



"Religion, rumour and right practice" Somali views in the early days of COVID19

Rapid Diagnostic - 3-5 April 2020

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AVF is pivoting its *Imaqal* media platform for a COVID19 Response, starting with this rapid diagnostic



IMAQAL ('listen to me'): Promoting greater gender equality and social inclusion through interactive media in Somalia



Building a large-scale **media-based conversation** in South Central and Puntland to challenge norms that sustain gender inequality and social exclusion of IDPs, youth and minorities.

5000 people+/week on average send their view via free SMS on GESI topics

Using our interactive radio method, these messages are analysed at scale and fed back into the content on a weekly-basis resulting in a **citizen-driven conversation**.

Multi-media interventions:

- 2 Seasons Radio Drama (30 radio stations)
- 2x 14-episode Radio Magazine (30 radio stations)
- Social media discussion
- 4 TV debates
- On-the-ground forums

And this works builds on many years of research and design on using interactive media for rapid insights and health communications in crises...

<http://explain.avf.world/>



Our *Imaqal* Rapid Diagnostic heard from 7,747 Somalis between 3-5 April 2020, and produced findings by 9 April



“Dear Imaqal Listener, your voice is important for the response to COVID-19. What are your thoughts on Coronavirus?”

“Dhageystaha sharafta leh ee Imaqal, Codkaaga wuxuu muhiim u yahay la tacaalidda xanuunka COVID-19. Waa maxay fikradahaaga ku aadan xanuunka Koroona fayraska?”

Total recipients of free SMS question	~51k
Total participants - response rate	7,747 - 15%
Total free SMS received	18,222
Total participants who opted in (consent given for analysis)	7,120
Total SMS analysed (from those who opted in)	15,870
Total individuals responded to using tailored 1-to-1 communications	1,386

RAPID DIAGNOSTIC

3-April, 5-April:
question asked

3-6 April: answers
received

4-8 April: data analysed

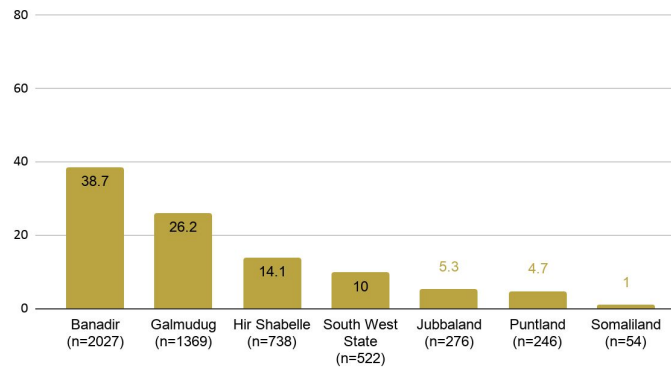
9 April: initial findings

12-14 April: further
analysis

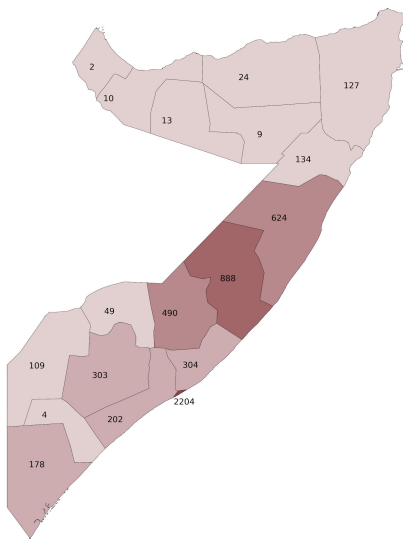
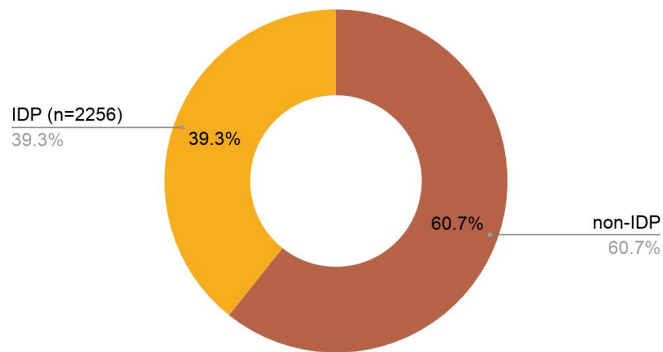
16 April: webinar

The diagnostic sample is self-selecting, and skewed to urban, displaced and male (also, young). Yet these are populations of concern...

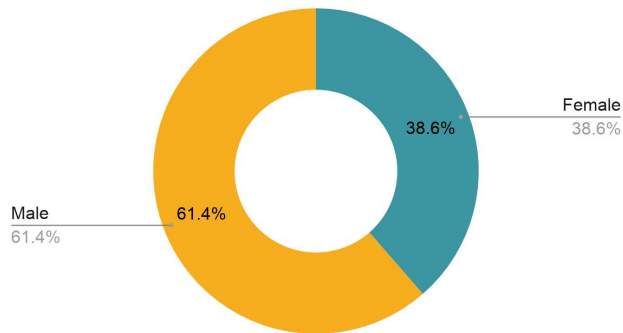
Participants by region



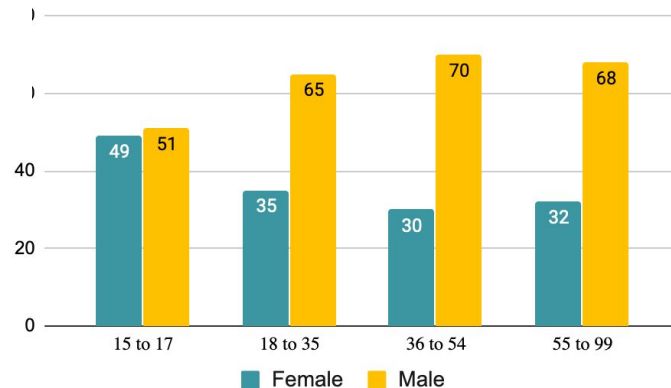
IDP vs non-IDP (% Participants)



Gender (% Participants)



Gender split by age bracket (%)



What are Somalis thinking about COVID19?

4 voices

Fikradaydu waxaytahay in ilaahay latala saarto hadii ilaahay latalasaarto wax walbo oo dhibaato ah waalaga badbaadayaa

"My opinion is **to trust Allah** and every difficulty will pass."

Female, 41, IDP, Daynile

Waa nimco firkaradayda COVID-19 waa xanuunhalis ah waxaana dawo uah kaliya kahortag marka dadka haday amaawirta dawlada qataan waxaan dhihi karnaa sida hada uu ufaafayo uma faaafilahayn mahasanidin.

"It is a dangerous disease and its only cure is prevention. Therefore, if people **follow the information given by the government**; I think it wouldn't have spread and it is spreading now. Thanks."

Female, 17, Cabudwaaq.

dadka waa iney isticmalan waxyabaha gulul sida sanjabisha filfisha iyo lendhananta waa iney iska yareyan waxyaba qabob barafka jalatada alle waxan ka baryaya inu ka badbadiyo umada musliminta qasatay umada somaliyey dawadisu waa inad alle bariyan waa iney qur.aanka aqriyan waa iney nadafada ku dadalan qasatan dadka barkacyasha ah allow umadan badbadi.

"People should **use spices like ginger, black pepper and lemon**. They should reduce the intake of cold stuff such as ice cream. May Allah protect the Muslim community particularly the Somalis. Its cure is to **pray to Allah**, reciting the Koran and **practice proper hygiene especially the IDPs**. Allah protect the community."

Female, Shibis.

Waxaa loga hortagi karaa karna fayriska in soomaaliya laga baxsho gaalada.

"Coronavirus can be prevented in Somalia by **expelling the non-believers**."

Male, 19, Jiraqaale.

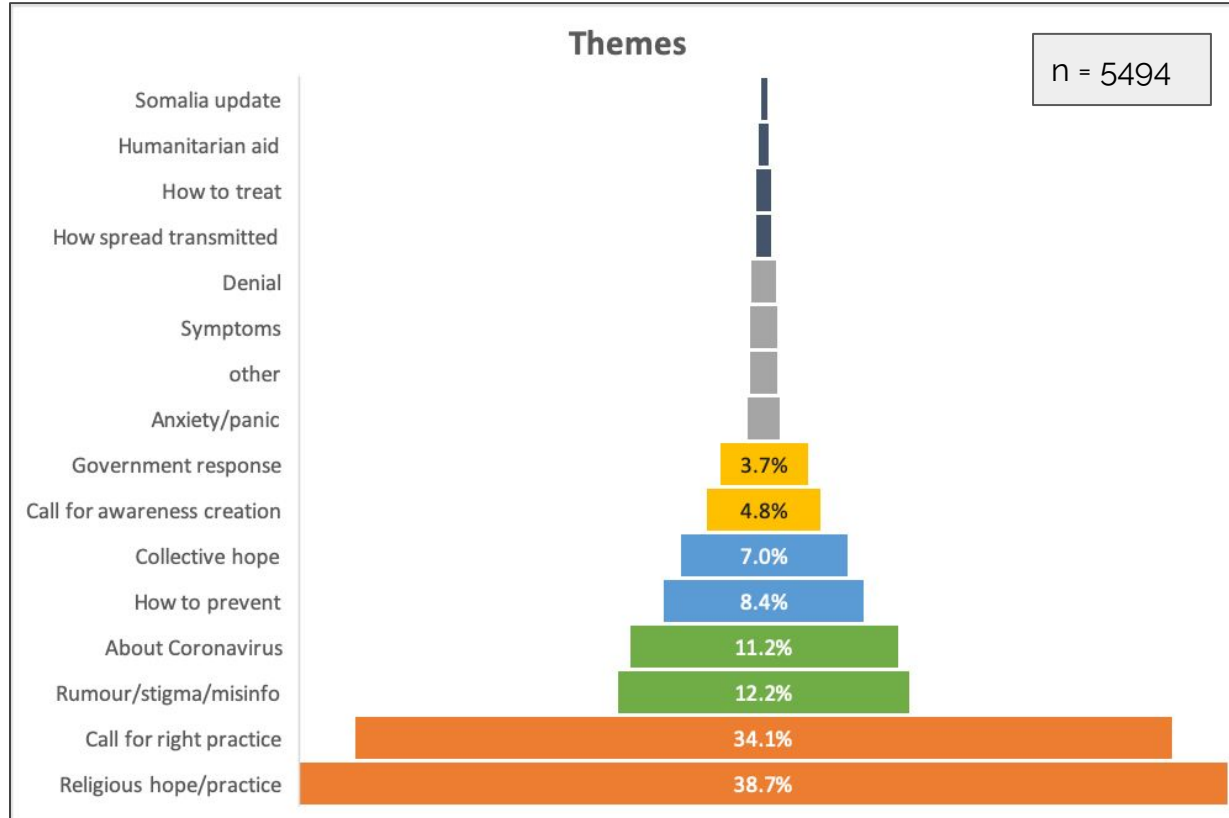
8 headline findings

1. Asked for their thoughts on COVID19, Somali respondents spoke less from a health than from a **religious hope/practice** standpoint.
2. Respondents fall into two broad camps: those invoking **religious hope, practice or guidance** as the right way forward (38.7%); those invoking community action aligned to expert/government advice with a “**call for right practice**” (34.1%).
3. The **religion frame** grows more salient with increasing age; splits evenly between (passive) fate/hope/trust in Allah and (active) devoutness, prayer, offering
4. Younger age groups (notably females) are more likely to advocate for following expert/govt advice on **right practices**.

8 headline findings

5. **Over 1 in 10** respondents expressed thoughts on COVID19 that involved **rumour, stigma or misinformation** - 12.2%. **Over 75%** of these respondents expressed negative stigma: hostility, anger or resentment. A message **denying coronavirus** was over twice more likely to come from a male than a female.
6. **Recently displaced** were significantly more likely to express such thoughts than those who were not. In **Banadir**, **recently displaced were twice more likely** than host community respondents to express rumour, stigma or misinformation.
7. **Rumour, stigma or misinformation** were also more likely from respondents from Bay and Lower Juba than from Banadir.
8. **Respondents from Puntland** were significantly more likely to speak about factual aspects of coronavirus (and less likely to speak about religion) compared to those from Banadir.

1. There are two main worldviews (calls for 'right practice' and religious hope/practice) in respondents' thoughts on COVID19...



Respondents divide (but also overlap) between **two main worldviews**:

- Trust in God and godliness
- Trust in expert advice and authority

Both have a strong **collective 'we'** dimension

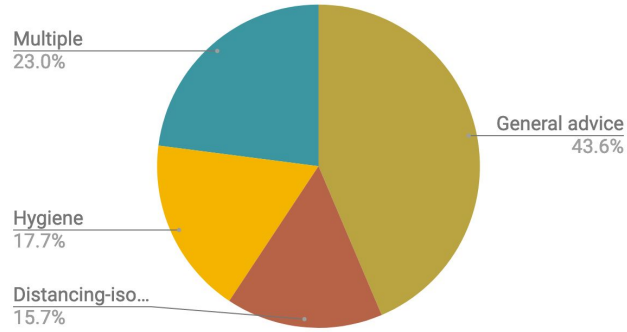
Rumour/stigma/misinformation is substantial

For now:

- much less on COVID19 cause/symptoms/spread;
- Very little on socio-economic impacts

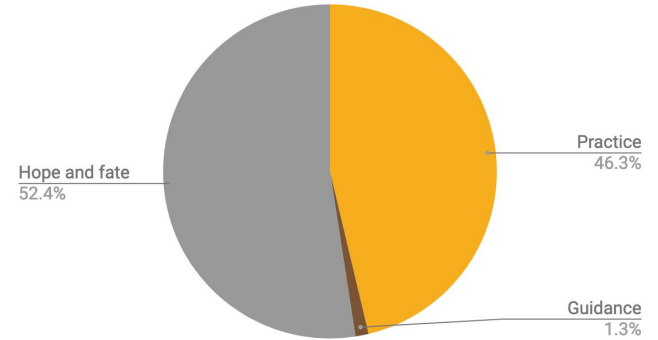
Unpacking dominant themes

Right practice (n= 1661 messages)

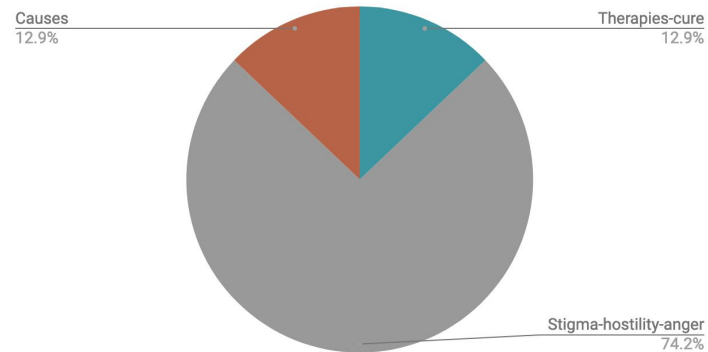


Messages calling for 'right practice' mostly refer to **following general advice** of authorities and experts.

Religious hope/practice (n=1808 messages)



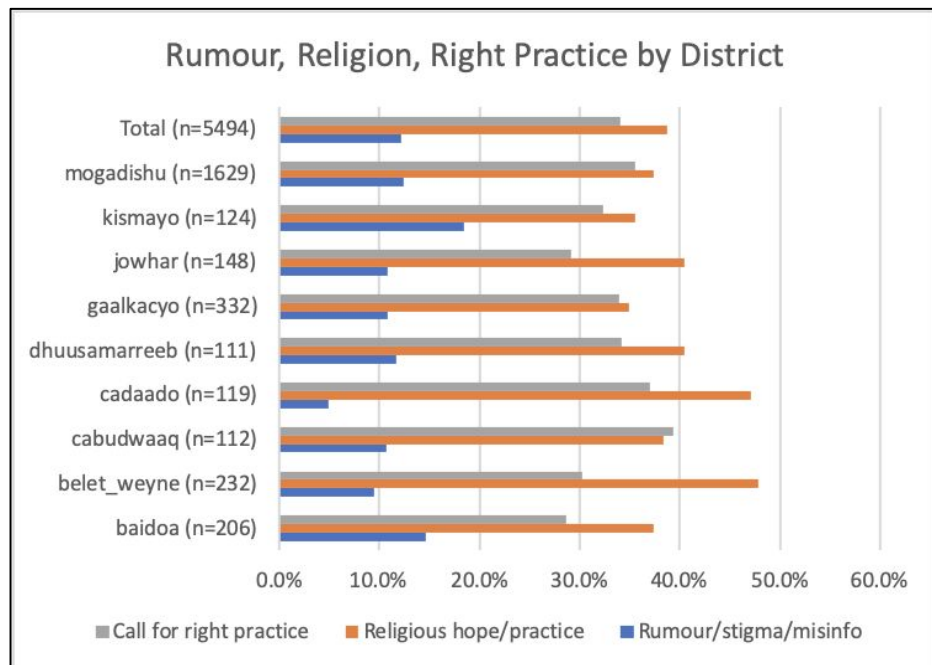
Rumour, stigma and misinformation (n=448)



Anxiety and fear over COVID19 has a strong negative stigma element, expressed mainly as **hostility and anger** towards outsiders/non-believers for the virus, and tips into denial.

Public health messaging and restrictions enter into this fray

2. Rumour, stigma and misinformation are more prevalent in more insecure areas and among displaced communities



People in **South West State** significantly more likely to mention misinfo compared to other regions. (Logistic regression South West State (OR = 1.6, p - value = 0.0163))

Overall, **IDPs** are **significantly** more likely to send a message indicating stigma or misinformation than members of host communities. (Logistic regression OR = 1.4, p - value = 0.0026).

Recently displaced in Mogadishu are over **twice more likely** to mention misinformation or stigma than host communities (Logistic regression OR = 2.1, p - value = 0.0002).

The COVID-19 response requires an understanding of how at-risk populations are also more susceptible to alternative sources of truth than government authority or technical expertise.

The religious frame and tackling misinformation is particularly important in Baidoa, Kismayo and among recently displaced populations

Rumour, Stigma and Misinfo: Hostility, Anger and Resentment

Been waye eekadhaafa musliminta paladka.

"It is lies; stop misleading Muslims." 20, Mahadaay.

Ma jiraan cudur wax layirahdo wayo muslim ayaan nahay dad ayaa ku tuugsanayo oo daaro ka qabya ah??

"This disease does not exist. We are Muslims; people who have incomplete buildings are using it to beg for money." NA

Figridayda ku aadan feyriskan wa cudur ilahay u so dajiyay gaalada hasa yeshee musliminta waxay u tahay danbi dhaaf.

"My thought on this virus is that Allah has ordained it for the non-believers and it is forgiveness for the Muslims." Female, 19, Kismayo.

Adinka iyo kuwa nilamidka aya amiinsan karoona shegeysin Alle ayatalo iskaleh anaka maraacro kuwa iskujeego daqadiir iyo kalada alle kabaqa kuwina dhahayo karoona ayan dadka kabadbadin Habarta ayaushegeey musqulyahoow adinka hanikudhaco covid 19.

"You and people like you believe in the corona you are talking about. Allah deserves trust. We don't follow the so-called doctors and non-believers. Fear Allah those of you who are purporting to saving people from corona. Tell your mum, you sh*t. May covid19 affect you." Male, 23, Balcad.

Wih wxn aminsanahay in oyhy cudurkas mid logutalagalay galada wxn aminsanahay in o somalia kudhacen lkn wxa bunbunihayo dowlada ayadana wxe lcg ugarabta adunka wxayna cadadis sartay shacabki sida melaha lagu fafiyo dinta sida dugsiyada qur.anka karimka masajida wxn aminsanahay cudurkas in odibada nogayimid nonakenen diyasbaraha ma is arkeno wayo jermiska ayo kadhashta lkn hdn musliminahy marka kasto ayan merna jirkena ilen wxa nagalaraba salad wxna isticmalena qur.anka karimka asagana nodawa;; diyar ayan u ahay.

"I believe that this disease is for the non-believers and will not affect Somalia. But the government is making a big deal out of it in order to get money from the world and has put in place repressive measures on the public like mosques and dugsis closure. I (also) believe that this disease is brought by the diaspora and cannot be easily detected because it breeds from the germs. But as Muslims, we always clean our body because we are expected to offer prayers and we use the Koran which is our medicine." Male, 31, Kaaran.

Rumour, Stigma and Misinfo: misunder- standing on cause and treatment

**Umada somaliyed
hargab ugama
duwnadono cudurka
lashegay.**

"For Somalis, this
disease is **not different
from common cold.**"
Male, Wadajir.

Mida kale waxanaminsanahay somaliya
inu horay usomaray asago ladhoho
kadudshe ayu inukudhacay hadan inusan
ina.sogaray banaminsanahay
cimiladenana kuma nolan karo marka
musliminta waxan kulatalinaya kitabka ale
inla.amino quran badana la.akhristo wa
balaxijabe mesha wax yalahakale
lasojedinayo inlafaro dhaman muslimitu
quran wada akhristan asaga balaxijaba.

"...also I believe Somalia has experienced it in
the **form of dengue fever** and it has
resurfaced again. It cannot survive in our
climate. I therefore urge the Muslims to
believe in Allah, read the Koran a lot which
shields against evil. Instead of offering other
advice, urge the Muslims to read the Koran
which shields against evil."
Male, 23, Galkacyo.

dadka waa iney isticmalan waxyabaha gulul sida
sanjabisha filfisha iyo lendhananta waa iney iska
yareyan waxyaba qabob barafka jalatada alle
waxan ka baryaya inu ka badbadiyo umada
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waa inad alle bariyan waa iney qur.aanka aqriyan
waa iney nadafada ku dadalan qasatan dadka
barkacyasha ah allow umadan badbadi.

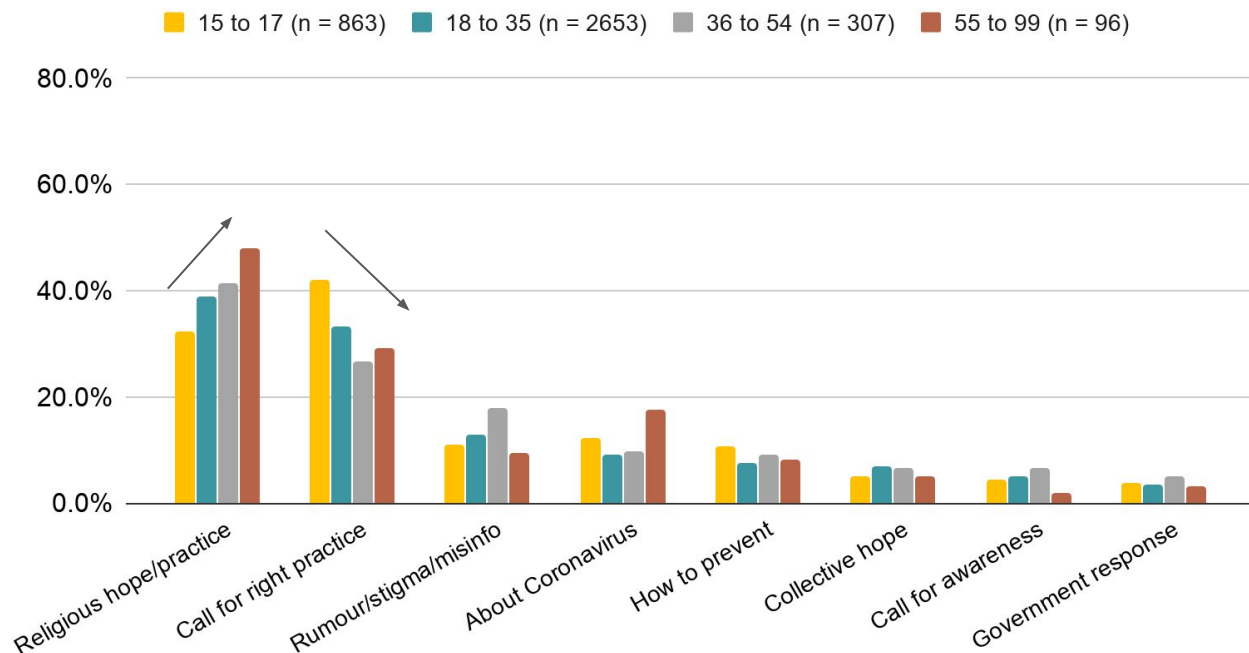
"People should use spices like **ginger, black pepper
and lemon**. They should reduce the intake of cold
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is to pray to Allah, reciting the Koran and practice
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Female, Shibis.

**WLL DAWO AYAN U HAYAA WAANA TABLET REVIDEN KININKA TB.DA ARINTAA HA SAHLANINA
MEELWALBA GARSIIYA.**

"I have a medicine for it - REVIDEN Tablet, the drug that **treats TB**. Don't take this (info) lightly, spread it widely."
Male, 43, Garowe.

3. RCCE communications could be framed more through religion for older target groups; more through collective 'right practice' for younger target groups...

Prevalence of themes by age



Religious figures on radio shows could provide authority and guidance aligned to RCCE messaging

Govt should mitigate pushback re curtailing religious gatherings

'Right practice' builds on strong community solidarity in Somalia, esp among youth

Age differences are statistically significant.

p=0.0004 (Chi square for 'right practice')

p=0.0014 (Chi square for 'religious practice')

Religious hope and practice

Fikradaydu waxaytahay in ilaahay latala saarto hadii ilaahay latalasaarto wax walbo oo dhibaato ah waalaga badbaadayaa

"My opinion is to trust Allah and every difficulty will pass."

Female, 41, IDP, Daynile

Soomaalidu waa muslin ilaah habaryeen alabarina ha dhigteen

"The Somalis are Muslims; they should pray to Allah and hold 'Alla bari-(Somali ceremony of feasting, praying and reading Koran)"

Male, IDP, Galkacyo

Religious figures as influencers

Fakarkagu wuxuuyahay ale inlatalo saarto waxaw keenana raali loonoqdo.

"I think we should trust in Allah and be contented with what He has caused."

Male, 18, Cadado

FIKRADAYDU WAA IN LABADSADU SALAADA ,SAGADA, SOONKA Iyo sadaqada

"My thought is that we should increase prayers, alms, fasting and giving charity."

Male, 25

Waxaan dhihi lahaa waa in bulshada ay QUR'aan akhristaan talooyinka lasiinayana ayqaataan mahadsanidiin.

"The public should read the Koran and follow the advice given. Thanks."

Male, 38, IDP, Galkacyo.

Call for right practice

Young women as influencers?

Waa nimco firkaradayda COVID-19 waa xanuunhalis ah waxaana dawo uah kaliya kahortag marka dadka haday amaawirta dawlada qataan waxaan dhihi karnaa sida hada uu ufaafayo uma faafilehayn mahasanidin.

"It is a dangerous disease and its only cure is prevention. Therefore, if people follow the information given by the government; I think it wouldn't have spread and it is spreading now. Thanks."
Female, 17, Cabudwaaq.

Waa in laga fogaadaa gobaha ay dadka kubadan yihiin sida gobaha shaaha lagu cabo sida makhaa yadaha.

"People should avoid public places like tea cafes."
Female, 20, Gubadley.

Fikir kaygu wuxuu yahay in cudurku jiro waxaana looga hortagi karaa in sababaha uuku faafikaro lajoojiyo sida salaanta gacan qaadka lana qaato wacyi galinta alaha naga hayo cudurka COVID-19 mahads@nidiin.

"My thoughts are that this disease is real and it can be prevented by avoiding ways it can spread such as handshakes and following the sensitization efforts. May be Allah protect us from COVID-19."

Female, 20, Hawlwadaag.

sidee looga hor tagikaraa coovid 19 si aan ugaar siiyo dadka jaarka ii ah wll.

"How can COVID19 be prevented so that I can share (the knowledge) with my neighbors?" Male, 15, IDP, Beletweyne.

What does an effective COVID19 RCCE response in Somalia need to do?

1. *Work with and through religion as the dominant community framing of COVID19, and the trusted source of authority and the key source of risk*
2. *Mitigate **significant stigma**, notably hostility/anger towards COVID19 and outsiders/non-believers/harbingers*
3. *Anticipate that rumour/stigma/misinformation is **compounded amongst IDPs and conflict-affected communities***
 - All COVID19 prevention programming enters into a dominant Somali religious worldview. Programming must work with and through trusted sources of authority, guidance and reassurance in times of crisis. If it does not - worse, is at loggerheads with this worldview - it is liable fail or backfire.
 - Understanding what messaging sheikhs etc are giving around COVID19 is a crucial starting point - there is no blank slate for COVID19 RCCE messaging. A 'public health first' framing is misaligned with primary influences on people's lives.
 - Sensitivities around curtailing religious gatherings need to be anticipated/addressed, especially during Ramadan
 - Where authorities/agencies bypass the primacy of religious authority, others are liable to step in, instrumentalising hostility, anger and resentment. This is especially a concern with vulnerable populations in Bay, Lower Juba and Banadir.

What does an effective COVID19 RCCE response in Somalia need to do?

4. *Leverage* strong **community solidarity** around '**right practice**', especially youth (notably female youth)
5. *Tackle* **rumour and misinformation** around virus source and treatment: dengue, common cold and measles, traditional medicines
 - The strong collective 'we' element in calls for right practice chimes with our previous work: Somalis repeatedly emphasise community solidarity and mobilisation as solutions to humanitarian problems.
 - Frames that see women as the 'backbone' of society and youth as the 'pillar' of society should be leveraged to galvanise influencers for a collective response.
 - There is considerable misinformation around causes of coronavirus and treatment. It needs tackling where it compounds negative practices but is not the highest concern.

What does an effective COVID19 RCCE response in Somalia need to do?

6. *Deploy **empathetic, engaging** content, using **accessible, trusted** and media and communications channels*
7. ***Listen, listen again and act** >> make sense of dynamics of epidemic through Somali worldviews, to drive action*
 - Much work has already gone into public health messaging, some of it tailored carefully for content, language and form. More needs to be done to broadcast content that is framed within Somali religious and communal worldviews, using trusted voices and sources of authority, deploying engaging formats.
 - Perspectives on the ground regarding the impact of COVID19 are fast-changing in Somalia as elsewhere. Sustained open channels to listen to community voices and understand feedback are vital for programming that anticipates risks, adapts and is effective.

Our next steps

1. **Dissemination** of briefings and interactive data visualisations
2. Possible **further SMS consultations**:
 - Pick up shifts/trends in general thoughts
 - Ask about trusted sources of information/advice
 - Ask about changes in socio-economic conditions (or primary concerns)
 - Ask about coping strategies and responses
 - Use channel to gather info on community detection
3. **RCCE amplification and influencers**: possible SMS/voice message campaign to leverage role models in the respondent group
4. RCCE Citizen evidence-driven **interactive media intervention**

A Request

We're listening carefully to thousands of Somalis on COVID19, but for that to matter we need to connect it to action.

AVF seeks to support and enable others in the COVID19 response in Somalia.

Our COVID19 response in Somalia works with media but our impact must extend further, to others working on RCCE and in primary response sectors (health, WASH, nutrition, livelihoods).

Please connect us to organisations that could make a difference with their programming based on the voices you've seen in this presentation.

Please contact Dr Sharath Srinivasan: sharath@africasvoices.org