangladeshi
Bangladeshi (non-local, non-Chittagonian)	Rohingya <i>Burmaiya</i> (Burmese) <i>Shoro-narti</i> (refugee) FDMN ⁵	Rohingya <i>Burmaiya</i> (Burmese) <i>Shoro-narti</i> (refugee) FDMN ⁵	<i>Staniyo</i> (local)	Bangladeshi <i>Bangali</i> (Bengali)

are what the “named” prefer to be called. Text in quotation marks is an English translation of the preceding words. For example, Rohingya people refer to people from Cox's Bazar district as *Geraimma* or *Gerami* (villager).⁶ The people from Cox's Bazar district consider this term pejorative.

During the course of our study, many newly arrived refugees readily used “Rohingya” as an endonym. This was in contrast to registered refugees, for whom self-identifying as Rohingya was not as consistent and clear. In group settings, when asked their ethnicity, registered refugees thought and explained before responding. They clarified that they were local and had been in Bangladesh for a long time and while they shared a common heritage, they were different from the newcomers. They preferred to be called “registered refugees.”

The derogatory terms highlighted in Figure 1 reference physical appearance, ancestry, and implied rural origins. Language differences also play an important role here as these derogatory naming conventions are mostly being used between different language groups.

4 *Boinga* indicates that a person is “uncultured” in relation to Chittagonian culture. It refers only to people within the supra-Bangla ethnic identity who are not native Chittagonians. It does not refer to the Rohingya people, although they are culturally closer to Chittagonian than other Bengalis.

5 Forcibly Displaced Myanmar National

6 Rohingya tend to refer to local Bangladeshis as *geraimma* / *gerami*. However, local Bangladeshis perceive this as pejorative since it is culturally undesirable to be identified as from a village. While many Rohingya may not intend to offend, it is best to ask for clarification or understand the context when the term is used in conversation.

“They [Rohingya] also use bad words to identify us. They [Rohingya] call us *geraimma* (villagers), which is not acceptable. They could have called us *stainyo* (local).”

- A Chittagonian-speaking man aged 25 to 49

“Sometimes we hear the local people calling the Rohingya people ‘*burmaiya*’ to insult them.”

- A Chittagonian-speaking man who is a university deputy head

CULTURAL UNDERSTANDING BREAKS DOWN INTERCOMMUNAL BARRIERS

The first step towards improving intercommunal relationships is to design programs to be accessible to monolingual Rohingya, as well as to other groups. This should inform everything from activity planning to staff recruitment and training, to communication.

Referring to the newly arrived Rohingya by that name, which they prefer, is one way of signaling and promoting respect both within teams and externally. Similarly Rohingya who arrived in Bangladesh decades ago prefer the term “registered refugee.” This is a fundamental of rights-based

programming. Local Bangladeshi colleagues may appreciate such sensitivities better in the context of a conversation about the Rohingya community's use of the pejorative *geraimma / gerami* (villager) to refer to them.

The local Chittagonian speakers and registered refugees who act as intermediaries for newly arrived refugees could be a bridge between communities. There are varying levels of mutual distrust and hostility between all these groups and newly arrived Rohingya, yet their language skills and knowledge of other cultures also earn them respect.

The three communities also face many of the same challenges, for instance on rights issues such as gender-based violence. This presents so far unexplored entry points for practical social cohesion programming.

“We feel everyone is close because in Bangladesh we see only Muslims and we are also Muslims so we feel very close at heart.”

- A newly arrived Rohingya-speaking woman aged 25 to 49

A local community leader speaks to the assessment team in a Bangladeshi town near the Rohingya refugee camps.



Effective humanitarian communication depends on clear messages and high professional capacity

Effective humanitarian communication that builds knowledge and trust uses languages and formats that are accessible to affected people. It depends on:

- a clear source message
- the technical and interpersonal capacity of the people involved in the communication and
- structured testing of messages at each transfer point.

The clearer the source messages and the greater the capacity of communicators, the greater the likelihood that humanitarian communication will be effective. The converse is also true. Unclear messages and low capacity result in ineffective communication. Testing comprehension of messages ensures accuracy of the translation, and builds knowledge and ultimately, over repeated interactions, trust.

When messages must pass through multiple languages and be conveyed through communicators of diverse

backgrounds, as in the Rohingya response, there is a high risk of ineffective communication.

This is further complicated by widespread monolingualism at either end of the information flow. This has resulted in a communication gap between humanitarians and members of the Rohingya community.

ENGLISH- AND ROHINGYA-SPEAKING COMMUNICATORS RELY ON INTERMEDIARIES SPEAKING CHITTAGONIAN AND BANGLA

The diverse language landscape of Cox's Bazar district means communication happens in at least five different spoken languages and three written languages. People's ability, fluency, and literacy vary within those languages. The majority of English speakers and Rohingya speakers don't speak and understand the four other relevant languages. The information flow therefore depends heavily on intermediary languages and communicators.

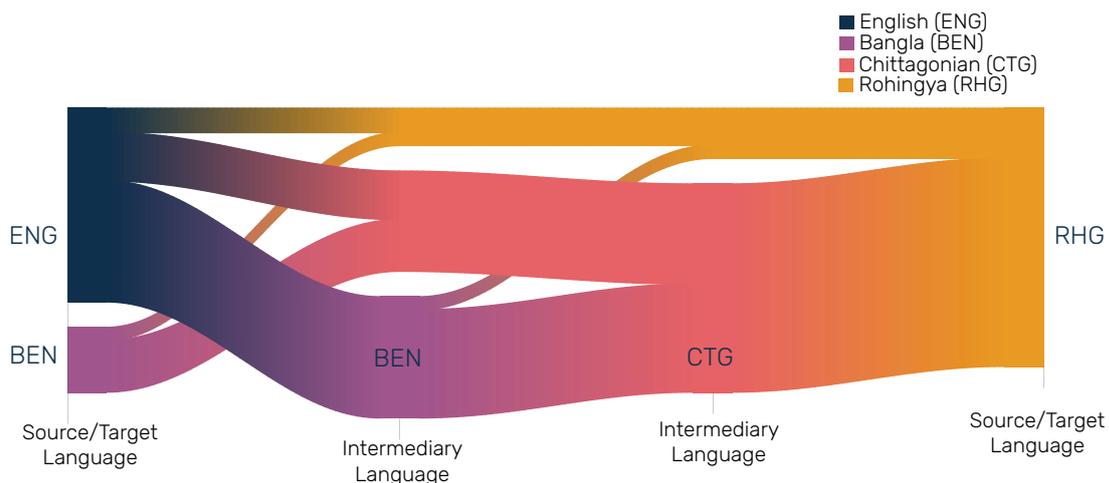
Figure 2 illustrates typical spoken information flows in the Rohingya response in the Cox's Bazar refugee camps, based on our observations and consultations with humanitarians and Rohingya community members. Each branch represents a conversion from one language to another. At each of those points of language conversion, there is potential for miscommunication or even a complete stop in the information flow.

The figure indicates information flows between humanitarians (mainly English speakers) and refugees (mainly Rohingya speakers), via Chittagonian and Bangla as intermediate languages. Information can flow from left to right or from right to left, depending on whether humanitarians or Rohingya initiate it.

The four branches show the various language conversions that occur in the response. The width of each branch varies, indicating the relative volume of information that flows along each.

Figure 2. An information flow model for the humanitarian response in Cox's Bazar, Bangladesh

(humanitarians → ← displaced people)



Because we did not analyze written communication in detail, Figure 2 does not show this flow. However similar language conversions occur, with similar potential for miscommunication. Humanitarians generally develop printed materials in English. They then have them translated into Myanmar and Bangla to share with the Rohingya population. Bangla content is usually training materials for registered Rohingya volunteers who speak the language.

Low rates of literacy among Rohingya-speaking refugees may mean they rely less directly on written information. However, because most spoken

information derives from written information, monolingual Rohingya also rely heavily, though indirectly, on accurate conversion of written information between the various languages.

The high proportion of monolingual Rohingya and English speakers at either end of the information flow are particularly vulnerable to errors or blockages at any of the intermediate language conversion points shown in Figure 2. Any errors in relaying information from one language to another magnify subsequent errors.

This is of greatest significance to monolingual Rohingya, who rely on effective information flow for their survival. Without effective communication they face exclusion from information and quality service provision, leaving them isolated and vulnerable. Avoiding such errors is also important for humanitarians, who rely on effective communication to plan and deliver appropriate services.

Because of their reliance on multilingual intermediaries, monolingual Rohingya are at greater risk of misunderstanding and misinformation about and mistrust of humanitarian services. Those most likely to be monolingual speakers among Rohingya in Bangladesh are people with no or low education, newly arrived refugees, and women. Monolingual Rohingya speakers access services at lower rates and experience lower-quality services compared to multilingual Rohingya speakers.

Further, monolingual Rohingya are less likely to qualify for paid volunteer and professional growth opportunities than multilingual Rohingya.

Information providers and recipients

The various language speakers face different challenges in communicating with each other. These are due to both linguistic and cultural differences and varying opportunities for interaction. Understanding these differences could help to devise ways to overcome the challenges they create. At either end of the information flow, communicators are monolingual and at the greatest linguistic and cultural distance from each other.

A Rohingya woman's case is processed at a humanitarian hospital before consulting with a doctor in Cox's Bazar. Credit: TWB / Fahim Hasan Ahad



The monolingual communicators at either end of the information flow

English speakers

English speakers in the response come from a variety of backgrounds and therefore speak different dialects, including American, British, Indian, West African, East African, and Australian.

Humanitarians that speak English tend to be foreign nationals in program lead, managerial and office-based roles. They are usually based in Cox's Bazar town. English speakers have little interaction with Rohingya refugees due to both spatial and language barriers. English speakers tend not to speak any of the other languages in the response (except sometimes Bangla) so they rely heavily on staff intermediaries.

Rohingya speakers

Because Rohingya is not a standardized language, there is a natural variety of dialects across Rakhine state in Myanmar, as well as Cox's Bazar, where many Rohingya now live. Although there are differences among subgroups of Rohingya, the main divisions within the refugee population in Bangladesh are between newly arrived and registered refugees.

Newly arrived refugees in Bangladesh

Rohingya speakers are mostly newly arrived refugees from Myanmar (in the past two years). They usually act as camp volunteers and/or service users. They are usually based in the camps. They interact mostly with Rohingya refugees compared to the other language groups due to shared language and identity. While some Rohingya speakers speak some of the other languages in the response (Bangla, Myanmar, Chittagonian, and English), they tend not to have fluency in any of those languages. Most do not speak any of these other languages.

Registered refugees in Bangladesh

Rohingya speakers who are registered refugees (those that arrived in Bangladesh from Myanmar two or three decades ago) are a distinct linguistic subgroup. Their language has evolved over time to incorporate many Bangla, Chittagonian and English words. Many speak some Bangla and Chittagonian, but usually not fluently.

Information intermediaries

Chittagonian speakers are usually information intermediaries at the camp and village levels, between Bangla and Rohingya speakers. In contrast, Bangla speakers are usually information intermediaries at coordination and managerial levels, between English and Chittagonian speakers.

As the most common information intermediaries to and from Rohingya volunteers and refugees, Chittagonian speakers determine what information is passed to them, and how those messages are interpreted. They also determine what information is passed from refugees to humanitarians and how those messages are interpreted.

At these central points in the information flow, technical and language capacity

is very important. Highly technical information from humanitarian managers in English or Bangla might easily be misunderstood and misinterpreted by Chittagonian speakers without technical training.

It is therefore important to build the capacity of Chittagonian speakers by hiring or training people with English, Bangla, and Rohingya language skills. Building interpretation, translation, and cultural mediation skills is equally important.

These capacity-building measures enhance understanding and generate knowledge in both directions along the information flow. The end goal is to provide a flow of accurate information, to build trust and increase program efficiency, which importantly restores dignity to the Rohingya population.

Camp-in-charge (CIC) official for a refugee camp in Cox's Bazar gives an interview on language barriers to a member of the assessment team.



The information intermediaries at the center of the information flow

Chittagonian speakers

Humanitarians that speak Chittagonian tend to be local Bangladeshis (from within Chittagong division) who act as field officers and staff. They are usually based in Ukhiya, Teknaf or in the camps. They have the highest level of interaction with Rohingya refugees compared to other language groups due to both spatial and linguistic proximity. While Chittagonian speakers usually speak some of the other languages in the response (Rohingya, Bangla, and English), they tend to be fluent only in Bangla.

Bangla speakers

Humanitarians that speak Bangla tend to be non-local Bangladeshis (from Dhaka or outside of Chittagong division) who act as program officers and field officers. They are usually based in Cox's Bazar, Ukhiya, Teknaf or in the camps. They have more interaction with Rohingya refugees than English speakers do, but much less than Chittagonian speakers due to both spatial and linguistic distance. Bangla speakers tend not to speak any of the other languages in the response except English.

A facilitator conducts a focus group with registered refugees in Bangladesh.



Training for intermediaries is limited

Our findings indicate humanitarian organizations could provide more, and more ongoing, training for their staff in these important intermediary roles.

TWB provides training for humanitarian staff in Cox's Bazar on language awareness and the basics of humanitarian interpreting. Some of the field-based humanitarians and service providers interviewed had participated in these sessions. However, these last one to five days and are not a comprehensive course. Job-related training provided by the employer sometimes includes communications components, but these do not go deeply into language and interpretation challenges or ethics. Refresher training (every one to six months) was common in some organizations, but most did not offer any training beyond the initial onboarding.

“Yes [we train translators for health services]. When a new one is hired, we train them on hospitality, how to interact with patients and other necessary aspects. It lasts for three to five days.”

- A Bangla-speaking man who is a camp site manager

Some hired full-time interpreters, but most did not, so staff and volunteers were required to interpret without training and on top of their main job responsibilities.

“We don't have any professional interpreters. My co-workers help me to interpret. They interpret from Rohingya to Bangla, Bangla to Rohingya.”

- A Bangla-speaking woman who is a sexual and gender-based violence officer

UNCLEAR COMMUNICATION AND LOW CAPACITY CAN LEAD TO MISINFORMATION, MISTRUST, AND POWER IMBALANCES

In Cox's Bazar District, Chittagonian speakers are the main intermediaries between humanitarians and refugees. Yet those intermediaries generally lack knowledge and experience of the topics that humanitarians and refugees typically want to communicate about. This, combined with limited language ability and a general lack of awareness of cultural nuances, often leads to an incorrect or incomplete information exchange.

Consequently, humanitarians and refugees are wary of the information that intermediaries provide. The shortfall in skills also explains the presence of conflicting information about the similarities, differences, and mutual intelligibility between Rohingya and Chittagonian, as well as Chittagonian and Bangla.

“Though interpreters are useful, I believe it would be better if I could speak Rohingya... There’s no specific way to verify accuracy, but as we understand Rohingya language, we verify and direct them to interpret correctly.”

- A Bangla-speaking woman who is a sexual and gender-based violence officer

Humanitarian organizations can address these power imbalances by taking language and culture more systematically into account in planning, resourcing, and implementing programs. That implies clear source messaging, trained and supported intermediaries, staff with the right language skills, and services organized to promote communication. These are the components of language-aware humanitarian services responsive to the needs of users.

HUMANITARIANS APPEAR TO MISUNDERSTAND THE LANGUAGE AND LITERACY SKILLS OF DISPLACED PEOPLE

The issues outlined above seem due in part to a lack of awareness in the humanitarian community of the scale of the communication challenge refugees face. While humanitarians recognize the importance of communication and language in the response, their perceptions about language barriers still do not match the reality in the camps.

Humanitarian communication is impaired by several misunderstandings about the language and literacy skills of the Rohingya population:

- Literacy is far lower than humanitarians believe, so verbal communication is essential.
- Knowledge of spoken Bangla and Chittagonian is also lower than humanitarians believe, so communication in Rohingya is essential. This is particularly evident among those with no and low education, newly arrived refugees, and women.

Not only do these misunderstandings impact the effectiveness of information flows from humanitarians to refugees. They also impact on community feedback to humanitarians.

An online survey we conducted with humanitarians in Cox’s Bazar district provides insights into the state of humanitarian communications.⁷ Comparing the results of this survey with a Rohingya refugee household survey we conducted concurrently in Kutupalong-Balukhali expansion site demonstrates a gap between humanitarians’ perceptions about language in the camps, and the reality.

7 “Humanitarians” includes any national or international staff member working at any level for any organization focused on the Rohingya crisis in Cox’s Bazar District. The online survey was shared in English and Bangla. For detailed information about the online survey, including methods and the original questionnaire, see https://translatorswithoutborders.org/wp-content/uploads/2019/09/Methods-and-limitations_Cross-Border.pdf.

Humanitarians overestimate literacy levels in the camps

Twenty-three percent of humanitarian respondents to our survey felt they had insufficient information on literacy levels, languages spoken, and other relevant factors for communicating with affected populations. While our survey was not representative, it may indicate a wider gap in knowledge across the response.

When asked about their perception of literacy in the camps and villages, humanitarians commonly estimate that just over 50 percent of refugees are literate in Rohingya. They also believe over 50 percent are literate in Myanmar and over 25 percent are literate in Bangla. These results show a limited understanding of Rohingya literacy and education levels.

In fact, 34 percent of households have literate household members according to TWB's survey of refugees.⁸ Of the literate households, 62 percent said they were literate in Myanmar, 35 percent in Rohingya, and three percent in Rakhine. As Rohingya is not a standardized language and Rakhine has low standardization, these findings merit further investigation.⁹

8 The TWB measure for literacy in this survey was self-reported ability to write in the specified language. This is slightly different from the wording of TWB's online survey ("In your opinion, what percentage of Rohingya refugees living in camps in Cox's Bazar district understand the following written languages?").

9 Observation indicates community-run schools in the camps teach children to write in Rohingya using a number of scripts.

Humanitarians misunderstand refugees' language abilities

Many humanitarians have an incorrect understanding of the prevalence of spoken languages, as well as the similarities and differences between them.

Eighty percent feel that Chittagonian is very similar to Rohingya, and 75 percent believe that most Rohingya refugees understand it. In fact, while the two languages are related, TWB's research in Cox's Bazar since 2017 has found that they do not use the same or similar words for many important concepts.¹⁰

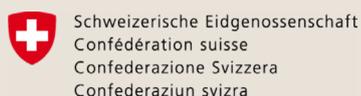
Sixty-two percent of humanitarians surveyed in both contexts also believe that most refugees understand Myanmar. In fact Myanmar is unrelated to Rohingya. Just 16 percent of refugee households surveyed by TWB said they spoke Myanmar.

10 <https://translatorswithoutborders.org/rohingya-refugee-crisis-response/>

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Translators without Borders (TWB) envisions a world where knowledge knows no language barriers. The US-based nonprofit provides people access to vital knowledge in their language by connecting nonprofit organizations with a community of language professionals, building local language translation capacity, and raising awareness of language barriers. Originally founded in 1993 in France (as Traducteurs sans Frontières), TWB translates millions of words of lifesaving and life-changing information every year. In 2013, TWB created the first crisis relief translation service, Words of Relief, which has responded to crises every year since.

For more information about this study or to find out how TWB is supporting the Rohingya response in Bangladesh and Myanmar, visit our website or contact: bangladesh@translatorswithoutborders.org or myanmar@translatorswithoutborders.org.



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