



# The Spaces between Allah & Science

Edition #4, 19 April 2020

## Executive summary

This week's consultations investigate how, for Rohingya, Allah's will and COVID-19 are intertwined and how this impacts their interpretation of the current situation and their uptake of official COVID-19 response measures. This includes an examination of religious views of COVID-19, how this might affect healthcare guidance, information on Ramadan & Eid in light of Coronavirus, burial practices and challenges in the camps. The information in this report is intended to support Community Engagement, Site Management and Protection actors who require a deeper understanding of religious practices within the Rohingya community related to COVID-19.

## Key findings:

- **Rohingya believe that COVID-19 is a punishment and test from Allah as an examination of their faith.** In this, no one reported that there would, or could, be an epidemic during Ramadan and the advent of an epidemic may lead them to find spiritual reasons behind worldly ills as they have with displacement and other difficult events. This may lead non-religious activities to be judged and punished by the majority of people who think COVID-19 is a religious punishment.
- **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, believe the fact that the virus does not have a clear medical "cure" is evidence that COVID-19 is a punishment sent by Allah to test them and their piety.
- **While both "religious instruction" and "medical advice" are not generally perceived to conflict, 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. It is wrong to assume that this guidance is being universally received and followed within the camps.
- **Women's "dishonourable" activities and failure to conform to strict understandings of purdah are being cited by women and men as a reason for the Coronavirus.** This may lead to greater policing of women, reducing their access further and subjecting them to GBV.
- **Many people thought it was justified to adjust prayers and other religious activities to respond to COVID-19.** However, many practices that violate COVID-19 guidance were found to be continuing or to have increased. For example, many people initially responded to the Coronavirus by increasing religious gatherings like *Talim* and *Jammat* as a way to protect themselves from prayer.
- **There is inconsistent and uneven engagement of religious leaders and officials in relation to COVID-19.** Some people reported that while initially religious leaders were engaged, this has reduced since COVID-19 essential and critical restrictions were implemented.





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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. However, the majority of consultations identified that the current restrictions will impact their ability to observe these practices as normal, with some being more open to necessary alteration than others. All expressed that being unable to fully observe their religious obligations during Ramadan and Eid will be a major source of stress for the community.

## Recommendations:

- A potential social norms backlash needs to be prepared for, mitigated, and responded to by all actors, especially Health, CwC, Site Management, and Protection. There are reports that women's lack of adherence to social norms, like *purdah*, is believed as a potential source of this "punishment from Allah." Religious leaders favourable of women's empowerment should be engaged within communities to address harmful social norms and interpretations arising from COVID-19.

## To improve engagement with religious leaders:

- Ensure continuous engagement of religious leaders by providing them with routine updates and information. Continuous flow of information, even concerning information, is important to people.
- Do not try to "correct misinterpretations" – instead find common ground between interpretations and seek rather to discuss various interpretations of the situation given information about COVID-19. Be aware that some people already feel recent religious engagement has consisted of "outsiders" trying to change their culture and religion.
- Explore traditions and local practice to find "equivalents" to concepts like isolation & shielding.
- Engage and discuss COVID-19 more broadly with Rohingya, including how they understand it religiously. People preferred being consulted and provided with information when their broader cultural and religious views were solicited.

## To support Rohingya during Ramadan and Eid in light of COVID-19 restrictions and outbreak:

- 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. If this is withdrawn or reduced, people are likely to feel more abandoned.
- Be aware that an outbreak during Ramadan will likely cause significant panic and upset within the camps because they month is believed to be holy. This will likely be interpreted within religious frameworks and may exasperate social-protection issues. People are already feeling afraid, abandoned, and oppressed.

## To ensure dignified burials:

- Ensure there are adequate materials for families to bury their dead. In addition to burial shrouds, materials like bamboo for weaving, fragrances, and other small items can and should be provided.
- Ensure that there are spaces at burials so that they can be visited later to offer prayers.
- Support mosque committees with funeral materials, biers and stretchers to transport the dead.
- Support grieving families and communities with food to conduct prayer feasts to honour the dead if there are many fatalities.



## Introduction

This edition of COVID-19 examines religious practices, beliefs and traditions that are related to the epidemic and its operational response in different ways. “Religion” is a broad and multi-faceted subject to discuss with respect to COVID-19. There are many impacts to consider from changes to communal praying in mosques, to burial practices that might change in the event of mass fatalities, or to the engagement of religious leaders in COVID-19 awareness and response programming. Overall, Rohingya have largely understood the Coronavirus according to the predominant Deobandi school of Islam that they most commonly follow. Within this worldview, suffering and hardships like COVID-19 or even the genocide they endured are often attributed to a lack of sincere or genuine practice of Islam according to its traditions. It is important to keep this point in mind when considering the impact that such events may have on the population. While they are no doubt difficult to pinpoint or predict, they may signal that a COVID-19 epidemic will exacerbate scrutiny of people, especially women, who are seen as threatening religious norms and traditions, and disturb a population that has already experienced significant hardship and disruption to their traditional customs and practices.

### Methodology:

The information in this report reflects the findings of several separate inquiries:

- 11 consultations ( 5 female, 4 male, and 2mixed) between participants 18-70 years of age across camps (1E, 10, 12, 16, 18, 20ext.) conducted between 30<sup>th</sup> of March to the 2nd April 2020;
- 6 consultations with imams in Camp 20 extension and Camps 24 and 25 of tekna;
- 9 consultations (3 female, and 6 male) that were conducted on the subject of Rohingya cultural practices on death and funerals across 3 camps (9, 15, 20Ext.) in the first week of March, 2020.

All consultations were conducted by a team of 15 experienced Rohingya field researchers (7 females, 8 males) that have been trained in qualitative research methods by IOM’s CwC programme, under Site Management. They are supported by four Bengali CwC staff with a high degree of English and Rohingya language fluency and two international researchers experienced in qualitative data collection. Data is collected by IOM and jointly analysed with the Rohingya volunteers themselves. Interviews are recorded with consent, transcribed and checked by Rohingya volunteers and Bengali staff. Data is then analysed with qualitative data analysis software through matrices. Findings are discussed with volunteers during weekly meetings and their interviews are included as part of the dataset. General information and answers to questions were provided to participants following the focus group discussions. This report is one in a series on perceptions of the COVID-19 response led by IOM’s CwC team in collaboration with ACAPS.

Rohingya refugees are not a homogenous group and existing data available does not allow for disaggregated analysis of their own needs and experiences. This report does not represent the different practices between different Rohingya families nor investigate the current funeral practices of the Christian and Hindu Rohingya.

**Limitations:** The information outlined in this report does not represent the official views of the International Organization for Migration (IOM) or ACAPS in Bangladesh. It reflects an analysis of the views of Rohingya refugees living in camps in Cox’s Bazar. It should not be read as a definitive account of the Rohingya’s perceptions on Coronavirus or COVID-19 across all camps, and it is likely to change with the circumstances and as more consultations are conducted. Teknaf camps were exclusively consulted on death and funeral practices, whereas



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consultation on religion and COVID-19 were exclusively held in Kutupalong Balukhali Expansion due to the volunteers being based there; therefore, the data is not representative of the entire refugee population.

## Rohingya, Islam & health

Rohingya's religious practices are heavily rooted in Deobandi traditions, and related traditions such as the *Tablighi Jamaat* are documented in Rakhine and observed by programme staff in the camps.<sup>1</sup> Deobandism is a school of Islamic teaching that developed under later periods of British Colonial rule as a revivalist tradition that “attempted to reshape Muslim individuals, communities and societies to reflect the authentic tradition of the Muslim faith and religion, and promote greater uniformity within the Muslim world.”<sup>2</sup> Deobandism was largely a reaction to the perceived forced conversions of Muslims in the subcontinent during British rule and the critiques of British Empire in the subcontinent. A religious revival and return to “traditional” Islamic teachings, traditions and values became a core part of the movement, along with various practices that encouraged religious study, retreats, and education.<sup>3</sup> Within Deobandi Islamic philosophy, problems or “punishments” are often interpreted as due to a lack of piousness or faith on the part of the person who suffers. This is reflected in quotes like:

*“People are saying that the genocide was our fault because we had sinned. Maybe we did sin. Otherwise, what is the reason for our oppression? Men are crying during morning prayers.”*  
(Elderly man, Camp 18, December field notes)

All participants across 11 consultations believe that COVID-19 was created by Allah and only Allah can stop the pandemic. It is believed that Allah has created this disease to punish those who have sinned and those who are not devoted to Allah. All of the respondents agreed that the disease arose as a punishment when asked “why the disease has come.”

*Because it is a new disease people are talking about it in different ways. There is no medicine for it. The Alem [Wise people] are telling this as the end of the world, and it is a Gozab [punishment from Allah] for people to test them. We are hearing from the people's talks that people are not performing prayers and more transgressions are being committed regularly - that's why Allah is testing people. This is a contagious disease from Allah to test us because people are committing wrong doings so that they turn into good people. (Camp 1E, Men)*

*Medicine has not been found and a lot of scientists haven't been able to make any medicine – so its Gozob from Allah. People should be aware of these situation. The Quran says, ‘Fear Allah and try to escape from the plague.’ To avoid this disease, you must repent to God. (camp 20 extension, Imam)*

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<sup>1</sup> Boutry, Maxime (2014). Socio-Anthropological Study of Displaced and Non-Displaced Communities of Sittwe Township. Myanmar: ACF.

<sup>2</sup> Begum, Momotaj, and Humayun Kabir (2012). Reflections on the Deobandi reformist agenda in a female Quomi madrasah in Bangladesh. South Asia: *Journal of South Asian Studies* 35, no. 2: 353–80. Available at <https://doi.org/10.1080/00856401.2012.659650>

<sup>3</sup> For more information on Deobandism in Rohingya Islam see “Honour in Transition: Changing Gender norms about Rohingya”



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*Getting disease and cure of it is the will of Allah. No one except Allah could ever cause any disease to anyone. Even though I am great king, I cannot create or destroy a disease because it will have happened by the verdict of Allah. The coronavirus did not appear five hundred years ago. Now, the Coronavirus has been described by the great mullahs and religious leaders as a disease from Allah to test people and place them on right track. If we ask and pray from Allah, then Allah may recover us because all things are done by Allah not anyone else (Camp 16, Men)*

*“Many people are saying that it appeared because people are not praying Namaz and not reciting Dua (blessings) and Quran and also doing Haram.” (Camp 10, Women)*

*“China gave us so many troubles. China did much hatreds on us. And Myanmar government also did Genocide on us. That's why Allah send this disease first in China as Allah's Gozob.” (Camp 18, Women)*

This is furthered by the belief that one persons' misdeeds are experienced collectively and that many people will suffer when one person fails to follow or practice Islam according to Rohingya Islamic tradition. This is important to understand because it may encourage policing and scrutiny of individuals in ways that could increase stigma and vulnerability of groups that are believed to be less pious. However, the alternative is also to note that such understanding of collective responsibility is beneficial in helping people realize the impact of their behaviours on the health & wellbeing of many others – one person's carelessness may spread the virus to many others.

*“One brother spoils, the other suffers for that (Ak baiye gorer noshto shobe duke fa). We all are getting hurt only for one brother. Five have done mistakes then all are getting troubles.”*

*“As people say that ‘One does the bad deeds and ten others are accused of being bad because of him’ (Akzonor zoriya doshzon horaf). Now, every single country is in troubles because of China.” (Camp 18, Women)*

## Women's honour & COVID-19

This worldview leads people to question the causes of illness and harm by appraising whether actions of people within their own community are according to social norms. While many people talk about the failure of men to pray five times a day, women and girls are more likely to suffer the scrutiny of social policing. Their performance of *purdah* and adherence to religious norms and traditions has already begun to be suggested as a source of the disease by both men and women.<sup>4</sup>

*“Especially, it's because some women have become unveiled [bepordah] or immodest after coming here to the camp. It is the number one cause. In our country, people didn't make women come out of the house even if they were paid money. In our religion, women should*

<sup>4</sup> Further exploration of Rohingya women's honour and social norms can be found in “Honour in Transition: Changing Gender norms about Rohingya.”



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*live within the five fences [fas gheera] of the house according to Islamic rules. Nowadays, they don't follow those rules. Therefore, it might be the Almighty Allah is annoyed or displeased with us due to our act or deeds. This calamity has been done by the Almighty Allah. If it's not like that, this virus would not have spread All over the world. It is the decision of the Almighty Allah.” (Camp 16, Men)*

*Women are meant to be bound by honour [jizzot], but now they are becoming dishonourable [bezzoti], not following their husbands, not treating men as men, and they are not obeying religion. Their intention is always towards bad, not towards good deeds. (Camp 20 Women)*

*“Why are my women doing such undignified things - that's why Allah doing this.” (Camp 20, Women)*

These findings are concerning and potentially highlight how women may be subject to greater scrutiny, control, and punishment, including increased access and mobility restrictions and GBV as a result of the COVID-19 epidemic and response. It should be noted that the purpose of this approach was not to question “what actions led Allah to send this punishment” and it is likely that these views are more widely held because they were not solicited but still appeared prominently in 3 out of 15 discussions. It is also important to note how these views are held and enforced by both men and women and most likely to affect young women who are unmarried, because they are most likely to damage a family’s “honour” or social reputation.

## “Fuk” of many shapes and sizes

It has already been discussed that Rohingya and many Chittagonians have a similar understanding of disease and illness – that it results from *fuk*. *Fuk* literally translates as “insects,” which are believed to arise in dirty conditions, but the term can more broadly connote germs, bacteria or virus. As a result of the term’s broad applications, there is often confusion between a broad cultural sense that “dirt causes disease” and more specific bio-medical understandings of how different diseases may arise from insects, bacteria, and virus are less clear to many Rohingya. This can help explain the confusion about why some people think “anti-biotics” may work for different types of *fuk*. While this interpretation in some ways works well for Rohingya to understand how flies, mosquitoes and bacteria that may cause diseases from unsanitary conditions, human waste, or spoiled foods, it does not work well as a framework for understanding COVID-19 as a virus.

*“The toilets, bathroom and ditch are beside and nearest of the shelter. The family members have been getting different kind of afflictions as different disease-fuk (biyaromor fuk) are entering at shelter from toilets. So, Coronavirus can catch people because of those disease-fuk.” (Camp 16, FGD, Male)*

This point is related to religion because people have blurred a cultural understanding and religious understandings of illness. Deobandi philosophy suggests that the source of the illness lies in people’s lack of faith and that praying could be the main way to demonstrate and show piety. Prayer is intimately associated with cleanliness through the ritual ablutions that are required and many people said that the only requirement for prayer was that it take place in a “clean space”.

This conflation between religion and cultural understandings of illness has also reinforced a perception that dirt, lack of cleanliness, and a lack of religious practice are the sources of illness. While people are now attempting to



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maintain personal cleanliness, many have reported that conditions in the camps, with respect to latrines and other hygiene facilities, have severely deteriorated with the imposition of essential and critical service delivery restrictions. Across the South Asian sub-continent, spiritual purity, social untouchability, and lack of physical cleanliness are associated with disease and illness and groups who are perceived to be dirty or unclean have been suffering greater stigma and discrimination. In India, this has meant that Dalits have been subject to greater harassment and denial of services over fears that they will transmit COVID-19.<sup>5</sup> In Bangladesh, it seems that local host communities, who also share this understanding of health and illness, have increased stigmatization of Rohingya because of the conditions in the camps and the belief that Rohingya are unclean. These experiences stand in contrast to medical views that virus do not self-reproduce and relies exclusively on humans or animals as transmission vectors.

*“Bengali people don’t talk with us because they think we have virus, but we don’t” (Camp 5, FGD, Female)*

*“As you are a humanitarian worker, I want to request you, to give awareness us more about the coronavirus. The current time, Bangladeshi people are fearing us, they thinking that we Rohingya have diseases.” (Camp 1, FGD, female)*

## Mosques, Imams & COVID-19

There was heavy engagement of imams and religious officials during the immediate onset of the COVID-19 response effort before essential service restrictions were imposed. However, since then there have been initial reports outside of formal discussions that such efforts have tapered off and many imams are not being continuously engaged or provided with additional information on the epidemic. This echoes Rohingya’s general concerns that while the basic messages and awareness information have been disseminated, there has been a failure to provide consistent news, updates, and discussions surrounding COVID-19.

Additionally, it was noted that some of the engagement that has occurred with imams has caused some backlash. Reportedly, there were cases where people who are not trained or religiously educated have shared verses of the Quran or interpretations that Rohingya religious leaders do not validate or endorse. This is perhaps echoed within the response when people speak of “correcting religious misperceptions” or “misinterpretations” of Islam to be more in line with official COVID-19 guidance. It is imperative that religious engagement be done by those with a deep understanding, appreciation, and respect for Rohingya’s religious beliefs and practices and not out of a hasty desire to “reform” Rohingya’s religious interpretations. Some imams and religious scholars have recently made statements that no one other than a religiously educated person has the authority to interpret the Quran after disapproving of some of the recent attempts to “engage religious officials” by humanitarians.

With respect to the many changes that are taking place around the world in mosques and Muslim countries. Many mosques have reportedly begun implementing restrictions, though these actions have been implemented unevenly. Some have implemented restrictions on the grounds that because they are in Bangladesh, they must follow the governments rules. Others because of potential punishments from police or CiCs for disobeying restrictions. Still others are reporting a reduction in the number of people praying in mosques but that prayers are continuing or that people are rotating in and out to pray five people at a time. When people were asked if

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<sup>5</sup> <https://edition.cnn.com/2020/04/15/asia/india-coronavirus-lower-castes-hnk-intl/index.html>



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alterations can be made in light of COVID-19, four FGDs stressed that no changes can or should be made, and seven consultations (3 KIIs and 4 FGDs) concluded that alterations can and would be accepted as long as worship and devotion continues. Some people also noted that they were unable to pray when they fled Myanmar and that during such circumstances this is reasonable.

*“The great scientists and specialists are saying that this disease infects so easily. That’s why more people are following what the doctors and government are saying. Most people are praying separately and some are praying at the shelters to avoid gathering. The community in the block are concerned and following whatever they are being prescribed and told.” (Camp 1E, KII, Male)*

*“I personally cannot say or decide this as I am not a Mullah. There has to be a justification and these are written in Quran – how the prayers can be taken and why. The mullahs know how the prayers can be performed. The mullahs have to teach and tell us correctly. The mullahs are not saying to pray at homes or not to come to the mosque because of this disease. For me, I personally think that we are praying to make Allah agree with us. It is possible to pray at mosque because taking prayers at mosque are a blessing and good. Allah has said to say prayers by gathering. For this reason, some people are still praying at mosque and some are at home. We heard from the sayings of mullah that taking prayers at home is acceptable if there are difficulties or reasons.” (Camp 1E, KII, Male)*

*“If someone got sick, then that person doesn’t have to pray by going to mosque, but there is a limitation on how high the fever or sickness is like being not able to take ablution, or walk to mosque, and then he can take prayers at home. So, all people are well now. As we surely do not know about the spreading of the disease, that’s why we personally can not determine whether we need to go to mosque or not. The people may not go to mosque if a great mullah can explain through interpretation of the Quran or Hadith. If he does, all people have to follow the mullah’s instructions. We do not know that yet as the mullahs have not told us not to come to mosque for this. Transmitting disease is a thing and not able to walk because of disease is another thing and we all people are good physically so we need to meet with mullahs and if they will say you don’t need to come to mosque and you can pray at home then we will pray at home.” (Camp 1E, KII, Male)*

*“If there is any exception in the time of any difficulties or disasters, we can pray namaz everywhere like in house and anywhere else. So, Coronavirus is a kind of disaster. That’s why we can pray namaz at home. But Allah mentioned that the best place for male to pray namaz is mosque.” (Camp 16, KII, Male)*

When asked what actions their local mosques are implementing for COVID-19 participants in all consultations mentioned that imams are encouraging people to increase the time they devote to praying. Participants in 6 of 11 consultations mentioned that awareness on COVID-19 was included in the service and participants in two consultations mentioned additional door to door awareness sessions being conducted by the imam or other





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religious officials. Another three mentioned social distancing and cleaning at the mosque as well as discussions on changes to regular practices because of COVID-19 messaging.

*“Mosque, Imams and murobbis have been giving awareness to community to avoid from gathering and to stay at home. The Moktabs (religious primary school) are being stopped by Imam and the imams are advising to children to do self-study at home not to move from one place to another place within the camps and to have meals in time. The Imams also have been conducting Taalim (religious instruction) with Murobbis to pray Namaz on time, to recite blessings and to instruct to respective family to pray Namaz in order to prevent from coronavirus. Most of the people from the community are following according to the Imam's Taalim (religious instruction). If they keep conducting Taalim (religious instruction) with community, every single one will hold the rope of almighty Allah. At the same time, the government is also raising awareness among community through speakers with CNG to prevent from corona.” (Camp 16, KII, Male)*

*“Many Imams and Mawlana [religious scholars] are going to door by door to give awareness about disease and also asking to recite Qur'an and praying namaz and prohibiting not to do bad things although no NGO is giving them salary.” (Camp 20Ext. FGD, Female)*

## Ramadan, Qurbani Eid & COVID-19

The holy month of Ramadan begins April 23. The month is incredibly significant for Rohingya and generally there are various concessions made during this month by humanitarian responders to show support for the Rohingya's most significant religious occasions. Ramadan and Qurbani Eid, which follows Ramadan, are believed to be times of “great piety” in which much merit is accumulated through religious worship. The majority of consultations (8 FGDs and 2 KIIs) identified that the current restrictions will impact their ability to normally observe Ramadan and Eid, with some being more open to change than others.

*“It will effect Ramadan because, after keeping fast (roza) the whole day, we have to go to distribution centre for receiving rations there and we have to line up, so the disease may spread from there. We are worrying about it.”*

*“Ramadan is a month of blessing so we have to fast and to do Iftar, etc. I think that everyone will change their practice.”*

*“As now we are not getting proper things in market. I think coronavirus may affect prayer of tarabi [done during Ramadan] and Eid Namaz [prayer for Eid]. When we pray tarabi and Eid Namaz many people have to gather. At that time, how can we keep distance of 3ft? There is not enough space. Obviously, people might follow these changes to avoid spreading disease.” (Camp 10, FGD, Mixed)*

However, in more than half of consultations (7 consultation of 11) people reported that it is not possible for the virus to appear in the camps during Ramadan or that likelihood is reduced due to the spiritual power that the month of Ramadan holds. All participants expressed the importance of being able to uphold the religious observances of Ramadan and Eid as critical and many believe that their ability to fulfil religious obligations at this time impacts their susceptibility to the virus. This aligns with Deobandi schools of thoughts that attribute physical



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suffering to a lack of spiritual practice. As such, it is difficult at present to gauge people's opinions regarding the actual impact COVID-19 may have on Ramadan.

*"No, people will never follow [Coronavirus changes for Ramadan]. They will keep celebrating as like before. They do as like as before by hoping to Allah. Ramadan is the month of mercy of Allah, it is a great month in the year. Through the piety of the month, Allah will take away the disease. Because we are praying namaz more and reciting Quran, we will be protected from the diseases as the mercy of Allah will be on us." (Camp 12, FGD, Female)*

*"Insha'Allah, I assure that coronavirus will go away from us before Ramadan. 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, KII, Male)*

*"Insha'Allah, the disease will stop and Allah will protect us the disease. If we pray from Allah by reciting Qur'an and praying namaz. We can't prevent ourselves from the disease – only Allah can. Ramadan is the month of mercy for Allah." (Camp 20Ext. FGD, female)*

*"Whether the Coronavirus will affect us or not during the Ramadan month – I can't believe that it will now. Because it is a dangerous virus, there is no security and guarantee. Maybe the coronavirus will stop due to the Ramadan month because it is a great month. I believe 80% that the Almighty Allah will avert it in the Ramadan month." (Camp 16, KII, Male)*

All participants expressed that being unable to fully observe their religious obligations during Ramadan and Eid will be a major source of stress for the community.

*"Everything becomes more in Ramadan. We have to pray more by crying to Allah in Ramadan. If they stop food supplements, we won't able to fast. If we pray to Allah without fasting, without praying Namaz, by disobeying Allah, will Allah accept our blessings? We need to eat and pray. No, Allah will not accept. We will want to eat this thing and that thing in Ramadan. If we can't eat, how can we keep our fasting. In hot season, in the plastic's shelter, if we can't eat, if market will not be opened. if they do not provide us those things, how will we fast in Ramadan?"*

*Everything is difficult. No clothes, how can we make children up, how can we buy clothes to children, how can we make our children happy. If we can't give clothes to children, if we can't make children up, then the children will disagree. If the children disagree with us then Allah will disagree either. If the children will be happy, Allah will be happy. Because of children Allah gives everything to us." (Camp 20Ext. FGD, female)*

*"Now, some things are stopped. Ramadan is coming in the future. Ramadan month is a happiest month for us. In the month, our minds run. If we can't eat what we want, how will it be!" (Camp 18, FGD, Female)*



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*“In order to prevent coronavirus, the markets and shops are closed. Government will not allow us to sell anything. We will not be allowed to go to market or outside. So, what can we do?”  
(Camp 18, FGD, Female)*

*“People won't able to go outside and won't able to butcher cows. And people won't even be able to pray Namaz to prevent crowding.” (Camp 18, FGD, Female)*

## When science & religion meet

While it might have been assumed that religious and medical guidance, including seeking treatment from doctors or following doctors' advice, would conflict, Rohingya generally reported willingness to follow advice of medical guidance in this and many other consultations under the series. For them, religiously educated people were akin to “doctors of religion” – both had studied and were knowledgeable in their respective fields. Participants in all consultation stated that if they or anyone in their family were to fall ill and display COVID-19 symptoms that they would seek the advice of a doctor and would go to the health clinic or hospital for support. Although it was agreed by all participants that Allah created the virus and that their overall faith lies in the will of Allah, people believed they should still do everything in their power to protect their families and survive because Allah will support those who actively “struggle” against the virus.

*“We need to follow what Imams saying and the doctor advice both are important for us.”  
(Camp 12, FGD, Female)*

*“We will take advice from them how to prevent from this disease. Allah will protect us if Allah will. Allah is greatest and then his rusul (prophets). ‘God is great, his Miracles are Strong’ (Huda boro tuna dor). If we don't take treatment from doctor, how can our minds get relief. We also need treatment.”*

*“We are praying from Allah to avoid coronavirus more than before. And we are praying to keep us safe. It is important to hear the doctors and mullah because some people have the idea and some people not. Thus, it is urgent to hear them and to follow the rules whatever they say for the safety.” (Camp 10, FGD, Mixed)*

*“I have nothing to do if I have symptoms of corona. By will of Allah, if I have these symptoms, there is only one way to do. In camps, there are so many clinics and every single clinic has doctors. 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. Allah doesn't help those people who don't struggle. Allah helps those who struggle to recover from any diseases.” (Camp 16, KII, Male)*

*“Now, as there is no treatment and medicine for this, we have to obey and follow what the doctors prescribe because they know the ways how the disease has been spreading through the people. The people from the government as well as the doctors are announcing here not to be crowded, not to stay close to one another, not go to shops or markets and so many things. So we have to live on these things, and also we need to ask from Allah as the doctors could not*



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*invent any medicine, so there is no way. The only way is ask and explain the situations to one who has caused and sent this disease. The one who gave this disease is Allah.” (Camp 1E, KII, Male)*

*“Scientists have explained that [Coronavirus] appeared from dirt and waste. We are thinking that it comes from Allah. As we are tortured people, we are holding on to Allah. Scientists are telling us to stay clean. We are also obeying/doing this. We are praying to Allah to keep us protect from coronavirus. And scientists are telling that it comes from waste and dirt.” (Camp 1, Women)*

Despite the consultations being focused on religion and the question being asked as a follow up to possible alterations to religious practice, when asked about social gatherings and what should be closed to avoid transmission, all participants’ answers focused on distribution sites or other programming sites. This suggests that participants see gatherings for distributions and other programming interventions as transmission risks. However, this same logic was not necessarily applied to social gatherings at mosques, as they are generally viewed as clean places that are necessary for virus prevention as Allah is the origin of the virus. In this, while religion and medical advice don’t appear to be in conflict, it is clear that the importance of religion and religious practice does appear to mean that religious gatherings are not considered in light of medical guidance unless the Rohingya are explicitly instructed to do so by religious leaders. This is evidenced by an increase in the number of religious gatherings, including activities like Tabligh retreats and Talim (religious instruction), since the onset of the epidemic. Faith and piousness are believed to be more powerful at protecting people from a disease “with no cure.” In this it is clear that if religious leaders can be convinced through engagement, it should be possible to resolve any potential conflicts. This is very much based on an approach that does not attempt to “correct” religious views, but instead discussed until there is mutual agreement. Evidence of this is that some mosques and gatherings are indeed continuing prayer at mosques because while they have been told not to gather, they have not necessarily been convinced or committed to these actions themselves.

## Burial traditions and funerary rites

The vast majority of Rohingya are Muslim and practice traditional Islamic funerals in accordance with Islamic religious law, but there are clear influences of other Myanmar belief systems within their practices and understanding of death. Before the imminent threat of COVID-19, IOM’s CwC team conducted qualitative research on death and funeral practices of Rohingya Muslims both before arrival in Bangladesh and currently in the camps.

For Rohingya, death and access to the afterlife are closely linked to the plot of land upon which they are buried. Earlier consultations noted that during the influx, many people experienced a great deal of trauma due to the fact that many people who died during the genocide were unable to be buried in family plots of land that were locally managed by extended family-clans. Being buried “with your clan” was important in ensuring the start of the afterlife with your family members. People mentioned that there were different ways and criteria for selecting graveyard – most of them involved ensuring that were not buried on areas that flooded. Being able to visit physical graves after burial was important and many people mentioned returning to plots for prayers and other activities. For many people, the physical grave and place of burial dictated where you would spend your afterlife.



# COVID-19 Explained

*“As soon as the person went into the grave, it (he/she) will be asked three questions about the life of the world, at first, in which religion you were, and second who was your lord in the world and third question will be about the prophet which was sent. If the person did what Allah has said to do, the person will be in peace and if the person did which were prohibited by Allah, it will get four kinds of punishments and the punishments will be continue up to the day of judgment after that if Allah wants to send to Paradise or hell, Allah will send. (Camp 9, Imam)*

*Allah will revive the corpse (dead body) **again in the graveyard**. Then, the corpse will be asked some questions by Allah. If the corpse was a good person on the earth, he/she will live peacefully in the graveyard or will be punished. (Camp 15, Women).*

*“When the body will be buried, two angles will come and ask Moñ Rabbuka (Who is your Lord) and the deceased will reply that ‘My lord is the Almighty Allah’ and the angles will ask who was your prophet and the deceased will reply that Muhammed (Sallallah hu alibi osalam). If the person will not the answer these questions, he will be punished. Little children are sinless and Allah will keep them safe.” (Camp 9, FGD, Male)*

*“Death means transferring from the world to another world. **The grave is the first check-post of afterlife** (Aherat). The life of the world is short but the life in the hereafter is endless and there will no death.” (Camp 9, Imam)*

## Death from disease

In Islamic religion and for Muslim Rohingya, the way in which someone dies impacts their afterlife. For example, suicide is seen as a sin and a person who dies by suicide will be punished. However, for other causes of death, such as illness or disease, there is room for interpretation with consultation participants expressing varying beliefs around this. Some people said there was no stigma in dying from illness, whereas other attributed this suffering to a lack of piety and a sign of poor faith in keeping with Deobandi ideology.

*“There's no problems because it's the order of the Almighty Allah and that deceased will be buried after the funeral prayer and the problems are finished.” (Camp 9, Masjid committee)*

*“It means the person did a lot of sins and Allah give the illness as punishment to test because Allah wants it to be recovered from the sins. It is Allah's wish and only the Almighty Allah can recover the sins and Allah knows it better. I heard from the Mullah that Allah gives disease to help us recover from the sins and to keep us in peace in the grave.” (Camp 9, FGD, Male)*

## Body cleansing

In the camps funerals are led and managed by the family of the deceased with support provided by the community and guidance from their local religious leaders. A traditional burial for Muslim Rohingya, as for other Muslim burials, should occur as soon as possible — within hours of the death. According to respondents, when someone dies the family of the deceased first positions the body north to south, plum leaves are used to cover the eyes, and the body is tied up to keep it straight and then covered with a blanket. The family will then call on relatives to come and see the body.



# COVID-19 Explained

*“The body is kept straight and tied both toes with a rope. When people become old, their body become devious. So, we pull and keep straight. And put plum leaves on eyes. The family or relatives do this. Not neighbours and community involve in this.”*

The body is then taken away by relatives on a stretcher to be washed according to the Islamic rites of washing the deceased, known as *ghusl* (washing and shrouding). This stage of the process is carried out by relatives of the deceased or trusted community members that know how to carry out the procedure correctly in a private space. The procedure is normally carried out by around four people and is overseen by a Mullah. Only people of the same gender as the deceased are allowed to conduct *ghusl*, meaning only women can wash and wrap a female body and men for a male body. Different amounts of burial cloth are used for female and male bodies, and there is also slight variation in oils and perfumes according to gender.

*“The women who know the rule of washing female dead body wash the body and the men who know the rule of washing male dead body wash the body. The dead body should be given 7 diila (cleansing with stone after urination & defecation) by someone who knows how to do this then wadhu (ablutions), khilaal (beard cleaning), and then the whole body should be washed. No, fragrances (Attar) and Surma (lead sulphate used as eyeliner) is used for male bodies and for female bodies only camphor.” (Camp 20 Ext, Female)*

Once the body has been adequately washed and wrapped in shroud the family, with support of the community if required, will carry the body on the stretcher or bier to the graveyard. The stretcher or bier, which is normally borrowed or hired from the mosque, is handled by four male relatives or community members; however, if the deceased only has woman relatives, the immediate family can carry the stretcher.

*“We used to make plantain cart to wash the body on it and were dressed the dead body up with shroud. Brothers, cousins, sons or neighbours lift the body and place into the bier then lift the bier on their shoulders. If the dead body is male, the graveyard is dug simply with 2 holes. If the dead body is female, then the graveyard is dug with 3 holes (Seli gad). And hound the graveyard with bamboo. There is needed (fas hora) five pieces of clothes (shroud) for a female dead body.” (Camp 20Ext FGD, female)*

The whole community is invited attend the funeral prayers. Imams or a family member conduct prayer and the body is buried in a grave that is dug north to south and covered with bamboo mats. After the burial, it is customary for the family of the deceased to host a ritual meal (*fatiya*) as a way to protect the deceased from punishment and provide them with extra “merits” (shawab). The amount of ritual meals and the amount of days that they are held after funeral differ between respondents.

*“There is no fix time for fatiya. When we able to do, we do in four days or ten days. We feed meal like we invite two Mullah by slaughtering one hen or the Arabic students to have Qur'an recited and we call it fatiya. [While in Myanmar] we did by [fatiya] making Lurifira (A kind of Rohingya traditional snacks make with breadstuff on Eid occasions) and slaughtering ox and we hold Qur'an recitation and we start it with Bismilah (Arabic word, meaning: Starting with the name of Allah)”(Camp 9, FGD, Male)*

*“Yes, we did in Myanmar, such as Quran recitation, Talim Fora, feeding food to the Imams, Orphan children, older people, and grave digger.” (Camp 20Ext, FGD, Male)*



# COVID-19 Explained

## Challenges Muslim Rohingya Refugees face in securing dignified burials

1. **Limited graveyard space is the largest issue.** Participants in the consultations expressed that there is either limited or no burial spaces in the camps which means that they must either gain permission from host community and pay for a burial plot in their graveyard (which some report is increasing in price up to 12,000 BDT), or bury their loved ones in the overcrowded graveyards with some stating that to do this they must first “remove skeleton of previous body” to make room for their deceased family member.

*“We don’t get grave by giving money even. Here is a graveyard and we were not allowed to bury there now. Before, the host community took 5,000 or 7,000 BDT to bury. They ignore us because we are Rohingya. Whether the host want permission, they give and if they don't want, they don't give. When they don't give the permission, we need to bury in crowded graveyard after removing skeleton of previous body.” (Camp 9, FGD, Male)*

*“Here in the camp, when a person dies, at first we need to arrange money. Everyone does not have money, so they face difficulties to arrange money. We want a graveyard. We bought a hill to make a graveyard but there is full of dead bodies now. We can't bury there anymore. We have to pay 1000-2000 BDT for a grave in the rural graveyard and need permission from a person who is from Palong Khali [host community land]. A few days ago, there was no grave for a person for 10,000 BDT. The family had to pay at least 12,000 BDT.” (Camp 15, FGD, female)*

2. **Difficulty in paying for or obtaining all items needed to conduct a burial.** Often families seek assistance, take loans or have to manage the costs associated with materials for funerals and burial. For the management of the body, it was reported that stretches, biers, white shrouds, bamboo (for weaving into bats and fences), and fragrances were needed to prepare and bury the body. Women reportedly need more cloth due to traditions.

*“We face difficulties of preparing bamboos, shroud and shortage of money. If we had enough money, we would not need to borrow from others.” (Camp 20Ext, Male)*

*“In Myanmar, we didn't need to take from others, we could pay by ourselves. Even the poor people didn't need to take money from others. But here, we need to wait who will help for bamboos, shrouds. It's very difficult to pay for funeral here.” (Camp 20 Ext, FGD, Female)*

*“At first, need to buy clothes (shroud), if the death person is female, we need much clothes as female has to give five layer of shroud and even male is elderly we don't need as much as we need for female. We need perfume (Atar), Shurma, bamboos. Sometime we need to buy grave and we have pay for it 5,000, 6,0000 or 10,000 BDT. Sometime we need to bury by taking out the previous death skeleton.” (Camp 9, FGD, Male)*

3. **No proper place to perform ghusl (washing and shrouding), limited water for washing, difficulty in transporting the body through the camps to graveyards.**



# COVID-19 Explained

*“The cemetery is too far for some people. So, we need a cemetery nearby us. And some people can't able to buy clothes, a stretcher and bamboo for body. So, we want to seek those things. We have another challenge that we have to face – we have difficulty in performing funeral prayer because we don't have a place to wash the body. If we'll get tube well by the time we will feel comfortable. When anyone died, we have to go to three- four blocks to bring water for washing the body. We have a place to perform funeral prayer, but it is too far and too narrow for the deceased to be put on. If anyone dies on here, we need to carry it too far from here” (Camp 9, Masjid committee)*

#### **4. Unable to perform communal prayer feasts (Fatiya) to honour the dead due to a lack of income to pay for the food needed.**

*“In Myanmar, we had 200 bags of rice and here we were given 14 kg rice per month so if we could give 4 kg for Fatiya in Myanmar then we can only give 1/2kg. What we can do here only is we can only feed children by cooking a hen and making some breads. We can't invite people as we invited in Myanmar.” (Camp 9, FGD, Male)*

*“If someone die, mostly the relatives help but we have no ability here to help our relatives as we are eating from others and we face difficulty to give from it.” (Camp 9, FGD, Male)*

## Questions and concerns for humanitarian responders

In line with previous editions of COVID-19 Explained, there remains a large appetite for more knowledge on COVID-19 and a need for two-way communication on topics such as, details on treatment, and the current impacts that the disease is having in Bangladesh and globally. Many refugees took this opportunity to stress that they don't have an understanding of the current scale of the crisis and what this means for them and their family's safety. The lack a consistent and reliable access to information sources that can be used to fill these important knowledge gaps when people need is causing people increased distress. Others stressed a lack of important materials and services caused by the lockdown and service restriction.

*“We are hearing that coronavirus is appearing here, but we don't see it. We don't know much about coronavirus, if we can get Internet then we will know and see more about coronavirus and how does coronavirus look like. If we can know through internet then we will able to prevent and we can also tell our neighbours how to prevent. If NGO gives awareness of coronavirus once a week in meetings then we will know more about coronavirus. We could also be able to tell them our difficulties about coronavirus. Now, all NGO are stopped, so we can't express our difficulties to anyone. We want NGO to start their works again.” (Camp 1, FGD, Male)*

*“We have small children and we are concerning for foods. We can't go anywhere by vehicles. Now, we can't go to work outside as we used to work before. We are facing difficulties to buy foods. If we can't feed our children with some snacks then what will happen. If we have no foods and gas cylinder then what is the way to survive.” (Camp 1, FGD, Male)*

*“How are we supposed to get ourselves to the health posts if we are sick? There is no way to get to the hospital now with the lockdown and restrictions. There needs to be more*





# COVID-19 Explained

*ambulances. One pregnant woman waited a whole day for an ambulance to the hospital so she could deliver. She delivered her baby and the doctor told her that if she had come five minutes later she could have died.” (CwC Volunteer)*

*“We know that it is also cyclone season and that one may also come. We have nothing to make repairs on our shelter and they are two years old. This is an issue. They are giving us a bundle of rope to make the whole shelter safe and we know this won’t work.” (CwC Volunteer)*

*“I spoke to my family in Buddhithong township. They said that they have no electricity and are also running out of water and food. There are not allowing Muslim people to go to the hospital there.” (Rohingya Woman)*

*“Before agencies provided us awareness sessions about the wash and about the food and so on after coming in our shelters. But now, no one is coming to provide us awareness sessions. So. We need awareness sessions and hospital. And our tarpaulin roofs are damaged due to the hot and we don’t have any space for the rest where there is windy. And thus, it is important solar battery and fan for us to stay peacefully in the family. As we are male, we can go outside and sit in the windy place or shop to take rest but female can go out and have to stay inside. Thus, it will be better to get the solar battery and fan.” (Camp 10, FGD, Mixed)*

## Why does any of this matter?

Some of this edition has focused on providing clear information about “operational” needs that will help humanitarians ensure safe & dignified burials or concerning “tangible” aspects of Rohingya’s faith, like practicing Ramadan and celebrating Eid. However, much of this edition has tried to provide a better understanding for how Rohingya understand COVID-19 and their global crisis through their particular religious and cultural worldview. This intangible, unseen and harder to appreciate reality may easily be dismissed as irrelevant but will no doubt shape Rohingya’s experience of the rapidly oncoming epidemic and more importantly also shape humanitarian’s ability to empathize and understand this crisis more closely to how Rohingya are likely to experience it. It is intended that through greater appreciation of these dynamics more effective engagement strategies, counselling programs, and protection efforts can be developed now and as the COVID-19 crisis continues.