Mahjis need more info about Covid-19
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Covid-19: The role of religion and community leaders

Rumours around religion and ‘cures’

Rohingya people say that they are becoming more and more worried about the coronavirus, because they are hearing news of an increasing number of infections in Bangladesh. In the past two months, more people have raised concerns about coronavirus in listening group discussions. While only 1% of feedback was about coronavirus in February 2020, this rose to 10% in March 2020. Particular concerns raised have been about the need for more soap, requests for more information about available treatment for infected people and the need for support from health workers and doctors for the treatment of Covid-19.

People participating in discussions directly with the What Matters? team also expressed their worries and concerns around Covid-19. They were aware that the number of coronavirus cases was increasing across the world and that the situation in Bangladesh was worsening day by day. They were worried that the virus might arrive in the camps any day.

Given their need for information around Covid-19, people are listening to various rumours in the camps. Fear and uncertainty are leading camp residents to turn to religion for support; as well as making them more susceptible to claims about treatments or cures which they think could keep them safe from coronavirus.

Source: From the onset of the Covid-19 outbreak in Bangladesh, BBC Media Action has asked agencies working in this response to share the rumours being reported to them by their fieldworkers and service providers in the camps. To better understand how and why the rumours circulate, Translators without Borders (TWB) spoke with Rohingya community members, mahjis and community volunteers working in the camps. This fortnight we conducted 11 interviews: three with camp residents, three with community volunteers working for different NGOs in the camps and five with mahjis. Additional context has been added to the analysis from recent feedback provided by listening groups. The feedback has been collected from different camps (1E, 1W, 2E, 2W, 4, 5, 8E, 8W, 10, 11, 12, 13, 14, 16, 17, 21, 22, 26, 27) and the data were collected by DRC, Care Bangladesh, BRAC, TAI, UNHCR.
Some of the more persistent rumours include:

» Being Muslims, going to the mosque and regular prayer will keep people safe from the coronavirus.

» As Rohingya people are already a persecuted community, they will not be infected by the disease as God is in on their side.

» People will not be infected with Covid-19 if they perform certain rituals. One includes finding charcoal in a hole outside your house and then boiling this with water and drinking it. There is also a more general belief that charcoal can prevent Covid-19.

» People will be cured if they eat bananas, turmeric, ginger, Indian pennywort (Thankuni pata) and if they recite the azan (call to prayer).

The prevalence of these misperceptions was backed up by discussions with community volunteers, who had heard people saying that coronavirus would not come to the camps, since Rohingya people are Muslim and one of the most persecuted communities in the world. A common view is that God had already punished the community in many ways and that this would result in the coronavirus not coming to the camps. Despite believing that their religion will offer protection, people remain worried about the virus, as they have heard that the disease is contagious and that the overcrowded camps will provide limited opportunities for isolation facilities. One community volunteer mentioned that people living in Kutupalong already suspect that there are some positive cases of Covid-19 in Balukhali, and are worried about that.

People said that they had also heard mahjis and other community members saying that, if someone gets infected, no doctor would come and they would have to treat themselves. People also said that they were afraid that the Bangladesh government may ban internet connections from the camps.

Countering the rumours:
WHO advice for the Rohingya camps about various ‘cures’ for Covid-19

**Herbs and foods:** There is no evidence from the current outbreak that any particular vegetables, water, spices or fish can protect people from the coronavirus. People who eat a well-balanced diet tend to be healthier with stronger immune systems and lower risk of chronic illnesses and infectious diseases. So it’s a good idea to have a nutritious diet, including fresh and unprocessed food every day, drinking enough water, eating only moderate amounts of fats and oil, and reducing the intake of salt and sugar.

While some traditional or home remedies may provide comfort and alleviate the symptoms of Covid-19, there is no evidence that they can prevent or cure the disease. WHO does not recommend any medicine or home remedies as a prevention or cure for Covid-19. However, there are several ongoing clinical trials that include both western and traditional medicines. WHO will continue to provide updated information as soon as clinical findings are available.

**Performing certain rituals:** There are no rituals that can protect from or cure coronavirus. However, there are good habits that can keep the coronavirus away, such as washing hands with soap and water frequently, sneezing or coughing only into a flexed elbow or tissue (and throwing the tissue in a closed bin immediately), avoiding crowded places or mass gatherings, and limiting movements outside the house as much as possible. Boiling charcoal and drinking the water does not protect people from coronavirus.

**Cures and use of antibiotics:** To date, there is no vaccine and no specific antiviral medicine to prevent or treat Covid-19. However, those affected should receive care to relieve symptoms. People with a serious illness should be hospitalised. Most patients recover thanks to supportive care.

Possible vaccines and some specific drug treatments are under investigation. They are being tested through clinical trials. WHO is coordinating efforts to develop vaccines and medicines to prevent and treat Covid-19.

Antibiotics do not work against viruses. They only work on bacterial infections. Covid-19 is caused by a virus, so antibiotics do not work. Antibiotics should not be used as a means of prevention or treatment for Covid-19. They should only be used as directed by a doctor to treat a bacterial infection.
Sources of information and the role of community influencers (mahjis and Imams)

Word of mouth is an important source of information in the camps and information related to Covid-19 is flowing in the same way. In the camps, people are receiving information from site management teams, CIC offices and from NGO workers. In addition, they are receiving information from the internet - particularly social media platforms - and from leaflets in Burmese and English languages. Announcements from loudspeakers are another important source of information around Covid-19.

In the discussions with community members and volunteers, people said that Imams and mahjis are playing a crucial role in disseminating Covid-19 related information. In some areas, the Imams are encouraging people to perform their regular prayers at home. Some Imams have received information from CICs and NGOs, which they are sharing with people in their community.

Alongside leading regular prayers, some Imams are disseminating information about social distancing, washing hands frequently and wearing masks, as well as encouraging people not to go outside if they are coughing or sneezing. However, this does not appear to be common or frequent for all the Imams: most are still reinforcing ideas about regular prayer and reciting the Koran as activities that will prevent infection from coronavirus.

Misperceptions are also emerging around healthcare and negative attitudes towards NGO workers in the camps.

Other rumours

Many people living in the camps still have the perception that they will be killed, shot or poisoned if they get infected with coronavirus and go to the health facilities for treatment. People say that they have heard that some people with the symptoms (coughing and sneezing) had been killed by poison. Some people also said that, since there is no medication for the disease, they believe that they will be taken away from the camp and shot, if they go to the clinics with the disease. Some people perceive that NGOs are planning to build isolation centres where people will be kept before being shot.

Some people believe that NGO staff are spreading Covid-19. Since NGO workers are moving within the camps due to the nature of their work, some people in the community think that these staff might be bringing the virus into the camps. Some have even asked community health workers and sexual and reproductive health outreach team members not to come to their homes, because they think the staff are likely to be carrying the virus. Some also said that they thought that people from the host communities living near the camp were responsible for spreading the disease.
Mahjis need more information about Covid-19

Rohingya refugees in Bangladesh want to know more about Covid-19 but finding this information in the camps is a challenge. With limited access to the internet and media, people seek other sources of information about the virus, including community leaders. Mahjis are trusted by Rohingya people and are often responsible for passing on important information to the community in their own language, including messages and updates from the Bangladesh authorities. With Covid-19 news and rumours spreading through the camps, community members are turning to mahjis for more information about the pandemic. However, the mahjis themselves also need more information.

The community is concerned about Covid-19

Community members increasingly approach mahjis for information about Covid-19. Many community members are concerned that they may be forcibly sent back to Myanmar if they become infected with Covid-19. This concern creates tension in the camps, as people fear that they will not receive medical treatment if they are returned to Myanmar. Mahjis interviewed noted that community members now regularly express concerns to them about the pandemic and seek advice and further information. The community wants to know how to protect themselves, what will happen if the virus comes to the camps and where they can get more information. However, mahjis can only pass on the information that they have, which is limited.

Mahjis have limited information about Covid-19

All five mahjis interviewed had heard about Covid-19 from sources including CICs, Bangladesh government officials, NGOs, and radio broadcasts. While they were aware of the deadly and global nature of the virus, they had varied and limited information about the impacts of the virus in Cox's Bazar and elsewhere in Bangladesh. All mahjis interviewed had some knowledge about the virus. They were aware of the need for people to wash their hands regularly and practice social distancing. But, as community members confirmed, it is only this basic social distancing and hygiene information that most mahjis can share with those who seek their advice.

Three of the mahjis expressed fears about the virus spreading easily in a context where there is no treatment or vaccine for it. Only two of the mahjis interviewed were aware that Covid-19 cases had been recorded elsewhere in Cox's Bazar district, but all were aware of infections and deaths occurring elsewhere in Bangladesh and internationally. The mahjis claim that the lack of internet access in the camps is the main reason for their lack of awareness about Covid-19.

The community is afraid and wants more information

One mahji stated that his and his community's faith in God meant that they had no need to be afraid. However, the other four mahjis said that they and the communities they serve were afraid of what would happen if the virus reached the camps. CICs, NGOs and the Bangladesh authorities have given them some information, and the mahjis pass these messages on to their communities. However, the mahjis said that communication about Covid-19 from these sources was not regular and that the information was mostly simple guidance on prevention. All the mahjis said that they faced language challenges in their communications with the Bangladesh authorities.

Ensuring that mahjis receive clear, accurate and accessible information about Covid-19 in their own language is essential. Lack of access to information increases fear among those who live in the camps, and allows rumours and misinformation to spread and gain acceptance more easily. To address people's fears and prepare the camp community for Covid-19, mahjis and other trusted community members and leaders need the information to answer and respond to the community's queries.