



Covid-19: Rumours in the camps

This *What Matters?* edition focuses on Covid-19 rumours circulating in the Rohingya camps of Cox's Bazar. It explores some of the more common rumours, discusses sources and formats of information, presents community perspectives about rumours and communication, and suggests approaches to communicating with the Rohingya community about Covid-19.

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 and community volunteers working in the camps.

We conducted eight interviews; four with camp residents and four with community volunteers working for different NGOs in the camps.



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Rumours can have a negative influence on behaviour

Many camp residents are afraid and uncertain about how to protect themselves and their families from Covid-19. They do not know which information to believe and which to ignore. Consequently, many are unsure about symptoms, prevention, and treatment for the virus.

One troubling and baseless rumour is that everyone who gets the virus dies. This and similar rumours prevent many people living in the camps from seeking medical treatment.

Some of the more persistent rumours include:

- ❗ Patients who are referred for treatment outside of the camps will be shot or killed by the government if there are too many cases of the virus. There is also a rumour that two community members have already been executed in these circumstances.
- ❗ The only way to stop the disease is to kill the infected person.
- ❗ No medication is available for Covid-19, so there is no point seeking medical treatment.
- ❗ If anyone contracts the virus in the camps, they will be confined by security forces and mistreated or even killed, and their home and block will be shut down.

Rumours such as these have created fear in the community and increase the risk of panic and unrest. Almost all of the community volunteers we interviewed had heard that many Rohingya community members with symptoms similar to those caused by Coronavirus had avoided attending medical facilities due to fears about what would happen if they did. Volunteers confirmed that these rumours are prevalent throughout the unregistered camps.

Rumours have circulated in the camps for weeks. On a typical day, men at tea stalls or in the markets swap information, passing on whatever they have heard about this global pandemic.

“ Last week I heard that there was a weird-looking baby born in Cox's Bazar at night time, and immediately soon after being born, but before he died, the baby said that if you want to stay safe from Coronavirus, you should drink red tea and dig some soil out in your compound. You will find some coal; soak it in water and drink the water after some time. Then you will be safe from coronavirus.”

– Rohingya woman, mid-twenties

Reliable and unreliable sources

Much of the information that circulates through refugee camps in Bangladesh is untrue. The Rohingya community receives information about the Coronavirus from many sources, including friends, family, and neighbours, the army and police, community block meetings, television, newspapers, social media, automated public service announcements from telephone companies, NGO training sessions, and loudspeaker announcements from CNGs and tom-toms. The sheer range of sources of both reliable information and unreliable misinformation gives rise to confusion. Legitimate, useful information is hidden amongst the persistent and pervasive rumours.

Some community members are selective about the information they trust. Generally, they see medical professionals, NGOs and the authorities as reliable sources of information about how to deal with the virus. Information authorised or circulated by CiCs is considered to be particularly reliable. Large portions of the community consider mainstream news channels (including Rohingya channels) and local newspapers to be trustworthy. Many people also consult respected Imams and community leaders (mahjis) to receive and confirm information.

The local authorities are aware of the rumours circulating in the camps and try to get factual messages to the community. For example, in a recent interview with BBC Media Action, Additional RRRC Kazi Mozammel said that people in the camps with Covid-19 symptoms should seek advice from a community leader (mahji) or health worker. He also suggested they could go to the nearest health post, contact the CiC, or call the hotline number (+8801701202597) with the help of service providers. He noted that the health posts in the camps are open and refuted the idea that doctors would not treat someone if they were diagnosed with the Coronavirus. He urged the community not to hold back any information. BBC Media Action has shared the audio of the interview with partners to help get this information, from a source people may trust, to people in the camps. This audio package, along with a range of communication tools designed to help humanitarian agencies communicate consistently about Covid-19, is available on the [Shongjog website](#).

Official sources known by the community are seen as the most reliable

“I don't trust any information other than health professionals' advice.”

– Rohingya woman, mid-twenties

Countering the rumours: WHO advice for the Rohingya camps about isolation, quarantine and seeking treatment for other respiratory illnesses



Isolation

This is for people who are unwell. The idea is to both treat symptoms (for example with paracetamol, IV fluids if needed, oxygen, and antibiotics if there is a secondary bacterial infection) and to make them comfortable. Also, it is important to make sure that people are not able to transmit the infection to family or community members and that they are looked after by health workers using personal protective equipment. If someone goes to a healthcare facility with respiratory symptoms, they will be screened there to see if they require isolation. If they do, they will be taken to isolation by ambulance. The health care workers will do everything that they can to take good care of them. Health facilities used may be located outside of the person's own camp to ensure people receive the best possible care, but no one will be removed from the camps.



Quarantine

This is for healthy people who have been in contact with someone who has or might have Covid-19 – for example family members from the same residence. They are watched closely for any new respiratory symptoms so that their care can be managed quickly. This strategy also reduces the risk of newly sick people passing on the infection to others. Quarantine will most likely be at a facility in the camps. There will be access to all essential services there including – food, water, toilets and bathing areas.

Other respiratory illnesses

If people are feeling unwell, and especially if they are having difficulties in breathing, there are things that medical providers can do to help. In addition, it is helpful to identify those that are infected early to prevent rapid transmission. It is very possible that their condition is not related to Covid-19 but is still something requiring medical attention. Regardless, people who have a cough, fever, or sore throat should stay at least one metre from others, wear a mask, wash their hands regularly, employ appropriate cough etiquette, refrain from spitting and seek medical advice.

Other sources

Community members seek information wherever they can. None of those interviewed felt that they had enough information about the virus. They wanted to know what they could do to protect themselves from the virus, other than washing their hands and covering their faces. For some, the more common a rumour, the more credible it was.

“ I kind of trust this information because a lot of people are saying the same things at the same time, but I know there might be some rumours as well.”

– Rohingya man, mid-thirties

The global nature and scale of Covid-19 means that there are very many social media posts, videos, publications, reports, articles, memes and stories available in hundreds of languages. Sorting through what is true and false is challenging. The information about the Coronavirus that circulates in the camps is shared predominantly through word-of-mouth. It generally originates from posts on social media and calls to friends and relatives abroad. The reduced number of NGO workers allowed into the camps due to restrictions in response to Covid-19 also makes people increasingly reliant on other, predominantly unofficial and often unreliable sources of information.

The Rohingya community has specific communication needs

Effective communication is essential, especially for vulnerable populations in crisis situations. Providing the right information in the right format can save lives. It is essential to approach situations with an underlying understanding of the language and communication needs and preferences of the community.

“ I trust the information that is disseminated through loudspeakers. If it was wrong, they would have been stopped by the government officials.”

– Rohingya man, mid-twenties

Rohingya is a predominantly verbal language. So, most Rohingya people living in the camps can only understand information presented verbally or in audio formats. All community members interviewed said they prefer to receive information about Covid-19 in audio formats, particularly over loudspeakers. Community volunteers confirmed that. Interviewees identified tom-toms and the loudspeakers carried on CNGs as one of the most trusted formats of information dissemination.

Religion as a protector, and other ‘cures’ for Covid-19

Other rumours emerging from information shared from humanitarian agencies operating in camps include a number related to religion. Some Rohingya people feel that they are immune or protected from the virus because of their religion, because they regularly visit the mosque or because they regularly pray.

Other inputs suggest that some Rohingya people believe the virus represents some kind of curse or punishment for non-Muslims, and that Muslim people are therefore safe.

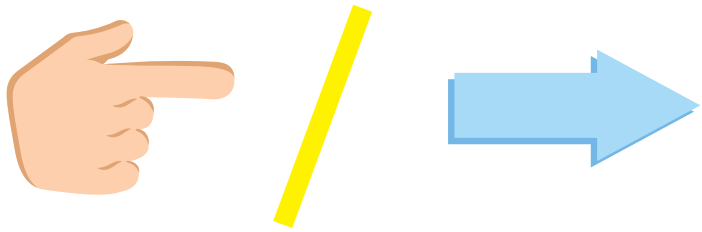
Some Rohingya people believe that, because they are already a persecuted group, God will be on their side and protect them from Coronavirus. This protection, they believe, will be augmented since they pray and wash regularly, meaning that they will not get infected.

Beyond religious beliefs or practices, there are a variety of rumours circulating about different treatments or cures for Covid-19. These include thankuni leaf (a kind of herb) and mamina leaf, hot water (with or without garlic), bananas, turmeric and bitter vegetables. Charcoal - perhaps dissolved in water - is also felt to be a protective agent by some people.

Some Rohingya people also feel that antibiotics are a good cure for Covid-19. This is not the case, although the WHO advise that antibiotics may be useful for some secondary bacterial infections that occur alongside Covid-19 in some cases.

“ According to many people, Allah has shown his aggression as people don't worship or pray.”

“ London has been hit with severe dust storms, wind and ice. There is a general sense of the end of the world, primarily as punishment for our sins.”



Effective use of signs

Since arriving in Bangladesh in late 2017, TWB has conducted regular research about the Rohingya language and how best to communicate with the Rohingya community. This includes extensive research into pictorial communication as part of TWB's efforts to improve directional signage for essential services and facilities in the camps. The global response to Covid-19 is expected to last for many more months. That is likely to create a need for various information formats, including signage for specific services. Pictorial formats will improve our ability to communicate with community members who are unable to read or write.

In February 2020, TWB surveyed over 400 Rohingya refugees to assess their level of use and understanding of camp signage. Sixty-five percent reported not understanding the existing signage in the camps, 89% indicated that better signage would make it easier to locate

services in the camps, and 91% said that better signage would increase the likelihood of them using services. Of those surveyed, 61.6% cannot read any of the three more common languages (Burmese, English, Bangla). English is the most popular written language among the community. Yet only 31% of those surveyed can read it, and almost half of those can only read numbers or recognise letters.

When developing pictures, it is important to recognise that different people and cultures can interpret the same things in different ways. In 2019 TWB conducted 18 focus groups with community members to explore comprehension and interpretations of different shapes, colours, logos and symbols. These consultations identified clear and often surprising preferences and perceptions in the Rohingya community. For instance, they found that the community often interpreted emoji-style images of people as ghosts. They also found that people prefer a realistic drawing of a

pointing finger to indicate direction rather than an arrow. The research also found that Rohingya people preferred realistic drawings to icons or even photos. During testing of a sign prototype in October 2019, 83% of people surveyed preferred signage that combined drawings or cartoons and text. Only 3% preferred text-only signs.

As WHO's Director-General stated in February 2020 "We're not just fighting an epidemic; we're fighting an infodemic". Effective communication of reliable information is central to minimising the impacts of Covid-19 for the Rohingya community in Bangladesh. Understanding their specific language and communication needs, whether it is visually, by language, or text and their preferences ensures that they are best equipped to respond to the crisis and that the humanitarian response is best equipped to assist them.

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