



Misunderstanding + misinformation = mistrust:

How language barriers reduce access to humanitarian services, reduce the quality of those services and aggravate social exclusion for Rohingya communities

PART III: SITTWE, MYANMAR

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TRANSLATORS
WITHOUT BORDERS

A three-part report

Translators without Borders (TWB) is pleased to launch a three-part report and accompanying language guidance on an innovative cross-border study. The series explores the role of language in humanitarian service access and community relations in Cox's Bazar, Bangladesh and Sittwe, Myanmar.

- **Part I.** Cross-border trends: Challenging trends in Cox's Bazar, Bangladesh and Sittwe, Myanmar
- **Part II.** Cox's Bazar, Bangladesh: Findings from Bangladesh including sections on challenges, adaptive programming, and recommendations
- **Part III.** Sittwe, Myanmar: Findings from Myanmar including sections on challenges, adaptive programming, and recommendations

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A local roadside scene in the Sittwe rural camps.



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Methods and further information

Detailed information on methods and limitations is available at https://translatorswithoutborders.org/wp-content/uploads/2019/09/Methods-and-limitations_Cross-Border.pdf.

For detail on the languages of the Rohingya response in Bangladesh and Myanmar, see https://translatorswithoutborders.org/wp-content/uploads/2019/09/Languages-in-the-Rohingya-response_Cross-Border.pdf.

Usage

Language and ethnicity names:

We use the official language or ethnicity name designated by the national government in Bangladesh or Myanmar respectively. For example, we use Bangla instead of Bengali and Myanmar instead of Burmese.

In the case that a language is not officially recognized, we use the name recognized in American English or the preferred term of self-identification used by interviewees. For example, Rohingya.

Language speakers: The terms "English speaker," "Myanmar speaker," "Rakhine speaker," "Rohingya speaker," refer to a person who is most comfortable speaking the given language.

This does not imply that the person is a native speaker of that language or that their ethnicity necessarily mirrors the language they are most comfortable speaking unless otherwise stated. For example, a Rakhine speaker may be ethnic Rohingya.

Executive summary

“We speak a *hala hotha* [black language]... That’s what we call languages that don’t have too much power. Our language is one of them.”

- A Rohingya man aged between 25 and 49

The Rohingya are marginalized in Myanmar society, as reflected in their lack of legal status and recognition as citizens. Across the border in Bangladesh, they are also unable to fully participate in society due to their lack of legal status and recognition as refugees.

One consequence of this is to reduce their opportunities to learn other languages such as Myanmar or Bangla. This locks in their exclusion through language.

Monolingual Rohingya in both countries are unable to access information, voice their needs and wishes, or engage with decision-makers except through other people. The groups that are most commonly monolingual are also disadvantaged in other ways. This

language dependency reinforces their relative lack of power and agency.

Forced displacement increases reliance on others from outside the Rohingya community for support. This makes it even more essential for them to communicate across languages and cultures. The role of intermediaries becomes more important and the risk of exclusion for monolinguals even greater.

Effective two-way communication is a key component of user-centered, equitable service provision and accountable humanitarian action. In the linguistically diverse humanitarian response in both countries, organizations struggle to get that communication right. The result is reduced access to quality services, further exclusion, and missed opportunities to help improve intercommunal relations.

Humanitarian organizations can improve communication effectiveness by increasing staff language capacity, cultural awareness, and knowledge of interpreting principles.

More fundamentally, language and cultural awareness should inform every aspect of program design, resourcing, and implementation. That is how we ensure that under-served Rohingya can understand their options, make their needs and wishes heard, and build better relations with neighboring communities.

Recommendations

This assessment highlights ways in which humanitarian organizations can communicate more effectively with the affected population.

1. **Apply plain language principles**

Develop information, education and communication materials in plain language, especially those intended for the Rohingya community. Explain concepts using familiar words and clear sentence structure. Avoid or explain technical jargon and words that are not commonly used. Ensure content is field-tested, appropriate for the intended audience, and addresses key community concerns. (For an overview of plain language principles, see <https://translatorswithoutborders.org/wp-content/uploads/2019/09/Basic-plain-language-principles-for-humanitarians.pdf>)

2. **Invest in formal training for interpreters and field staff in language and cultural skills**

Assess Rohingya language skills as part of staff recruitment, and engage Rohingya staff and volunteers to support community engagement. Training and support programs can build interpreters' and field workers' capacity, including in complex terminology such as health interpreters may require. This can draw on tools like TWB's multilingual glossaries of humanitarian terms. Humanitarian organizations can foster cross-cultural communication skills by encouraging collaboration between Rohingya staff and volunteers and those from other backgrounds.

3. **Test comprehension of critical messages**

Develop and test message banks to see which messages are best understood, convey the intended meaning, and resonate with target groups. Whenever possible, co-design or co-redesign messages with community members. This will also help to track progress and raise awareness of the importance of clear messaging. Ultimately this should increase the effectiveness of humanitarian communication practices over time.

4. **Promote and support empathy with service users and understanding of their needs**

Train and brief service providers in language and cultural awareness. Enable them to apply that learning by designing programs to allow adequate time for communication. In health clinics, for instance, this means organizations should plan for doctors to spend longer with patients, especially new patients. It is common for interpreting into an unstandardized language to take a few minutes longer. Plan for any interpreted meeting or gathering, such as focus groups, to take at least twice as long. As far as possible, don't rush interactions with Rohingya community members: it can readily be taken as rude and disrespectful.

5. Design a bridging strategy from Rohingya to the other languages of instruction (Myanmar in Rakhine State, Myanmar and English in Cox's Bazar)

Expanding the use of the Rohingya language in education will improve children's learning across the curriculum, including learning additional languages. This is especially important for disadvantaged groups such as girls, children with disabilities, and those who have missed years of schooling. Starting immediately, provide stronger guidance for the use of Rohingya in teaching and learning, teacher training, management, and assessment. Consider developing an approach to teaching Myanmar as a second language and progressively using it as a language of instruction as students become more confident. In the long term, work with the

Rohingya community to explore scope for standardizing Rohingya as a language of instruction.

6. Develop social cohesion programming that addresses language-based exclusion and does not perpetuate it

Design social cohesion and peacebuilding programs to be accessible to monolingual Rohingya, as well as to other groups. This should inform everything from activity planning to staff recruitment and training, to communication. Model and promote intercommunal respect by referring to social groups by the names they prefer: call Rohingya, Rohingya. Explore the role of language intermediaries and shared problems like gender-based violence as entry points for promoting intercommunal understanding.

A facilitator and Rohingya interpreter conduct a focus group with Rohingya-speaking women in a Sittwe rural camp.



Language barriers limit access to quality services

Rohingya speakers who do not also speak Rakhine or Myanmar are vulnerable to exclusion from information, access to services, and quality service provision. Such monolinguals make up the vast majority of the Rohingya population. They are predominantly people with no or low education, people from rural areas, and women.

Their inclusion is impeded by weaknesses on both sides of the humanitarian information flow. Service providers broadcast unclear messages and have low professional language capacity. Service users are unable to understand messages due to the lack of user-centered services and low literacy and education levels.

Rohingya speakers who do not speak other languages depend on those who do. This results in diminished individual agency, and gives the intermediary a critical role in the individual's ability to access quality services. Our assessment found that humanitarian organizations are largely not ensuring staff and volunteers have the skills, training, and support to play that role effectively.

LANGUAGE BARRIERS LIMIT ACCESS TO QUALITY HEALTH SERVICES

Among women and older people in particular, health knowledge and trust of health service providers are low, which affects service access and quality. Language and communication challenges compound these problems.

Rohingya people are less likely to access humanitarian-operated health services

Health services in the Sittwe rural camps are provided by both government (through the Thet Kae Pyin Sub-Rural Health Center) and humanitarian organizations (by national and international partners). We limited our scope to humanitarian-operated primary health services and health and hygiene promotion. The humanitarian-operated services are mainly mobile clinics, which provide primary health services. Cases that require a higher level of health services are referred to government-run facilities.

A 2017 JIPS assessment¹ found that, among households in which at least one person had experienced a serious health issue in the second half of 2016, 81 percent had sought some form of health services. That implies 19 percent did not.

1 [Sittwe Camp Profiling Report, 2017](#)

According to the same assessment, displaced Rohingya populations tended to go directly to the peak health facility available for serious health issues. In the Sittwe rural camp area it was the Thet Kae Pyin Sub-Rural Health Center. Only a very small minority from Sittwe rural camps (4 percent) and villages (1 percent) went directly to Sittwe General Hospital. The reasons why people went directly to Thet Kae Pyin Sub-Rural Health Center include longer opening hours, shorter waiting times, higher quality service, better quality medicines, and trained midwives available.

TWB surveyed Rohingya refugees in Cox's Bazar on their recall of conditions in Myanmar before they left. They came mostly from Maungdaw (61 percent) and Buthidaung (32 percent) in northern Rakhine State. Seventy-nine percent reported having gone to a government hospital at some point, while 48 percent had gone to a humanitarian clinic.

For the Rohingya community, the social acceptability² of health services is limited by factors such as:

- short opening hours
- long wait times
- short consultation times with the doctor
- cultural taboos about seeking medical help for sexual and reproductive or mental health issues
- existence of traditional health service alternatives
- mistrust of health service providers.

Our consultations verified all these complaints, but they were especially common among monolingual Rohingya, particularly women and older people.

2 As complementary to other dimensions of access, including financial affordability and physical accessibility. Our consultation confirmed most factors to be as reported by JIPS. Distance and cost were the two main obstacles reported by refugees in Cox's Bazar whom TWB surveyed on their recall of conditions in Myanmar pre-displacement. Thirty-three percent reported that fear of hospital staff or other people was an obstacle to seeking health care; further investigation is needed to understand this fully. The fear could relate to the risk of disease, potentially painful treatment, or a sense of powerlessness.

Many displaced Rohingya who complained of short opening hours and long wait times at humanitarian-operated clinics said they went to alternative health service providers as a result. Many such providers are unlicensed. There was a general understanding that unlicensed doctors do not provide the same level of legitimacy or quality and professional care as humanitarian clinics. Although both men and women generally said they would not go to unlicensed doctors as a first preference, women were especially adamant that it was a reasonable alternative because they had no choice:

“What can I do? If I need help on a Tuesday and the clinic is closed, what other choice do I have [but to visit an unlicensed doctor]?”

- A Rohingya woman with disabilities

Mistrust of health service providers commonly related to claims of short consultation times with the doctor and the erroneous prescription of medicines.

“We don’t have enough time with the doctors. First, there is a long wait and then only 2 to 3 minutes of consultation.”

- A Rohingya man over 50 years old

“When I get fever, I get the same medicine [paracetamol] as when I have diarrhea. Why?”

- A Rohingya man over 50 years old

People with disabilities reported other challenges accessing health services, including a perceived or actual lack of social support.

Signage in front of a clinic that indicates opening days and hours, as well as types of services in the Sittwe rural camps.



“At the clinic, they don’t allow caretakers to come inside the consult room.”

- A Rohingya woman with disabilities

These challenges, which are significant in the Rohingya camps and villages, negatively impact the health-seeking practices of this community. They effectively deter access to services for key groups.

Cultural norms make it hard for patients to voice concerns

Our study indicates that Rohingya patients are often dissatisfied with health services but generally fail to raise their concerns with health providers. This seems to be due to a combination of culture, pragmatism, and ignorance of rights. Social emphasis on saving face, by not revealing the extent of one’s needs, combines with concern that criticism may lead to services being withdrawn. Concepts of patient-centered care and the right to quality health services are also unfamiliar.

“[The Rohingya community] will say things that will please the [non-Muslim] program staff because they are afraid of them... They are less afraid of the Muslim staff.”

- A Myanmar-speaking humanitarian project officer in Myanmar

In this context, it takes considerable tact, cultural sensitivity, and time to establish a dialogue where the patient’s concerns can truly be heard. Clearer messaging and an investment in patient-centered care and communication could go a long way to improving the actual and perceived quality of health services.

Cultural issues prevent access to health services

We observed several instances where language and cultural barriers discourage patients from discussing symptoms with health services staff. Patients do not receive patient-centered and equitable care because the doctor and interpreter do not have adequate language skills or cultural awareness.

Many patients only speak Rohingya. They depend entirely on the interpreter to communicate with the doctor.

Rohingya cultural norms prevent women from discussing female body parts or functions with or in the presence of men. Interviews suggest that if a female staff member is not, or not expected to be available, many women will not seek care at a clinic.

“Young women are ashamed to speak to male staff about things related to a woman’s health, so if a woman is not present, she may use a euphemism or not speak at all.”

- A Rohingya woman aged between 25 and 49

This cultural taboo of a woman speaking about her own body with a man extends to sexual and reproductive and maternal health. Many women use body language and euphemism to communicate their symptoms. This relies on intermediaries being sensitive to those signals.

Intermediaries seldom receive formal interpretation or translation training

Intermediaries may not be aware of their responsibility to understand the euphemisms, and to interpret every sentence between doctor and patient.

“We don’t know what the community health workers tell the nurses and doctors.”

- A Rohingya man aged between 25 and 49

With continued experience, most interpreters will develop competency in health terminology. However, there is a need for more than technically accurate interpretation. Interpreters must also be aware of the sensitivities of groups such as women. They need to understand the importance of communicating cultural and linguistic nuances. This cultural mediation role is essential to improve both access and quality in health services.

Health service providers, although often multilingual, usually depend on intermediaries to communicate with Rohingya patients.

In our conversations with Myanmar- and Rakhine-speaking doctors, we found many were skeptical about the effectiveness of medical interpreters. This was due to the interpreters’ lack of medical knowledge, and the conversations that interpreters have with patients without involving the doctor.

“I don’t trust what the community health workers are telling the patients.”

- A Myanmar-speaking woman who is a doctor working in the Sittwe rural camps and villages

Among those who had been working in the response for some time, many were dealing with this insufficiency by bypassing spoken communication with patients:

“We can communicate with body language for most things.”

- A Rakhine-speaking woman who is a nurse working in the Sittwe rural camps and villages

“We can figure out what’s wrong with them through medical tests and analysis.”

- A Myanmar-speaking man who is a doctor working in the Sittwe rural camps and villages

Diagnosing conditions and prescribing medication without seeking input from patients can result in misdiagnosis and inappropriate treatment. It highlights how a lack of skilled interpreters can lead to health services that are not patient-centered or equitable.

A fictional scenario illustrates the problem with relying on untrained interpreters

The fictional scenario below illustrates the issues with health service quality encountered in the Sittwe rural camps and villages. We constructed it from our observations in humanitarian clinics and the experiences described by program managers, doctors, nurses, community health volunteers, and patients.

Scenario: Khadija complains of a “burning chest.”
Misdiagnosis: indigestion

Khadija, a young Rohingya woman, enters the doctor’s consulting room in the humanitarian clinic about two miles from her home in rural Sittwe. She has waited all morning to be seen. She grimaces with pain from the sores below her breasts.

Doctor Shwe, a Myanmar speaker, sits behind a desk, his eyes scanning Khadija’s health record. Kyaw Sein, a Rohingya community health volunteer and interpreter, sits on the corner of the table. Khadija is the 68th patient the doctor and interpreter have seen today.

Doctor Shwe asks Khadija what brings her here; Kyaw Sein interprets. Khadija is uncomfortable and sits in silence. The doctor waits while Kyaw Sein repeats the question, again without reply. After a minute, Kyaw Sein gets impatient and asks again loudly.

Khadija, startled, finally responds by asking quietly, “Is there a female staff member I can speak with?” Kyaw Sein does not relay this question to the doctor, but answers her directly: “The only female community health volunteer is not working this week so if you want help, you will have to speak with me.”

Khadija considers leaving the clinic immediately to avoid the shame of discussing certain areas of her body with a man, but she is in too much pain. She points to her chest and says, “Chest is burning”. Kyaw Sein relays this statement to Doctor Shwe.

Doctor Shwe asks Khadija to pull down the neck of her blouse, which she reluctantly does. He checks her upper chest. He asks her to pull up her blouse from where it overlaps with her *tamein* (sarong). He checks her abdomen. Doctor Shwe checks for bloating and concludes that the burning is indigestion.

Doctor Shwe does not tell this to Khadija, but speaks directly to Kyaw Sein to let him know. Kyaw Sein only tells Khadija that she will get some medicine to make her chest stop burning.

Doctor Shwe records her diagnosis and antacid prescription. Khadija takes the completed form to the pharmacy. The consultation has taken five minutes.

Conclusion: In the absence of a female health worker or interpreter, Khadija resorts to euphemism. The interpreter fails to spot the euphemism, and does not facilitate direct communication between patient and doctor. The doctor doesn’t engage the patient directly. As a result, both miss verbal and non-verbal signs that could have helped them to understand Khadija’s real problem.

Cultural understanding breaks down barriers to health access

Young Rohingya mothers and older Rohingya women are some of the most vulnerable subgroups in the camps. Both groups are likely to speak only Rohingya and have low levels of formal education. Young mothers are subject to cultural taboos and restrictions that make it difficult for them to leave their homes to go to a clinic. Older Rohingya women may not understand, or be reluctant to accept new health concepts and therefore may not seek health services.

“Older people have difficulty communicating with health staff.”

- A Rohingya woman aged between 25 and 49

Traditional medicine in the Rohingya community perceives health and sickness as an imbalance of bodily fluids and supernatural elements. Herbal remedies are common and can be either self-prescribed or prescribed by a shaman. Religious figures, like imams, are also seen as important medical experts in the community, as Islamic belief in *jinn*s and possessions are often used to explain medical conditions.

For example, paralysis and a range of mental health issues are considered spiritual in nature. It is traditionally thought that Western medicine cannot treat such diseases and disorders. Exorcisms and other ritualistic practices are common.

“When my brother was attacked by a ghost, holy water healed him.”

- A Rohingya man aged between 15 and 24

A well-trained health promoter should use the cultural knowledge they have to sensitively address health concerns and promote health-seeking behavior. To ensure an effective communication system, all health service providers and communicators should incorporate this cultural knowledge into their practice.

“About 70 percent of [our] community health workers are men.”

- A Myanmar-speaking man who is a doctor working in the Sittwe rural camps and villages

We observed that women of mixed cultural background are important participants in the two-way communication flow between the humanitarian and Rohingya communities. Health services are dominated by male staff and volunteers. A woman with health knowledge and sociolinguistic skills can communicate effectively on topics such as women’s reproductive health, vaccination rumors, and traditional medical practices. This is particularly important for topics that could potentially undermine access to health services.

A fictional scenario illustrates the value of cultural sensitivity

We constructed the following scenario from our observations in humanitarian clinics and the experiences described by program managers, doctors, nurses, and community health volunteers, and patients.

Scenario: Older women stick to traditional beliefs, mistrust health promoter

"If your toddler stops eating or stops drinking breast milk for a couple of days, bring him or her to see a doctor immediately." This was the advice from Aye Myat Khaing, a Rohingya community health volunteer and health promoter, to a group of women gathered in the women-friendly space.

Aye Myat Khaing is an ethnically mixed Muslim woman, whose father is Rohingya and mother Kaman. Her first language is Rakhine. Her intermediate Rohingya skills, pronounced accent, and dress mean the community perceives her as both an outsider and insider.

This morning, the women at the clinic range in age from 14 to over 50. Several women carry babies; others are visibly pregnant.

"But my mother-in-law said I should first go to the imam and get holy water," one of the young mothers says in a quiet voice. "She said I was touched by a *jinn*, and that's why my son is not drinking my milk."

The other women nod in agreement.

In the pre-Islamic and Islamic context, the term *jinn* is used for supernatural creatures that are neither good nor evil. They cannot be seen with the naked eye, but live in the same plane as humans and can sometimes possess animate beings.

Before Aye Myat Khaing can respond, one of the older women speaks up.

"What do these foreigners know about our culture?" she says. "They don't need to teach us all this new stuff. If a woman is not careful, we know *jinn*s can enter her body when she is pregnant or after giving birth."

Aye Myat Khaing senses that her message is about to be rejected. She hears another woman whisper loudly to her neighbor: "...cityslicker!"

She tries to remember what she learned in training a year ago. The training was conducted in English by a British woman, and interpreted into Myanmar by a staff member. Though the training included guidance on many topics, it said little about religious practices and related sensitivities. She knows she has to improvise.

"The medicine is for your body, and the holy water is for your soul. You need both, but it is best to seek medicine first because the doctors are not always here. You can get a hold of the imams anytime," Aye Myat Khaing suggests. The older women warm to this argument and move closer to hear what else she had to say.

Aye Myat Khaing doesn't say this just to placate the women. She genuinely believes it herself. She takes paracetamol to relieve headaches, but when she is stressed she reaches for the holy *tabeez* (talisman) given to her by her grandmother.

Conclusion: Understanding and respecting traditional beliefs is important for communicating on health. Here the health promoter draws on her own knowledge of traditional Rohingya practices to communicate effectively and encourage uptake of health services.

LANGUAGE BARRIERS LIMIT ACCESS TO QUALITY EDUCATION SERVICES

For many Rohingya, education levels and trust of humanitarian education service providers are low, which negatively affects both access and quality of services

Lack of understanding impacts trust. When neither teachers nor parents understand education policy and newly adopted learning approaches, misunderstanding can also lead to misinformation and rumors, which further impacts access.

Many Rohingya parents restrict their children's access to education services

We limited our scope to kindergarten and primary school. Within the Sittwe rural camps and villages, education is mainly provided through temporary learning classrooms, managed by education sector partners. These are semi-formal, but aim to mirror government services and follow the government curriculum.

According to the 2017 JIPS assessment, over 80 percent of 6- to 10-year-old girls and boys in the Sittwe rural camps were attending school or temporary learning classrooms. Middle school attendance was similar for boys, but dropped to 71 percent for girls. At high school level, attendance fell to just 31 percent of girls and 62 percent of boys.

As an alternative or addition to modern secular education, most Rohingya children attend *maktab*, or Islamic school. There, they learn the Arabic script for reading the Qur'an and religious practices like the daily prayers. Although we did not find that parents took their children out of school because of this alternative, parents could see it as a more acceptable option for girls who do not attend regular school.

For the Rohingya community, cultural taboos about girls going to school after puberty are a powerful constraint on education access. Any change in those attitudes will take time, and our assessment did not address them directly. However, we found a lack of trust in humanitarian teaching approaches also reduces enrolment and attendance. More effective communication practices could help to overcome parents' reservations and allow their insights to inform education delivery.

Cultural issues prevent access to quality education services

Humanitarians and Rohingya communities both attest that education services have changed significantly since displacement, in both good and bad ways. Large class sizes, with classes often numbering 150 or 200 students, are a challenge. Some parents of learners report higher rates of access now, but lower quality services.

"Attendance increased, but quality decreased."

- A Rohingya man who is a teacher

TWB surveyed Rohingya refugees in Cox's Bazar on their recall of conditions in Myanmar before departure. Their responses suggest safety and a lack of provision constrained education access in their areas of origin. Of the 17 percent who had children of school age who were not in school, 56 percent said this was due to safety concerns, while 44 percent said it because there were no schools nearby.

However, one teacher from Basara said that both access rates and service quality had increased. Prior to displacement, the village had very poor schools compared to those in town.

“Now, thanks to the NGOs [humanitarians], we have much better resources and teachers that are trained.”

- A Rohingya woman who is a teacher

The language of the classroom

The study found a pragmatic use of multilingual approaches in the classroom. This resulted from teachers trying to help students best understand the subjects, as well as their own lack of confidence with the Myanmar and Rakhine languages.

Learners in the classroom had varying levels of Myanmar, Rakhine and Rohingya. An urban-rural divide was apparent in the language skills of the learners.

“Some understand Rakhine more than others. It depends on where they are from - town or village.”

- A Rohingya woman aged between 25 and 49

In general, those from town had better language skills in Myanmar and Rakhine than those from the village.

Parents show clear preferences for the language they want their children to

learn in order to succeed. Most Rohingya men said that they want their children to learn Myanmar because it is the national language. It would open up opportunities for their children both in the camps and hopefully in the future, outside of the camps. These opportunities relate to employment, further education, and the ability to integrate into broader Myanmar society. Most Rohingya women said that English was the most important language because of how valuable it was to qualify for humanitarian positions. Rakhine was also a valued language, as it serves as a lingua franca in Rakhine State.

However, many teachers do not speak to the students in Myanmar or Rakhine. Prior to displacement, especially in Sittwe town, there were more Myanmar or Rakhine teachers who only spoke either of those languages in the classroom.

“Before the violence, 100% of the teachers were Rakhine, in the village.”

- A Rohingya woman who is a teacher

Rohingya refugees in Cox's Bazar surveyed on their recall of conditions in Myanmar before they left indicated an evolution in the language of teachers in their areas of origin. Households who had been in Bangladesh longer were more likely to state that their children's teachers were of Bamar ethnicity. Teaching by ethnic Rakhine correlated with shorter periods of displacement.

Teachers generally use Rohingya to help students understand the content, because otherwise they might only be able to recite the content (rote memorization) without grasping its meaning.

When the home language spoken by learners is different from the language of instruction, using the home language for instruction has a positive impact on learning. In this acknowledged approach, children learn new concepts and ways of communicating in their first language, while also learning and gradually receiving instruction in additional languages.³ When done well the impact is a higher level of achievement in all subjects and equal or higher levels of competence in the official language as students who had it as their language of instruction.

However, the transition that learners must make from using the home language (Rohingya) to using the national language (Myanmar) is critical. We found no indication that a language bridging strategy or teacher support for this key area currently exists in the Sittwe rural camps and villages.

“The National Education Strategic Plan says that a local language can be used as a language of instruction, but the curriculum is in Myanmar.”

- An English-speaking woman who is an education program manager

Teaching children in Rohingya is a sensitive issue in Myanmar, and parents themselves largely do not value it. Yet it is a critical step to ensuring their children can benefit from an education in the Myanmar curriculum.

Teachers need guidance on using Rohingya effectively in the classroom, as a stepping stone to learning in Myanmar. Parents need to be brought into a discussion on how the languages of instruction can best help their children to learn. The sector should also consider how to teach Myanmar as a second language before it becomes a language of instruction, to maximize the convergence with the Myanmar education system. Given teachers' own assessment of their limited Myanmar language skills, developing those skills should be an explicit training objective.

For an effective bridging strategy that promotes Rohingya use and develops confidence in Myanmar, teachers will need training, guidance and support.

A fictional scenario illustrates typical concerns with education quality

We constructed the following scenario from our observations and experiences described by program managers, teachers and co-teachers, and students and their parents.

3 Susan Malone 'The rationale for Mother Tongue Based Multilingual Education: Implications for Education Policy' SIL 2007 accessed at: https://www.sil.org/sites/default/files/files/mtbmle_implications_for_policy.pdf

Scenario: Kashem's child is not developing his Myanmar language skills; teacher admits to low capacity and resources

Kashem, the father of eight-year-old Abdul, and a few other fathers are chatting outside temporary learning classroom. They have gathered to speak with Mashab Azam, their children's teacher.

Abdul is now in grade 2 and still does not speak any Myanmar or Rakhine. Kashem is not happy with the education his son is getting. Kashem thinks all his son does is pass time at school. He believes school should be about learning the language of the country, building the foundations for future success and possibly citizenship.

"Why don't the teachers speak to our children in Myanmar?" Kashem asks. The other men nod agreement.

Students begin pouring out of the classroom. Mashab sees the men outside and welcomes them in. They all sit in a circle on the floor. After an exchange of greetings and some sweet milk tea, Kashem begins.

"Mashab. You tell me. Shouldn't we be teaching our children a language that they could use with other groups, especially when we leave these camps? Shouldn't we be part of this country?"

Mashab opens his mouth to speak, but Kashem continues.

"Our children are not learning Myanmar like we did. Now, we are not as educated as you are," he says as he lowers his eyes. "Some of us didn't even finish primary school. But our Bamar teachers taught us very good Myanmar," he exclaims, regaining his courage.

Mashab finally interjects. "There are no Bamar teachers here in the camps. The Bamar and Rakhine teachers refuse to come here."

Bamar is the largest ethnic group in Myanmar, and an alternative name for the Myanmar language.

Kashem counters. "Why don't you and other teachers speak to our children in Myanmar then?"

Mashab sighs. He has heard these complaints many times now. "This is indeed an issue," Mashab says. "But parents have to understand the difficulties we teachers face."

"Many of the teachers, including me, never had a chance to finish school so our skills in Myanmar are not the best. But what can we do? We use the government textbooks, so we share the materials in Myanmar and encourage the students to practice, but there are so many students and there are so few of us. We cannot give them the attention they need."

Mashab continues. "To help them understand the topics, we use Rohingya. Maybe it is better for them this way. At least they learn the ideas, even if their Myanmar language skills are not good..."

Conclusion: Teachers struggle to teach children in the Myanmar language when their own language skills are limited. Their explanations in Rohingya may help learners to understand lesson content better. However, the learners miss out on the chance to learn Myanmar, with all that implies for their future prospects.

Language in management and training

Teachers are quick to point out that they are not native Myanmar or Rakhine speakers. Many of them are Rohingya men and women in their early 20s who have spent several years in the camps. They have had little opportunity to practice their Myanmar and Rakhine skills with native speakers.

Many teacher trainers in the response are monolingual English speakers, although they may have worked in other development contexts before. Typically they use English content material provided by humanitarian organizations.

Humanitarian staff are usually Rakhine and Myanmar speakers, and conversations with Rohingya teaching staff are often in these languages.

The language combinations in use for teacher management and training need to be addressed sensitively.

Teacher trainers need to be sensitive to whether participants fully understand the content or have concerns about it.

“In training, technical workshops or meetings, we use very scientific, technical terms developed by experts - they are very complicated.”

- A Rakhine-speaking civil society leader

A facilitator and Rohingya interpreter conduct a focus group on language barriers with Rohingya-speaking women in Rakhine State.



If the messages in training materials are not adapted to the local context, they may generate misunderstanding, which can result in mistrust.

“Our organization’s interpretation policy has two limitations: nobody fully knows [Rohingya] and there is no investment in building this capacity.”

- An English-speaking humanitarian program manager

Trainers can help by providing their training agenda, content, and materials to the interpreter in advance. This allows the interpreter to prepare and think through how they might phrase and approach complex topics. These materials should be provided as far in advance as possible, is possible in the target language. Interpreters also find it difficult to interpret complex terms from English to Rakhine. Rakhine is not as standardized a language as Myanmar, so it lacks many specialized technical words that are used in English. In fact, many technical and academic words in Rakhine are borrowed from Myanmar with a slightly different pronunciation.

“So many blank stares... on both sides...They are fishing for words. The translation [from English to Myanmar] takes two to three minutes longer

than the original communication.”

- An English-speaking humanitarian and development consultant

Another issue is that the Rohingya participants are often not fluent in intermediate languages such as Rakhine. So intermediaries need to first translate the English to Rakhine, then explain the Rakhine word using context to the Rohingya participants. Beyond training, staff support and meetings may also be a challenge when they are held in Myanmar or Rakhine. Words that are more abstract or scientific, like “cognitive” or “emotional development”, are particularly difficult to explain using Rakhine. Further terminology support for intermediaries may be part of the answer to this challenge.

Rohingya teachers typically speak varying levels of Rakhine. Although they speak both Rohingya and Rakhine, they tend to have lower levels of proficiency in Rakhine. This means some participants will be unable to fully express themselves to either the interpreter or the trainer.

A fictional scenario illustrates the importance of cultural sensitivity in teacher training

We constructed the following scenario from our observations and experiences described by program managers, teachers and co-teachers, and students and their parents.

Scenario: Susan advocates for play-based learning, but is met with skepticism

A group of teachers from the temporary learning classrooms in the Sittwe rural camps and villages return to their seats in the humanitarian training space after the break.

Susan, an American humanitarian consultant on early childhood education, starts the next training session by throwing several colorful plastic beach balls at the surprised participants.

"The goal is to keep as many balls in the air as possible!" she yells in English over the laughter.

Thiri Tun Win is a Rakhine speaker from Sittwe town. She is acting as an interpreter for the training session. She is fluent in Myanmar, Rakhine, and English, but does not speak Rohingya. She is actually a program officer, not a trained interpreter, but her fluency is useful in bridging the communication gap between English speakers and Rohingya who speak Rakhine.

After a couple of minutes of sporadic ball throwing, hitting and the accompanying laughter, Susan tells the group to catch the balls and place them on the floor. "Playtime is over!" Thiri Tun Win interprets and the group complies.

Susan then explains the purpose of the activity.

"Play is not just for fun. Just like this game taught you how to interact, it can teach kids how to behave and cooperate with one another." Susan pauses so that Thiri Tun Win can interpret.

"That's why it is so important to teach young children, especially kindergarteners, how to play games and interact with their peers."

Susan highlights best practices in kindergarten and primary school settings. She is sensitive to the resource-constrained environment of a temporary learning classroom in a camp. She uses examples of different play-based activities like ball games, coloring, and role play.

Some of these ideas are new to Thiri Tun Win, and she struggles to convey them in Rakhine. The teachers start to find it harder to concentrate on what she is saying.

Susan notices that some of the teachers are whispering and carrying on side conversations in Rohingya.

She stops the presentation and asks Thiri Tun Win what is going on. What are they talking about?

Thiri Tun Win doesn't understand them either so she asks the group in Rakhine, "Do you have any questions about what Susan is saying? Is something wrong?"

One of the teachers explains to Thiri Tun Win in Rakhine, who looks flustered and is reluctant to relay the information to Susan.

"They are saying that the children's parents don't want their children to play these games. The parents think the teachers are wasting time with the children by playing and drawing," Thiri Tun Win finally explains.

A teacher explains that parents want their children to memorize and recite poems in Myanmar. "They think that's education."

Another teacher stands up and says, "There are few textbooks in temporary learning classrooms. Kindergarten doesn't have any books and grade 1 has very few. None of my students have books."

A seasoned practitioner in South and Southeast Asian contexts, Susan has heard this sentiment before.

Susan explains, "Play and games are just another way to learn beyond books and more traditional methods. We should use both, especially as children grow older, but playing helps to motivate young children and encourage them to explore and try new things. You can think about it as speaking the language of the child, so that we encourage them to continue their studies. Your role is to guide them through play so they are learning at the same time."

"So now let's talk about the teacher's role, your role in helping children learn through play..."

Conclusion: The interpreter struggles because she is not familiar with the source material. Providing training materials or other content in the right language in advance of the session gives interpreters the best chance of relaying information accurately. The trainer draws on her own cultural awareness to address common concerns from teachers unfamiliar with child-centered methods.

COMMUNICATING EFFECTIVELY WITH THE COMMUNITY

To break down mistrust in the education services there needs to be effective communication with affected people about unfamiliar practices. This might include new approaches to teaching and the deliberate use of multiple languages in the classroom.

Despite the language barriers they face in the training, the teachers must also use this information to persuade parents that these recently learned approaches are valid and in the children's best interests.

"At first, dancing in kindergarten was seen as going against our [Rohingya] culture. We had to talk to the parents, go house to house."

- A Rohingya man who is a teacher

For example, Rohingya teachers and parents are used to rote memorization as the only valid approach to teaching. As a result, they need to learn about unfamiliar concepts like play-based learning repeatedly, in different ways, over a longer period of time. It may help if families understand educational milestones and can see them being achieved through child-friendly learning practices. To do this it will be important that the concepts are understood and articulated as accurately as possible. A term may seem simple enough to translate, but the associations and implications may not be. People may say they understand when they don't.

"Even if the term is simple, it does not translate fully. It is especially problematic when considering 'face-saving' culture."

- A Rakhine-speaking civil society leader

Language barriers reinforce the exclusion of Rohingya in Myanmar society

“We speak a *hala hotha* [black language]. That’s what we call languages that don’t have too much power. Our language is one of them.”

- A Rohingya man between the ages of 25 and 49

Language is pivotal to overcoming the isolation and exclusion of the Rohingya in Myanmar society. As long as Rohingya do not have the opportunity to learn Myanmar and Rakhine in school, they will rely on intermediaries who speak Rohingya to access information, voice their needs and wishes, or engage with decision-makers. The relationship between Rohingya and their language intermediaries impacts the effectiveness of humanitarian response and will determine if attempts to solve intercommunal tensions will be successful.

Social cohesion programming can help improve the relations between Rohingya and their language intermediaries. Organizations planning and implementing

such programming should consider language as a factor of exclusion and design their interventions accordingly to maximize reach and impact.

LANGUAGE SKILLS DETERMINE ACCESS AND STATUS

Current state practices and rhetoric classify Rohingya as non-citizens. This systematically excludes a significant portion of the Rohingya population from Myanmar society. While ancestry, religion and appearance are the main markers for exclusion, language plays a pivotal role in bridging the divide. Knowledge of Myanmar or related languages enables minorities to negotiate at least partial societal inclusion and access to state services. The lack of adequate educational services for Rohingya communities instead prevents Rohingya from learning and speaking Myanmar or Rakhine, which reinforces exclusion.

Language barriers affect intercommunal relations and communication between Rohingya and other communities. Information providers usually don’t speak the same language or share the same cultural knowledge as information recipients so they must rely on intermediaries, or interpreters and cultural mediators. This results in diminished individual agency, continued

mistrust and power differential, and a reduced likelihood of social integration. In central Rakhine State, intermediaries tend to be Maramagyi, Hindu, and Kaman communities. Although Rohingya from Sittwe town and Rakhine from northern Rakhine State also act as intermediaries, direct communication between ethnic Rohingya and the neighboring ethnic Rakhine remains largely ineffective due to language barriers.

Even if most Rohingya and Rakhine spoke the same language, opportunities for direct interaction are limited. When interactions do occur, they are usually at the marketplace, workplace (humanitarian facilities), or government schools. Movement restrictions, work restrictions, and low language skills among the Rohingya population prevent most from benefiting from these interactions. It is usually the most educated and those with higher income levels that benefit.

Among Rohingya, those from Sittwe town are more likely to speak Rakhine and share cultural similarities with Rakhine neighbors. Ethnic Rohingya that grew up in Sittwe town sometimes speak Rakhine as their home language. Initially they struggled to integrate in the camp setting due to their poor Rohingya language skills and the relatively conservative religious culture of their new rural neighbors. Similarly, among Rakhine, those from northern Rakhine State townships such as Maungdaw, Buthedaung and Rathedaung are more likely than Rakhine from central Rakhine State to speak some Rohingya. This is due to more frequent interactions with the Rohingya community.

HUMANITARIAN PROGRAMMING CAN PERPETUATE LANGUAGE-BASED EXCLUSION

Our assessment found that language barriers also exclude Rohingya from programs on civic education, media development, peacebuilding, and human rights. Social cohesion programs, particularly those working on intercommunal dialogue and trust-building, use Rakhine or Myanmar as the primary language of communication. As a result, these programs exclude most Rohingya. At best they continuously rely on the same individuals who do speak Rakhine, Myanmar or English, due to higher levels of education and socioeconomic status. This inadvertently reinforces existing social hierarchies and socioeconomic dynamics.

Rohingya participants with low levels of Rakhine or Myanmar who occasionally participate in these programs find that two-way communication is ineffective. Service providers develop unclear messages and have limited language capacity that hinders Rohingya from effective participation. At the same time, limited knowledge of Rakhine or Myanmar prevents Rohingya from effectively communicating on sensitive issues with their Rakhine counterparts.

NAMING CONVENTIONS REINFORCE INTERCOMMUNAL DIVISIONS

In the border area between Myanmar and Bangladesh, various language, cultural, and religious groups have coexisted for millennia, trading and intermarrying.

As in every human society, competition for resources naturally pushes groups to make decisions about who does and does not belong. Judgements over belonging

find their expression in the ways different groups refer to each other. Differences between the name that a group uses to describe itself or its members (endonym) and those others use to describe it (exonyms) reveal tensions between them. Understanding these naming practices and using the names each group prefers to be called can promote more positive communication with and between them.

Figure 1 shows the endonyms and exonyms used between Rohingya, Bamar and Rakhine. It highlights the use of names that are or are perceived as pejorative. The first word in each cell is the one used most commonly by the “namer”. The second and third terms are

other names, which may or may not be commonly used by the “namer”. Terms considered pejorative by (at least some of) the “named” are in orange. Positive or neutral terms are unmarked. Cells in blue are what the “named” prefer to be called. Text in quotation marks is an English translation of the preceding words. For example, Rohingya people refer to Bamar and Rakhine people as *mog*.⁴ The Rakhine people consider this term pejorative.

4 Historically, certain groups from the Bay of Bengal region referred to the Rakhine people as *mog*. However, the Rohingya also use *mog* to mean Buddhists in general. It is therefore best to ask for clarification or understand the context when the term is used in conversation.

Figure 1. Endonyms and exonyms among Rohingya, Bamar and Rakhine in Sittwe, Myanmar

NAMED			
	NAMER		
	Rohingya	Bamar (Burmese)	Rakhine
Rohingya	Rohingya Musulman (Muslim) Arakani (Arakanese)	Mog ("Buddhist") Borma	Mog ("Buddhist," "pirate") Rakhine
Bamar (Burmese)	Bengali Muslim Kala / Kalar ("black," "Indian," "foreigner")	Bamar (Burmese) Myanmar	Rakhine (pronounced "Yakhine")
Rakhine	Bengali Muslim Kala / Kalar ("black," "Indian," "foreigner")	Bamar (Burmese) Myanmar	Rakhine

During the course of our study, many Rohingya people in central Rakhine State were reluctant to use “Rohingya” as an endonym. In Myanmar, in contrast to Rohingya living in Bangladesh, self-identifying as Rohingya is a political act. Whether in group settings or individual interviews, when asked their ethnicity, most Rohingya thought before responding. Initially, many responded that they were Muslim. However, often one man or woman would mention the name “Rohingya”, and slowly after observing others’ reactions in the room, the group as a whole would nod in agreement.

The derogatory terms highlighted in Figure 1 reference physical appearance, ancestry and religion as well as more interpretative judgements (“pirate”). Language differences also play an important role here as these derogatory naming conventions are mostly being used between different language groups.

MARAMAGYI, HINDU, AND KAMAN COMMUNITIES ARE POTENTIAL CULTURAL MEDIATORS BETWEEN ROHINGYA AND RAKHINE COMMUNITIES

The proximity in which diverse linguistic and cultural groups live in Myanmar can be a source of tension and hostility. At the same time, that very proximity makes some of the Rohingya’s neighbors potential cultural mediators for them in the humanitarian response.

The Maramagyi (sometimes pronounced “Mramagyi”) speak a variant of Rohingya, which they call the “Maramagyi language”. They are a small community of non-Rakhine Buddhists who mostly live in Sittwe town. Maramagyi in Sittwe town also speak Rakhine, but it is usually their second language.

Perhaps because they are seen as a distinct community from Rohingya and Rakhine, the Maramagyi were not displaced to the same extent. However, Maramagyi report facing prejudice from the Rakhine due to their physical, cultural, and language similarities with the Rohingya community.

The Hindu minority of Rakhine State speak a variant of Rohingya that they refer to as the “Hindu language”, perhaps to distinguish themselves from Muslim Rohingya speakers. Although they are still perceived as foreigners by ethnic groups indigenous to Myanmar, the Hindu speakers are accorded a level of respect and familiarity by the majority Buddhist population because of their religious similarity.

“We are in the middle of two groups.”

- A man who is a Hindu leader

Hindus feel this strain of balancing their religious proximity to Buddhists and their cultural and language proximity to Rohingya and Maramagyi. However, in common with Maramagyi, they will not say they speak Rohingya.

“Hindu is our native language.”

- A man who is a Hindu leader

Rohingya acknowledge that Maramagyi and Hindus speak the same language as their community.

“The Hindus and Maramagyi also speak our language.”

- A Rohingya man aged between 25 and 49

The language abilities of the Maramagyi and Hindu communities allow them to act as intermediaries between Rakhine and Rohingya at the local markets.

“The Maramagyi are the brokers to the Rohingya.”

- A Myanmar-speaking man who is a humanitarian livelihoods officer

Kaman are a sub-ethnic group of the Rakhine people, considered one of the eight major national “ethnic races.”⁵ They share the same indigenous status with the Rakhine, as well as the Rakhine language. While Rakhine are mainly Buddhist, Kaman are Muslim and share this religious identity with most Rohingya. The Kaman community of Sittwe town were displaced alongside the Rohingya in 2012. While most Kaman live in their own villages, some were also pushed into camps from Sittwe town living side by side with Rohingya. The distinction between Kaman and Rohingya is therefore not always visible to outsiders.

Due to the shared religion it is common for Kaman or Rohingya to marry. However, this tends to occur mainly between Kaman and Rohingya that are Rakhine speakers or those who from urban areas. Most Kaman do not speak Rohingya, but many have learned due to their circumstances since displacement in 2012.

“When Kaman and Rohingya meet, they speak Rakhine together.”

- A Rakhine speaking woman who is a nurse

Humanitarians see little difference between Kaman and Rohingya besides language.

“The Kaman are well integrated into the Rohingya community.”

- An English speaking woman who is a humanitarian program manager

However, Rohingya and Kaman don’t always see it this way. The main differences between Kaman and Rohingya appear to be levels of religiosity or how faith reflects their lifestyle.

“We are different from the *Kamein* [Kaman]... their women don’t cover their hair.”

- A Rohingya man who is a *muezzin*, or person who calls other Muslims to prayer

5 This is how the Myanmar government refers to ethnic groups.

MANY ROHINGYA ARE EXCLUDED FROM PEACE-RELATED AND CIVIL-SOCIETY PROGRAMMING

Peace-related or leadership programs that focus on intercommunal issues often have language ability as an indirect eligibility requirement for participants. According to a civil society organization program manager, this is because the programs use Myanmar, which is largely accepted as a neutral lingua franca. He further explained that workshops are often conducted in English with international trainers and there is a Myanmar and/or Rakhine interpreter on hand.

“All of our programs are delivered in English and Myanmar.”

**- A Rakhine speaking man
who is a civil society leader**

One civil society organization we spoke with runs a community development project training members of different ethnic communities in Rakhine State. However, they do not work with the Rohingya community, apparently due to security concerns.

“We don’t work with Muslim groups because of access and security. It is about organizational safety. Inter-national NGOs can evacuate, but we are stuck here.”

**- A Rakhine-speaking man
who is a civil society leader**

A self-identified Rohingya program manager familiar with these programs explained that many of them are funded or designed in part by international NGOs. He suggested the focus had to be on non-Rohingya groups, given the mistrust between international NGOs and the Rakhine.

“Trust needs to be reestablished between international NGOs and the Rakhine community before it can happen between Rakhine and Rohingya.”

- A Rohingya man who is a field program officer

Most Rohingya do not have the required language skills. Even if they are present, they may not be able to participate. This is especially true for women.

“In the [course] participant list, [a woman] is included, but in the discussion, she is not.”

- A Myanmar-speaking development program manager

A facilitator conducts a focus group on language barriers with Rakhine-speaking women in Sittwe, Myanmar.



If they are able to participate, those Rohingya participants that have some language ability in Myanmar or Rakhine will usually struggle to express themselves fully due to a lack of fluency or limited vocabulary.

“For the Rohingya participants to express deeply about their feelings is difficult.”

- A Rakhine speaking civil society leader

As a consequence, exclusion from social cohesion programming may exacerbate wider exclusion of Rohingya. Exclusion from training and programs also limits development opportunities for Rohingya language media outlets in Myanmar. In the worst case, exclusion from social cohesion programming might even be pushing the Rohingya community away from peaceful dialogue and improved intercommunal relations.

“The Rohingya social influencers have changed over time. First, it was the mullahs, then [it became] the educated, secular Rohingya, and now, it is ARSA [Arakan Rohingya Salvation Army, a militant group].”

- A Rohingya man who is a development program officer

CULTURAL UNDERSTANDING BREAKS DOWN INTERCOMMUNAL BARRIERS

The first step towards improving intercommunal relationships is to design programs to be accessible to monolingual Rohingya, as well as to other groups. This should inform everything from activity planning to staff recruitment and training, to communication.

Referring to the Rohingya by that name, which they prefer, is one way of signaling and promoting respect both within teams and externally. This is a fundamental of rights-based programming. Ethnic Rakhine and Bamar colleagues may appreciate these sensitivities better in the context of a conversation about Rohingya use of the pejorative mog to refer to their ethnic groups. This can be interpreted pejoratively as “pirate”, although its standard meaning is “Buddhist”.

The non-Rohingya and bilingual Rohingya who often act as intermediaries for displaced people could be a bridge between communities. There are varying levels of mutual distrust and hostility between all these groups and mainstream Rohingya society. Yet their language skills and knowledge of other cultures also earn them respect. This presents so far unexplored entry points for practical social cohesion programming.

A TWB survey of Rohingya refugees in Cox’s Bazar about conditions before they left Myanmar provides further information. Male-headed households surveyed were more likely to recall difficult relations with Rakhine. Female-headed households were more likely to say they had had no difficulties with any ethnicities in Myanmar. While recall is imperfect and the reasons for these gender differences need further investigation, they may offer another entry point for efforts to improve intercommunal relations.

Credit: Save the Children



Effective humanitarian communication depends on clear messages and high professional capacity

Effective humanitarian communication that builds knowledge and trust uses languages and formats that are accessible to affected people. It depends on:

- a clear source message
- the technical and interpersonal capacity of the people involved in the communication and
- structured testing of messages at each transfer point.

The clearer the source messages and the greater the capacity of communicators, the greater the likelihood that humanitarian communication will be effective. The converse is also true. Unclear messages and low capacity result in ineffective communication. Testing comprehension of messages ensures accuracy of the translation, and builds knowledge and ultimately, over repeated interactions, trust.

When messages must pass through multiple languages and be conveyed through communicators of diverse

backgrounds, as in the Rohingya response in Rakhine State, there is a high risk of ineffective communication.

This is further complicated by widespread monolingualism at either end of the information flow. This has resulted in a communication gap between humanitarians and members of the Rohingya community.

ENGLISH- AND ROHINGYA-SPEAKING COMMUNICATORS RELY ON RAKHINE AND MYANMAR INTERMEDIARIES

The diverse language landscape of Rakhine State means there are at least four different spoken languages and two written languages for communicating. People's ability, fluency, and literacy vary within those languages. The majority of English speakers and Rohingya speakers don't speak and understand the three other relevant languages. The information flow therefore depends heavily on intermediary languages and communicators.

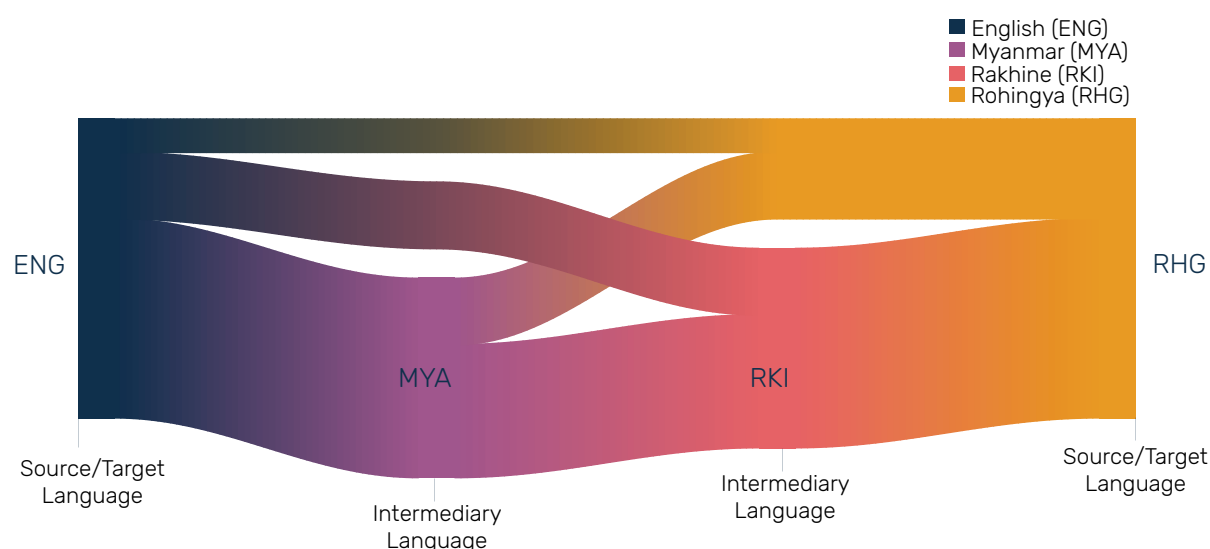
Figure 2 illustrates typical spoken information flows in the Rohingya response in Sittwe rural camps and villages, based on our observations and consultations with humanitarian and Rohingya community members. Each branch represents a conversion from one language to another. At each of those points of language conversion, there is potential for miscommunication or even a complete stop in the information flow.

The figure indicates information flows between humanitarians (mainly English speakers) and displaced people (mainly Rohingya speakers), via Rakhine and Myanmar as intermediate languages. Information can flow from left to right or from right to left, depending on whether humanitarians or Rohingya initiate it.

The four branches show the various language conversions that occur in the response. The width of each branch varies, indicating the relative volume of information that flows along each.

Figure 2. An information flow model for the humanitarian response in Sittwe rural camps and villages, Myanmar

(humanitarians → ← displaced people)



Because we did not analyze written communication in detail, Figure 2 does not show this flow. However similar language conversions occur, with similar potential for miscommunication. Humanitarians generally develop printed materials in English. They then have them translated into Myanmar to share with the Rohingya population.

Low rates of literacy among the Rohingya-speaking displaced population may mean they rely less directly on written information. However, because most spoken information derives from written information, monolingual Rohingya people also rely heavily, though indirectly, on accurate conversion of written information between the various languages.

The high proportion of monolingual Rohingya and English speakers at either end of the information flow are particularly vulnerable to errors or blockages at any of the intermediate language conversion points shown in Figure 2. Any errors in relaying information from one language to another magnify subsequent errors.

This is of greatest significance to monolingual Rohingya, who rely on effective information flow for their survival. Without effective communication they face exclusion from information and quality service provision, leaving them isolated and vulnerable. Avoiding such errors is also important for humanitarians, who rely on effective communication to plan and deliver appropriate services.

Because of their reliance on multilingual intermediaries, monolingual Rohingya are at greater risk of misunderstanding and misinformation about and mistrust of humanitarian services. Those most likely to be monolingual speakers among Rohingya in Myanmar are people with

no or low education, those from rural areas, and women. Monolingual Rohingya speakers access services at lower rates and experience lower-quality services compared to multilingual Rohingya speakers.

Further, monolingual Rohingya are less likely to qualify for paid volunteer and professional growth opportunities than multilingual Rohingya

Information providers and recipients

The various language speakers face different challenges in communicating with each other. These are due to both linguistic and cultural differences and varying opportunities for interaction. Understanding these differences could help to devise ways to overcome the challenges they create. At either end of the information flow, communicators are monolingual and at the greatest linguistic and cultural distance from each other.

A facilitator and Rohingya-speaking interpreter conduct a focus group with young Rohingya women on language barriers in the Sittwe rural camps and villages.



The monolingual communicators at either end of the information flow

English speakers

English speakers in the response come from a variety of backgrounds and therefore speak different dialects, including American, British, Indian, West African, East African, and Australian.

Humanitarians that speak English tend to be foreign nationals in program lead, managerial and office-based roles. They are usually based in Yangon or Sittwe town. English speakers have little interaction with Rohingya displaced people due to both spatial and language barriers. English speakers tend not to speak any of the other languages in the response (besides sometimes Myanmar) so they rely heavily on staff intermediaries.

Rohingya speakers

Rohingya is not a standardized language, so there is a natural variety of dialects across Rakhine State. Neighboring languages influence these dialects over time. While there are many languages divisions among Rohingya subgroups, our study focused on the Sittwe rural camps and villages where the primary division is between formerly urban and rural displaced people. Current populations of displaced people from urban and rural Sittwe vary from camp to camp.

Rohingya from urban areas (pre-displacement)

Most Rohingya speakers in the Sittwe camps and villages are displaced people from Sittwe town. As well as being service users, they also often act as camp volunteers. Most now live in the Sittwe rural camps and villages. While some Rohingya speak some Myanmar, Rakhine, or English, they tend to only be fluent in Rakhine. Most do not speak any of these other languages, however their language has evolved over time to incorporate many Myanmar, Rakhine, and English words.

Rohingya from rural areas (pre-displacement)

Rohingya speakers who were displaced from villages in rural areas of Sittwe town are a distinct language subgroup. They are less likely to speak languages other than Rohingya, as they had less interaction than urban residents did with non-Rohingya groups. The further from urban areas they came from, the more problems they initially had communicating with formerly urban Rohingya speakers. Over time, the language gaps appear to have narrowed between Rohingya from urban and rural areas that now live in the Sittwe rural camps. However, differences remain.

Information intermediaries

Rakhine speakers are usually information intermediaries at the camp and village levels, between Myanmar and Rohingya speakers. In contrast, Myanmar speakers are usually information intermediaries at coordination and managerial levels, between English and Rakhine speakers.

As the most common information intermediaries to and from displaced people, Rakhine speakers determine what information is passed to Rohingya volunteers and displaced people, and how those messages are interpreted. They also determine what information is passed from displaced people to humanitarians and how those messages are interpreted.

At these central points in the information flow, technical and language capacity is very important. Highly technical information from humanitarian managers in English or Myanmar might easily be misunderstood and misinterpreted by Rakhine speakers without technical training.

It is therefore important to build the capacity of Rakhine speakers by hiring or training people with English, Myanmar, and Rohingya language skills. Building interpretation, translation, and cultural mediation skills is equally important.

These capacity-building measures enhance understanding and generate knowledge in both directions along the information flow. The end goal is to provide a flow of accurate information, to build trust and increase program efficiency, which importantly restores dignity to the Rohingya population.

Facilitators and a Rohingya and Rakhine interpreter conduct a focus group with Rohingya teachers on language barriers in education services.



The information intermediaries at the center of the information flow

Rakhine speakers

Humanitarians that speak Rakhine tend to be ethnic Rakhine and local nationals from Rakhine State. They act as field officers and staff and are usually based in Sittwe town or visit the camps regularly. A key, but smaller group of Rakhine speakers are ethnic Rohingya that live in the camps and act as volunteers. They have the highest level of interaction with Rohingya displaced people compared to other language groups. Rakhine speakers usually speak some Myanmar, English, and Rohingya. However they tend to be fluent only in Myanmar if they are ethnic Rakhine, or sometimes fluent in Rohingya if they are ethnic Rohingya.

Myanmar speakers

Humanitarians that speak Myanmar tend to be non-local nationals from Yangon or outside of Rakhine State. They act as program officers and field officers, and are usually based in Sittwe town or visit the camps regularly. They interact with Rohingya displaced people more than English speakers do, but the quality of the interactions is lower than it is for Rakhine speakers. Myanmar speakers tend not to speak any of the other languages in the response besides English, but over time may learn some Rakhine due to language proximity.

A facilitator presents the findings of the terminology portion of the study to humanitarian staff in Sittwe.



UNCLEAR COMMUNICATION AND LOW CAPACITY CAN LEAD TO MISINFORMATION, MISTRUST, AND POWER IMBALANCES

In Rakhine State, Rakhine speakers are the main intermediaries between humanitarians and the displaced people. Yet those Rakhine speakers generally lack knowledge of and experience in the topics that humanitarians and displaced people typically want to communicate about. This, combined with limited language ability and a general lack of awareness of cultural nuances, often leads to an incorrect or incomplete information exchange.

Consequently, humanitarians and displaced people are wary of the information that intermediaries provide. The shortfall in skills also explains the presence of conflicting information about the similarities, differences, and mutual intelligibility between Myanmar and Rakhine.

Humanitarian organizations can address these power imbalances by taking language and culture more systematically into account in planning, resourcing, and implementing programs. That implies clear source messaging, trained and supported intermediaries, staff with the right language skills, and services organized to promote communication. These are the components of language-aware humanitarian services responsive to the needs of users.

HUMANITARIANS APPEAR TO MISUNDERSTAND THE LANGUAGE AND LITERACY SKILLS OF DISPLACED PEOPLE

The issues outlined above seem due in part to a lack of awareness in the humanitarian community of

the scale of the communication challenge displaced people face. While humanitarians recognize the importance of communication and language in the response, their perceptions about language barriers still do not match the reality in the camps.

Humanitarian communication is impaired by several misunderstandings about the language and literacy skills of the Rohingya population:

- Literacy is far lower than humanitarians believe, so verbal communication is essential.
- Knowledge of spoken Myanmar and Rakhine is also lower than humanitarians believe, so communication in Rohingya is essential. This is particularly evident among women, young adults and adolescents, and people from rural areas.

These misunderstandings not only impact the effectiveness of information flows from humanitarians to internally-displaced people. They also impact community feedback to humanitarians.

An online survey we conducted with humanitarians in Rakhine State provides insights into the state of humanitarian communications.⁶ Comparing the results of this survey with the JIPS camp profiling exercise conducted in early 2017 demonstrates a gap between humanitarians' perceptions about language in the camps and villages, and the reality.

⁶ "Humanitarians" includes any national or international staff member working at any level for any organization focused on the Rohingya crisis in Rakhine State. For detailed information about the online survey, including methods and the original questionnaire, see https://translatorswithoutborders.org/wp-content/uploads/2019/09/Methods-and-limitations_Cross-Border.pdf.

Humanitarians overestimate literacy levels in the camps

Despite the availability of comprehensive JIPS data, 52 percent of humanitarian respondents to our survey felt they had insufficient information on literacy levels, languages spoken, and other relevant factors for communicating with affected populations. While our survey was not representative, it may indicate a wider gap in knowledge across the response. When asked about their perception of literacy in the camps and villages, humanitarians commonly estimate that just over 25 percent of displaced people are literate in Rohingya. They also believe over 75 percent are literate in Rakhine and over 50 percent are literate in Burmese. These results show a limited understanding of Rohingya literacy and education levels.

In fact, less than a third of Rohingya women and half of Rohingya men are literate according to the latest representative data.⁷ This data does not specify the languages of literacy, but we can reasonably assume it is Myanmar. Rohingya is not a standardized language and Rakhine is not used in any official or academic capacity. Literacy in those languages is therefore likely to be more limited, although no firm data is available on this point.

7 The JIPS measure for literacy was self-reported ability to read or write a simple sentence with understanding in any language. This is slightly different from the wording of TWB's online survey ("In your opinion, what percentage of Rohingya IDPs living in camps in Rakhine State understand the following written languages?").

A survey of Rohingya refugees in Cox's Bazar about their recall of conditions in Myanmar before they left points to language barriers affecting communication beyond the humanitarian sphere. Many of those surveyed reported language barriers communicating with authority figures. These authorities were mostly village administrators, followed by police and military officials. In 86 percent of cases the authorities spoke Myanmar, in 39 percent Rakhine, and in 33 percent Rohingya. Households without a Myanmar- or Rakhine-speaking member were in great difficulty as a result. Forty-eight percent of people surveyed said they "sometimes" understood the authorities, and 11 percent said they did not understand them at all.

Humanitarians misunderstand displaced people's language abilities

Many humanitarians have an incorrect understanding of the prevalence of spoken languages, as well as the similarities and differences between them.

Eighty percent feel that Rohingya is very similar to Rakhine, and 75 percent that most displaced Rohingya understand it. In fact, the two languages are not mutually intelligible. JIPS data shows that only 38 percent speak Rakhine, and the rates are considerably lower for women (24 percent).


The JIPS data also shows that a lower proportion of younger men and women

are able to speak Rakhine. As with literacy rates, people displaced from rural areas, and from areas distant from Sittwe, were also less able to speak Rakhine.

Similarly, 62 percent believe that most displaced people understand Myanmar. But this too is unrelated to Rohingya. In fact only 23 percent of Rohingya surveyed by JIPs spoke Myanmar, and only 12.5 percent of women.

A sign indicates the location of a women-friendly space and the activities that occur there. Appropriate pictograms can facilitate understanding among less literate community members.

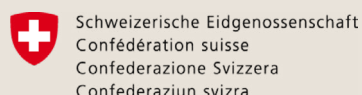




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Translators without Borders (TWB) envisions a world where knowledge knows no language barriers. The US-based nonprofit provides people access to vital knowledge in their language by connecting nonprofit organizations with a community of language professionals, building local language translation capacity, and raising awareness of language barriers. Originally founded in 1993 in France (as Traducteurs sans Frontières), TWB translates millions of words of lifesaving and life-changing information every year. In 2013, TWB created the first crisis relief translation service, Words of Relief, which has responded to crises every year since.

For more information about this study or to find out how TWB is supporting the Rohingya response in Bangladesh and Myanmar, visit our website or contact:
bangladesh@translatorswithoutborders.org or myanmar@translatorswithoutborders.org.



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