

Rohingya perceptions of religion & COVID-19

Edition 4 summary: how Muslim Rohingya's beliefs interact with their perceptions of COVID-19



Between the 30th of March and 3rd April 2020, 17 consultations were conducted to gain an in-depth understanding on how religious beliefs are influencing Rohingya's understanding of COVID-19, particularly how they are impacting people's behaviour and perception towards key COVID-19 prevention messaging. This one-page document presents a summary of the first half of Edition 4 of COVID-19 Explained to support the development of risk communication and community engagement strategies for COVID-19 prevention measures.

Overall findings:

Religious guidance and seeking treatment are not perceived as being at odds with one another. People believe that doctors should be consulted for prevention and treatment of COVID-19. However, most, if not all, take the fact that the virus does not have a clear medical "cure" as evidence that COVID-19 is a punishment sent by Allah to test them and their piety.

"We need to follow what Imams saying and the doctor advice both are important for us." (Camp 12, FGD, Female)
"Medicine has not been found and a lot of scientists haven't been able to make any medicine – so its gozob from Allah." (Camp 20 Ext., Imam)

"As soon as I have fever, cough and symptoms I have to explain to doctors by going at nearest clinics about my feeling and then I have to follow their suggestions so that Allah will prevent me from it." (Camp 16, Male)

There is inconsistent application of COVID-19 guidance to religious traditions and practices. Some mosques continue to operate as normal, some with reduced capacity, and other religious gatherings have not necessarily been halted. The consultations found that there is inconsistent and uneven engagement of religious leaders and officials in relation to COVID-19, resulting in mixed practices.

All participants expressed the importance of being able to uphold the religious observance of Ramadan and Eid as critical, as many believe that their ability to fulfil their religious obligations at this time impacts their susceptibility to the virus. The majority of consultations expressed that it is either not possible or unlikely for COVID-19 to impact the camps during Ramadan. However, the majority of consultations identified that the current restrictions will restrict their ability to observe these practices as normal.

How religious beliefs and practices interact with key COVID-19 preventions messages:



All participants report they would seek medical advice if they had COVID-19 symptoms.



Key hygiene prevention messages align well with Islamic teachings of the importance of both spiritual and physical cleanliness.



Reduction of social gatherings is supported as a COVID-19 prevention measure; however, many don't see gatherings at the mosque as having the same transmission risk as a distribution points, because mosques are viewed as clean places and also necessary for virus prevention.



Alterations to religious practices are occurring, but they differ between mosques. Though people are generally supportive of the alterations these need to come from imams or mullahs.

Points to consider:

- Women's "dishonourable" activities are being cited by women and men as a reason for COVID-19. *"Why are my women doing such undignified things - that's why Allah doing this." (Camp 20, Female)* This may lead to greater policing of women, reducing their access to assistance further and subjecting them to GBV.
- Religious beliefs cannot, and should not attempt to, be separated from people's perception and understanding of COVID-19. Some people already feel recent religious engagement from humanitarians has consisted of "outsiders" trying to change their culture and religion.
- An outbreak during Ramadan will likely cause significant panic within the camps because the month is believed to be holy. This will likely be interpreted within religious frameworks and may exacerbate social-protection issues. *"Ramadan month is really a great, noble month in the year. It is a bright gift from Allah. By the power of Ramadan, Coronavirus will go away. We don't need to think about it." (Camp 16, Male)*
- Increase risk of social tension and stigma towards the Rohingya due to the conditions in the camps and the belief that Rohingya are unclean. It seems that local host communities share a similar understanding as the Rohingya that illness is connected to dirt, lack of cleanliness, and a lack of religious practice. *"Bengali people don't talk with us because they think we have virus, but we don't." (Camp 5, Female)*

Main Recommendations:

1. A potential social norms backlash, especially for women, must be prepared for, mitigated, and responded to, particularly by Health, CwC, Site Management, and Protection.
2. Continuously engage religious leaders by providing them with routine updates and information.
3. Explore traditions and local practice to find "equivalents" to concepts like isolation and shielding.
4. Engage and discuss COVID-19 more broadly with Rohingya, including how they understand COVID-19 religiously.
5. Ensure that regular support for Ramadan and Eid celebrations are continued within COVID-19 guidance. Consider providing additional support through mosque committees for *iftar* (food for breaking fast) and other observances to show support for communities during difficult times.

Methodology: The information in this report reflects the findings of 11 consultation (5 female, 4 male, and 2 mixed) between participants 18-70 years of age across camps (1E, 10, 12, 16, 18, 20Ext.) conducted between 30th of March to the 3rd April 2020. In addition, 6 consultations were held with imams in Camp 20Ext. and camps 24 and 25 of Teknaf, all of which are conducted by IOM's CwC staff. ACAPS provides support on analysis.

See full report for COVID-19 Edition 4.

