HOW ROHINGYA PEOPLE THINK AND TALK ABOUT MENTAL HEALTH

ROHINGYA PEOPLE NEED MENTAL HEALTH COMMUNICATION AND SUPPORT WHICH REFLECTS THEIR UNDERSTANDING

Mental health is an important part of an individual's overall wellbeing, yet it remains a taboo subject in many communities, including the Rohingya community. The ways in which Rohingya people think and talk about mental health are very different from western medical concepts and terminology.

In the Rohingya community, mental health is generally understood through a religious, cultural and spiritual lens. This affects how people think and act in relation to the causes, treatment and symptoms of mental health issues. It can also make it hard for health professionals to establish an effective dialogue with community members on mental health. This is of particular concern given that 40% of participants in our study reported having suffered from poor mental health.

To help improve the dialogue between health services and the Rohingya community, TWB interviewed camp residents about their experiences and perspectives relating to mental health, including the language they use to talk about it.

This report outlines findings from the interviews and provides recommendations to humanitarians on how to more effectively communicate with the community about mental health and provide appropriate mental health support and services in the camps.

Who we spoke to

TWB conducted semi-structured interviews with 35 members of the Rohingya community, 20 men and 15 women aged 19 to 53 years, living in the following 13 camps: 1E, 2E, 2W, 3,

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5, 8E, 8W, 9, 13, 17, 18, 26 and Kutupalong registered camp. The interviews explored participants' perspectives and experiences of mental health, including the language they use to talk about mental health. Fourteen of the participants report having personally experienced mental health issues.

Many Rohingya people suffer from depression and trauma-related mental health issues

Fourteen of the 35 respondents, 8 women and 6 men, told us they had personally faced mental health issues. The women reported depression and other mental issues brought on by factors including personal and health issues, financial pressures linked to their husbands being unemployed, worry about a child with a disability, camp security, and the pandemic. Half of the women who had experienced mental health issues say they consulted a doctor, while others turned to prayer and 1 woman did not seek any treatment.

Men who reported having suffered mental illness said it was a result of trauma, including torture experienced before leaving Myanmar, or of stress due to health, housing, life pressures and other challenges. Five of the men went to the doctor for treatment, while 1 consulted an NGO to assist with the issue he saw as the cause of his depression.

***"When I have much tension in my mind [...] I cannot find peace, I cannot eat food and I want to commit suicide, but for the children I cannot do it. I think: who will take care of my baby?"* - Rohingya woman, 30 years old**

Rohingya is an oral language with limited technical terminology

Rohingya is primarily a spoken language with a limited number of technical terms. In the absence of standardization and a common script, translating medical information directly into Rohingya can be difficult. Low education levels also impact understanding of western medical concepts around mental health: many Rohingya people have not been exposed to even elementary scientific and medical knowledge.

When expressing complex or unfamiliar concepts, Rohingya speakers often repurpose existing terms or use descriptive phrases. For instance, in the early days of the COVID-19 pandemic, hand sanitizer was translated as *aat duibolla fani ar sabunor bodoilla*, literally "an alternative if water and soap are not available". This study found that the camp community is applying the same approach to concepts connected with mental health.

In Rohingya, often there are no direct translations for mental health terminology

Rohingya mental health terminology is often generalized or does not have direct translations for English or Bangla terms. The term "mental health" can be translated as *demaki aramiot*, or "health of the brain". Yet there is no standard term in common use to

refer to mental health issues. When someone has mental health issues, people commonly say that they are *mata horaf* (a mad or dysfunctional head), *demak horaf* or *demak sho'oth* (a mad or dysfunctional brain).

Rohingya translations of mental health terms like "depression" often describe feelings

In the absence of direct translations of medical terminology to discuss mental health, Rohingya speakers often instead describe the feeling or condition of the individual. For example, among the community members interviewed the English term "'depression" is expressed using various Rohingya terms, including *dilor oshanti* (unrest of the heart), *monor oshanti* (unrest of the mind), *fereshani* (frustration), *oshanti* (unrest), *dukkita manush* (sad human), and *sinta* (worry).

When talking about symptoms of depression, people interviewed used terms including *sintat asi* (is worried), *oshantit asi* (is not at peace), *fereshanit asi* (is in trouble), *bafonot asi* (is thinking), *dilor oshanti* (unrest of the heart), and *thenshonot asi* (is stressed) to describe being sad or anxious. For suicidal thoughts, they used a series of specific and violent terms. These included *fashi haito sa* (wanting to hang themselves), *bish haito sa* (want to drink poison), *nizore nize khun goitto sa* (want to murder or kill themselves), *bish hai foran di fela* (to die by drinking poison), *nizor kuf nizw ha* (to hack themselves to death) and *fa*shi hon* (to be hanged).

External factors are seen as the causes of mental health issues

Respondents mostly see the causes of poor mental health in people's circumstances and experiences, including insufficient income, food or clothing, the quality of their shelter, and access to quality medicine and education for their children. They also pointed to safety and security concerns as contributing factors. These include abductions and demands for ransom, frequent fire incidents in the camps, fear of trafficking, communal conflict, murder and other crimes, and being unable to return to Myanmar.

The idea that mental health might be influenced by genetic or physiological factors was not mentioned by any of those interviewed.

"The people who do not have money in their hand, have more mental health issues because they can't afford basic needs like food, clothes, medicines, etc." - **Rohingya woman, 32 years old**

Jinn (spirits) attack people who are unclean or menstruating, sinful, or out late at night

The idea that someone with mental health issues may have invited the attention of a *jinn* through their own behavior influences community responses to them. A majority of participants believe *jinn* (spirits) play a key role in mental health issues. Only 4 interviewees think this is not the case, while 3 are unsure.

Jinn are believed to attack or harm people for a variety of reasons. Interviewees noted that those who do not abide by Islamic teachings are at risk of being harmed by *jinn*. One mentioned having seen many *jinn*-related incidents happening to people living in hilly areas. Others said that if someone walks alone late at night, is involved in sinful activities, does not maintain good hygiene or is menstruating, then they are also at greater risk of being attacked by *jinn* and developing mental health issues.

Respondents speak of *jinn* making people physically sick, even causing paralysis, and causing serious mental illness. They described the behavior of people influenced by bad *jinn* as laughing at themselves, removing or refusing to wear clothing, wanting to be near garbage, running away from home, being violent towards others, and mistreating family members.

Some people with mental health issues are cared for, others face exclusion

Respondents say that in the Rohingya community some people with mental health issues are treated with care, respect, gentleness, politeness, and love. They also receive support in the form of money and food. Elders and educated people often advise others on how to care for those with mental health issues. One woman said that people supported her when she was unwell and took her to a *shanti hana* (women-friendly space). Others said they had given food to people with mental health issues in their local area.

Not all people with mental health issues are treated so well, however. Even the respondents who said they had given food still referred to the recipients as “crazy”. People with mental health conditions which cause them to be disruptive or attract attention, in particular, get harsher treatment. Participants described community members mocking these individuals, making jokes about them, calling them names and not wanting to speak with them. One person suggested this was due to a lack of education and awareness about mental issues in the Rohingya community, leaving many not knowing how to respond to or support those who are unwell.

***"When anyone goes mad in my society, their family members keep them inside the home. And there are some mad people in the area, and people mistreat them when they do any kinds of abnormal things."* - Rohingya woman, 25 years old**

Many people would go to both the doctor and spiritual advisers for mental health issues

Interviewees’ views on treatment were related to their understanding of the causes of mental illness. Some explained that there are two types of *jinn*: good and evil. If someone is attacked by a bad *jinn*, they are often brought to a traditional healer (*boiddo*) for amulets (*tabji*) and treatment. If people are affected by good *jinn*, they usually visit an imam or a traditional healer for treatment.

Twenty-six of the respondents said they would visit a doctor or health facility if they were suffering from mental health issues. However, 12 of these said they would also seek help from a traditional healer or imam. In total, 21 people said that they would consult imams or traditional healers; 4 of these would not seek help elsewhere. Four women said they would go to women-friendly spaces for support. Only 5 respondents, all men, say they do not know where to go for help in such cases.

Most people want more information about mental health support and services

Of the 35 respondents, only 10 report having received information about mental health services and support since arriving in Bangladesh. Twenty-one interviewees say they would like more information on this.

Recommendations for humanitarians

Based on the community perspectives on mental health presented here, we recommend that humanitarians:

- Develop communication materials on mental health which reflect Rohingya understandings of causes and treatments and use the associated words and concepts, and train medical staff and community health workers to communicate on that basis
- Provide more culturally adapted education to community members about the causes and treatment of mental health issues, including how to respond to and care for those who are unwell and the benefits of both formal and informal mental health support
- Address, where possible, the perceived causes of poor mental health, including financial, safety and security concerns
- Create further opportunities for women to access mental health support, including offering increased support at women-friendly spaces and engaging and educating male family members.

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About Translators without Borders

TWB is a nonprofit organization offering language and translation support for humanitarian and development agencies and other nonprofit organizations on a global scale. TWB Bangladesh has supported the Rohingya response since 2017, providing language and translation support to response partners and conducting research and training to meet the language and communication needs of the Rohingya and host communities.

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