

COVID 19: Perception of Host and Rohingya community

Listening group community feedback data suggests that Rohingya people were not very aware about coronavirus. In February 2020, data was collected from 407 listening groups conducted by different agencies. Among them, only 1.2% of the groups mentioned coronavirus. All those who raised concerns about coronavirus in February came from **camp 8E**. They said they wanted to know more about coronavirus, the symptoms and how they could prevent themselves from getting it. Given the low level of awareness amongst the listening group participants, BBC Media Action and TWB conducted primary data collection (focus group discussions) with the Rohingya community to find out more. In addition we also conducted primary data collection to find out more about awareness within the host community.

Source: Listening group feedback collected in camps 1E, 1W, 2E, 2W, 3, 4, 5, 8E, 8W, 11, 12, 13, 14, 15, 16, 17, 20Ex, 21, 22, 26, 27, Kutupalong RC and Nayapara RC in February 2020. Feedback was collected by Action Aid, BRAC, Care Bangladesh, DRC, IOM and UNHCR. Listening group data was supplemented by focus group discussions in some camps (6 discussions) and in the host community (4 discussions).

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Sources of Information

In both communities, men knew more about coronavirus than women

Both the communities were aware that coronavirus was spreading in many countries worldwide. People had heard many things about coronavirus from a range of different sources on a regular basis.

In the discussions, men mentioned about 'coronavirus'. They had read news about it on the internet from Bangla and Burmese news sources. They specifically mentioned Facebook pages and YouTube channels developed by the Rohingya community based in Malaysia and Saudi Arabia. They mentioned R-vision, which is a popular YouTube channel among the Rohingya community in the camps. They said that they were also receiving information from Rohingya family and friends living in Malaysia and Saudi Arabia, who shared information they had received from Facebook pages and WhatsApp groups. Some Rohingya men said that they had learned about coronavirus from watching television in local tea stalls in the camps. Others had heard about it from Bangladeshi radio and television channels,

probably *Bangladesh Betar*, or Myanmar radio channels (at the time of the focus groups, *Radio Naf*, the community radio station based in *Teknaf*, had not aired any programmes about coronavirus).

Men from the host community said that they had heard about coronavirus from a range of sources including television, newspapers and Facebook. They also said that they had discussed the information with others at tea stalls. Women from the host community said radio was one of the main sources where they received information and said that they had learned that the coronavirus was starting to spread through Bangladesh.

People from both the host and Rohingya community expressed their concern about coronavirus and said they wanted to know more about how it was spread. Specifically, they wanted to know how to protect themselves and how the virus affects people. They said that they did not know where to go for information about how to stay safe, about the symptoms of the virus, and about what to do if they were infected with coronavirus.

Spread, Symptoms and Treatments

People perceive that consumption of preserved food, certain animals and living closely with others are the main ways that coronavirus is spread

Men from both the Rohingya and host community said that they thought the coronavirus could be spread through the air, by sneezing, coughing and touching. Women mentioned that they thought a person could contract the virus by touching someone who was already infected, or through the air. Women also believed that the virus could be spread by talking to or meeting a person who had coronavirus.

“The way I am breathing now, if an infected person breathes [like this], the disease will spread.”

– Male, 25, Rohingya Community

Participants mentioned their belief that the consumption of broiler chickens and eggs could also spread the disease, saying that they had heard people discussing this. Some people said that they had heard this from NGOs. People from the host community added that preserved food such as fish (specifically tilapia fish), vegetables preserved with formalin and cold food was a source of the coronavirus. One Rohingya woman believed that the disease could be spread by keeping food in a refrigerator.

Men from both communities believed that contact with and eating pigs, dogs, snakes, bats and monkeys was a way that

people could become infected with the virus. Women from the host community mentioned that any food left over by bats could also transmit the disease.

“If a person eats meat from a monkey, bat, snake or pig, he will get this disease and act like that animal.”

– Male, 26+, Rohingya Community

Men from both communities understood that the symptoms of coronavirus were fever, coughing and sneezing. However, women mentioned only having a fever. Both men and women did not know how long it took for the symptoms to appear if you had contracted the virus. One woman mentioned her belief that, if someone was affected, then s/he would die within 9 hours. Additionally, one man from the host community mentioned his belief that affected people would have fever and then would have a seizure and die within 24 hours. (ধড়ফড় করে মারা যাবে).

In terms of treatment, people from both communities said they believed there was no medicine or treatment for the disease. Rohingya men said that they saw on television that a vaccine would be available within the next 18 or 19 months. One woman from the host community said that she had heard that there was a treatment for coronavirus in Madras, India.



Some awareness that washing hands and cleaning their surroundings can keep people safe from the disease

Men from both the communities said that washing hands and keeping themselves clean might protect themselves from coronavirus. People from the host community said that the main sources of information for this were television, Facebook and YouTube.

Rohingya people mentioned about one of the NGOs who had informed them about these precautions. Furthermore, they mentioned that, in order to keep safe, they were praying more and reciting a certain prayer (dua).

Women from the host community also added that, to protect themselves, they needed to wash their hands before eating and after using the bathroom, and to keep themselves clean. Women from the Rohingya community mentioned that they had been told by one of the doctors that they needed to keep themselves clean. They also pointed out that prayers could prevent them from getting affected.

How Rohingya people talk about viruses and disease

For Rohingya refugees, using the right terminology to explain what a virus is and how it spreads is critical to effective health messaging. Knowing how the Rohingya people understand the concept of viruses or diseases is central to effective communication about COVID-19 or coronavirus.

In focus groups of Rohingya men and women living in the camps we found that they had specific ways of understanding and conceptualising viruses and diseases.

The Rohingya language does not have a lot of technical words, so Rohingya people often apply existing terms to describe unfamiliar concepts. For example, they interpret 'virus' (in English or Bangla) as 'insects'.

The Rohingya word for 'virus' is *fuk* which is the collective noun for 'insect.' It also means 'germs' and 'bacteria'.

“There are viruses (*fuk*) in dirt (*ho*sara*) which give you diseases (*biaram*).”

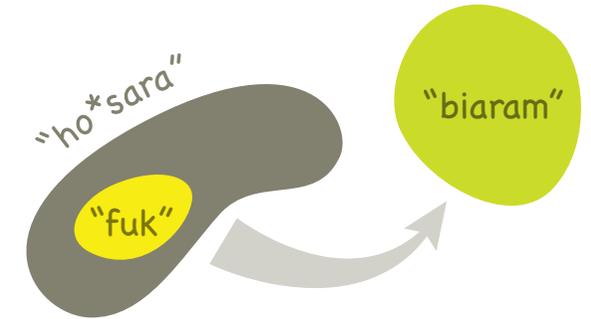
– Rohingya male, 25

Community members see *fuk* (viruses) as what causes people to develop diseases (*biaram*). They recognize COVID-19, which they prefer to call coronavirus, as a kind of *fuk*. But they believe that the virus is transmitted through dirt (*ho*sara*), and that people contract the virus when they are exposed to or breathe in the air or smells from dirt and rubbish (*furari*).

“If there is rubbish (*furari*) next to your home, the virus (*fuk*) will enter your mouth through the smell from the dirt (*ho*sara*).”

– Rohingya male, 50

Given the existing and potential misunderstandings in the community, it is incredibly important to apply plain-language principles when we communicate with Rohingya refugees, ensuring clarity and recognising potential linguistic ambiguity. This includes using concepts, sentence structures and terminology that the community is familiar with.



Rohingya words we need to know

English	Rohingya
Virus, Germs, Bacteria, Insects	<i>Fuk</i>
Disease	<i>Biaram</i>
Dirt	<i>ho*sara</i>

BBC Media Action and Translators without Borders are working together to collect and collate feedback from communities affected by the Rohingya crisis. This summary aims to provide a snapshot of feedback received from Rohingya and host communities, to assist sectors to better plan and implement relief activities with communities' needs and preferences in mind.

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If you have any comments, questions or suggestions regarding *What Matters?*, you are welcome to get in touch with the team by emailing info@cxbfeedback.org