

concerns of older Rohingya men and women about Covid-19

Find out more on page 1

Important language for discussing Covid-19 with the Rohingya community

Find out more on page 3

Religion: an important source of comfort

Find out more on page 4

# Covid-19: Older Rohingya community

Source: Focus group discussions, 2 with men and 2 with women, in Camp 8E to explore the concerns of older Rohingya people around Covid-19. Apart from one female participant, all were aged 50 or above.

## Sources of information about Covid-19 for older people

Although Covid 19 is one of the most discussed issues among the Rohingya community, older men and women do not have as much information about the topic as other people. Older people in the community say that they want more detailed information about the virus and the disease.

During the discussions, both men and women said that they had mainly heard about Covid-19 from other people. Older men said that they had heard about it from NGO workers and from both Rohingya people and host communities in different places like tea stalls and markets. Men also said that they were receiving information from the radio (through Burmese radio stations), age friendly spaces, televisions in the host community and through newspapers, that the host community read for them sometimes in the market or tea stall. Both men and women said that they had heard some advice about how to protect themselves from loudspeaker announcements (miking) coming from

the mosque. Some women said that they were getting information from their male household members; and that the men were getting information from mobile phones, radio or places outside of the house like tea stalls, markets or mosques.

## Older women in the Rohingya community have little access to information about Covid-19.

Women said that their access to information was limited and that male members of their families were their only source. They also said that, in some cases, men were not sharing a lot of information, meaning that older women were being left uninformed. Women said that they had heard about some kind of virus (coronavirus) and were aware that proper hand washing and keeping surroundings (houses and toilets) clean could protect them from it. But they had very limited knowledge about the symptoms of the disease, what they should do to protect themselves, who they could ask for information, where to go if they had symptoms, or who to ask for help. Some women said that they had heard some loudspeaker announcements which they felt were not

Special Edition

# WHAT MATTERS?

Humanitarian Feedback Bulletin on Rohingya Response

Issue 34 × Thursday, March 26, 2020

very clear. Apart from this, they had not seen or heard any direct information.

“From our earlier experience of viruses, if someone gets the virus they might experience flu, running nose or fever.”

– Woman, 50

## Transmission and symptoms of Covid-19

Both older men and older women have limited knowledge about the how Covid-19 is transmitted, its symptoms and how they could protect themselves against the disease. However, some people did understand what could be done to protect themselves.

Older men from said that they thought the coronavirus could be spread through the air during cold weather. Older women mentioned that they thought a person could be infected by the virus by touching someone who was already infected, through sneezing, or by talking face to face with people who had symptoms.

A few men said that they understood that the symptoms of Covid-19 were fever, coughing and sneezing. Women

mentioned that having a cough, bleeding from the mouth and suffering from a headache could be the symptoms of the disease.

“ Sneezing, cough or fever are the symptoms of coronavirus, but this virus isn't spread by these.”

– Man, 65

Some older men and women mentioned their belief that eating broiler chickens could also spread the disease, saying that they had heard people discussing this. Men also thought that touching and eating pigs, cows or chickens was a way that people could become infected with the virus.

Older men said that they could protect themselves from coronavirus by washing their hands with soap, keeping themselves and their surroundings clean, using masks, avoiding gatherings and keeping a distance from others and by using their hand or a tissue or handkerchief while sneezing. Older women also said that they had heard from the CiC or through an announcement from the mosque that they should keep clean and keep their children clean to protect themselves.

Many people mentioned that, in order to keep safe, they were praying more and reciting a certain prayer (dua). Women felt that everyone should start praying more to get rid of this virus. Men said that they were going to mosques to learn more about the virus and felt that the practice of praying and going to mosque should be happening frequently.

Older Rohingya men mentioned that NGOs had informed them about precautions, although older women said that they had not got any information from NGO or aid workers. They said that some health workers from NGOs visiting the blocks had told them to wash their hands and keep themselves clean every day, however they said that they were not told directly about the disease by NGO workers.

### Treatment

In terms of treatment, older people said that they had heard from different sources that there was no medicine or treatment for the disease. Older men said that they listened to a radio station from Myanmar and learned that a vaccine would be available within the next 16 or 18 months. Women said that they had heard there is no vaccination or medicine for this virus, but were not completely sure as they had not heard anything directly from any health workers.

### Vulnerable groups

Some older male mentioned that people over 60 and those with diabetes, high blood pressure, cough and asthma were more vulnerable to coronavirus. They said that they had learned this from other Rohingya people and from a radio station broadcasting from Myanmar. Older women did not have any understanding about which groups of people were more vulnerable.

### Misperceptions:

A range of misperceptions emerged from older men and women, including.

- Men said that, if someone had died from Covid-19, then they shouldn't go to visit the body or the family.
- Men also said that they believed that Covid-19 was a curse from God for China, because the Chinese people had tortured Muslims so much in the past.
- Men believed that they should go to the mosque even if they were instructed to avoid large gatherings. They felt that mosques were the only places where they could pray for help from God to protect themselves.
- Men also said that they had heard from some Rohingya people that people infected with coronavirus would be taken to an unknown place and that they would then never be found again.

“ We are more worried because we have heard from our neighbours that, if we have this deadly virus (the name we are not sure about), and if we go to the hospital or doctors, they will shoot us to death since this virus can affect anyone who is in contact with the patient.”

– Woman

- Women more generally said that they were feeling scared and that, even if they were suffering with symptoms, they would not tell anyone.
- Some women thought that the virus did not really exist, because they had only heard about it and had not seen anyone suffering with the virus for themselves.
- Women said that they had heard that no NGO would come to the camp if the virus started to spread, or if the government imposed rules of restrictions. They were worried about how they would survive in those circumstances.

“ We are the older group in the community; this is the time we are not thinking of ourselves as we are going to die soon. Rather, we are more concerned about our family and relatives.”

– Woman, 52

# Important language for discussing Covid-19 with the Rohingya community

In a crisis it's especially important to communicate in language that is clear, accurate and accessible. In the Covid-19 pandemic, how we provide information to Rohingya refugees in the camps of Cox's Bazar is of utmost importance and very likely lifesaving.

The table below shows Rohingya translations of words and phrases relating to Covid-19 - or coronavirus as Rohingya speakers call it - with their literal English translations.

English	Rohingya	Literal English translation
virus	fuk / biaramor fuk	insects / insects of disease
pandemic	duniyat agagura ode aba biaram	disease occurring across the world
epidemic	aba biaram / gorom biaram	strange disease / hot disease
social-distancing	ek zon arekzon loi duraduri gori takon	stay away from one person to another person
self-isolation	nize baze ekela sira oi takon	stay separate and alone
quarantine	ekela sira gori rakon	to be kept separate and alone
self-quarantine	nize baze ekela sira oi takon	stay separate and alone
spread or transmit	biaram faron	spread or transmit diseases
Covid-19/coronavirus	coronavirus / virus	coronavirus / virus
infectious disease	hono kissur zoriya ode biaram	becoming sick from something
contagious disease	farade biaram	disease which spreads
droplets	guri guri sefor iyato fanir fuRa	small drops of spit or water
hand sanitiser	aat duibolla fani ar sabunor bodoilla estemal gorede jinish	(no word for 'hand sanitiser' in the Rohingya language)

We asked focus groups of older Rohingya men and women about their understanding and interpretations of the words and phrases above. Participants were aged between 45 and 68. Here is what we found.

**Virus (fuk / biaramor fuk):** The Rohingya use the word fuk to refer generally to viruses. We found that many men and women use and understand the English word "virus" to refer specifically to coronavirus. The Rohingya pronunciation of "coronavirus" is the most widely understood term for Covid-19.

**Pandemic (duniyat agagura ode aba biaram):** We found that all men consulted understood the phrase duniyat agagura ode aba biaram. Women asked for more detail, such as stating that it is "a dangerous disease which is spreading all over the world in different countries". No one had heard of the English word "pandemic".

**Epidemic (aba biaram / gorom biaram):** Men understood the terms aba biaram and gorom biaram while for women both of these terms mean "diarrhea". Women said they would like a more detailed explanation. No one understood the English word "epidemic".

**Spread/transmission (biaram faron), social-distancing (ek zon arekzon loi duraduri gori takon), self-isolation (nize baze ekela sira oi takon), quarantine (ekela sira gori rakon), self-quarantine (nize baze ekela sira oi takon):** All men and women in the focus group understood the Rohingya phrases for each of these terms.

**Covid-19:** No one had heard of this term. They said everyone would understand the term noya virus (new virus).

**Coronavirus:** Most men and women had heard the term coronavirus, but women were more likely to be unsure about what it meant.

**Infectious disease (hono kissur zoria ode biaram):** Both men and women understood the Rohingya term.

**Contagious disease (fara de biaram):** Both men and women understood the Rohingya term.

**Droplets (guri guri sefor iyato fanir fuRa):** Neither men nor women understood the Rohingya term. Both groups said that sefor fuRa ("spit" in English) would be understood better.

**Hand sanitiser:** Nobody in the focus group understood this term. Most people were only aware of the words for soaps or hand soaps.

These discussions with community members show that community members widely understand important terminology relating to Covid-19 and diseases more broadly. However, they also identify knowledge gaps. The women we spoke to would prefer to have more detailed and literal definitions of technical medical terminology.

All organisations should use the terms and phrases included in the table and discussed here in their messaging and communication about Covid-19. This will be essential to their efforts to provide clear, accurate and useful information to the community and to reduce the potential impacts of this virus in the camps.

## Religion: an important source of comfort

Addressing the threat posed by Covid-19 to residents in the camps requires us to understand the belief and knowledge systems which inform the Rohingya community's interpretations of messaging and information about the disease. For many of the Rohingya community members we spoke to, religion is central to their understanding of Covid-19, or coronavirus as the Rohingya community calls it. People are relying on religion, and particularly prayers, to protect them from the spread of disease in the camps. They also pray that God protects their loved ones living elsewhere in Bangladesh and abroad. They will pray for themselves and those living in the camps if or when the virus reaches there. Men in particular are being encouraged to attend mosques more frequently - to pray, but also to find out information about the coronavirus. Community members note that the looming closure of shops and markets, which are most people's only access to televisions and smartphones, will remove an important

source of information about what is happening outside the camps. They are now turning to mosques in the camps to get access to these technologies and information.

At present, many Rohingya people's faith in the protective powers of God brings them comfort in the face of the uncertainty brought about by the unprecedented threat of Covid-19.

“ God saved us from the dengue outbreak in Bangladesh last year, so He will save us from the coronavirus.”

– Woman, mid-50s

Religion also influences how people filter information regarding the cause of the virus. A number of participants in focus group discussions said that they drew on information from relatives and friends abroad. Either

viewing misinformation from these sources as truth, or drawing extreme or unintended conclusions from the limited information they can access, some have formed the view that the virus is a punishment from God.

“ The virus is a curse from God on China to teach them a lesson for their violence and torture of Muslims in China. This is why no Muslims in China got the virus.”

– Woman, mid-30s

When communicating with the Rohingya community, we must acknowledge and respect their strong faith and their faith-based responses. At the same time, we must also give them clear information based on scientific evidence and present it in a way that is respectful and mindful of the role and importance of religion in their community.

---

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.

The work is funded by EU humanitarian aid and the UK Department for International Development.

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](mailto:info@cxbfeedback.org)