

# How has radio drama helped to tackle mental health among Rohingya refugees in Cox's Bazar?

An evaluation of the drama series *Aa'rar Kissa* (Our Story)

RESEARCH BRIEFING  
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This research was carried out by the Research and Learning Team, BBC Media Action, Bangladesh under the project “Delivering health, nutrition, livelihood, and protection services for Rohingya refugees and vulnerable host communities in Cox’s Bazar, Bangladesh”. The work was delivered in partnership with the International Rescue Committee (IRC) with funding from the United States Government.

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Above and cover image: Women participate in a therapy session at the RW Welfare Society healing centre in the Rohingya refugee camp in Cox’s Bazar, Bangladesh. (Photos by Allison Joyce/Getty Images)



“I didn’t used to discuss my stress with others. I would just lie in bed alone. After listening to the drama, I know I need to talk about my stress with others.”

*Female listener, feedback monitoring session, season three*

## Introduction

This briefing summarises the findings from BBC Media Action evaluation of the audio drama series *Aa’rar Kissa* (Our Story), which addressed mental health issues among Rohingya refugees living in camps in Cox’s Bazar, Bangladesh. It outlines how audiences’ high engagement with the characters and storylines had an impact on their knowledge and attitudes. The briefing provides recommendations for future programming on mental health.

As the Rohingya refugee crisis enters its seventh year, mental health issues are prevalent among the Rohingya community. This is a result of trauma experienced by the community, low levels of safety, a lack of livelihood opportunities, and social and economic insecurity.

Despite this, there is evidence that Rohingya refugees are not accessing mental health support, for various reasons. BBC Media Action research has indicated that social stigma around mental health is high among Rohingya refugees in the camps, which may limit the community’s willingness to seek formal help for any mental health problems.<sup>1</sup> A 2018 review by the United Nations High Commissioner for Refugees (UNHCR) concluded that the community’s familiarity with mental health concepts and formal mental healthcare is limited.<sup>2</sup> This, coupled with beliefs among the community that mental health conditions are a “sign of weakness” and “something to be ashamed about”, may have been direct causes of low levels of help-seeking around this issue.<sup>3</sup>

The BBC Media Action radio drama *Aa’rar Kissa* ran for four seasons, from 2019 to 2023. It was the first audio drama series produced by BBC Media Action for the Rohingya community living in *Ukhia* and *Teknaf* camps in Cox’s Bazar. The drama was designed for use in listening groups. Seasons one and two focused on gender-based violence and child marriage. Seasons three and four of the drama, broadcast between February and July 2023 and funded by the US Government Bureau for Population, Refugees and Migration (BPRM), focused on mental health issues.<sup>4</sup>

*Aa’rar Kissa* seasons three and four aimed to increase the Rohingya community’s knowledge and understanding of mental health, by recognising key symptoms and identifying when someone might be struggling with their mental health. The series highlighted the importance of discussing mental health issues, demonstrating how verbalising emotions and talking with a trusted person can have a positive impact on mental health. The drama aimed to motivate listeners to be more aware of their own mental well-being and that of people around them, and to seek and encourage others to seek advice and support about mental health. It also emphasised the importance of not using derogatory terms to refer to people experiencing a mental health issue.

1 BBC Media Action (2021) *Understanding perceptions, service seeking behaviour and challenges around mental health in Rohingya community*. Available at: <https://downloads.bbc.co.uk/mediaaction/pdf/research-briefing-rohingya-mental-health-2021.pdf> [Accessed 11 January 2024].

2 UNHCR (2018) *Culture, context and mental health of Rohingya refugees*. Available at: <https://www.unhcr.org/uk/media/culture-context-and-mental-health-rohingya-refugees> [Accessed 11 January 2024].

3 Ibid.

4 Seasons three and four were delivered under the project Delivering health, nutrition, and livelihood and protection services to Rohingya refugees and to vulnerable host communities.

# Research Methodology

In 2023 BBC Media Action conducted a longitudinal qualitative study with members of the Rohingya community to observe changes in knowledge and attitude during seasons three and four of *Aa'rar Kissa*.

Research participants consisted of two male and two female listening groups, with a total of 70 listeners, aged 18 years and above. BBC Media Action local partner organisations, Aid Comilla and Prottayashi ran these listening groups in camps 13 and 15 from February to June 2023. Over the course of the study, nearly 20 participants had dropped out. This dropout rate is relatively low, especially in Rohingya camps where it is particularly difficult to retain participants for a long period of time. The others listened to both seasons three and four.

## Research stages:

- ▶ 1. A **pre-assessment** of the study participants to understand their knowledge, attitudes and levels of discussion around mental health issues before listening to the drama.
- ▶ 2. **Observation and feedback monitoring sessions:** Immediately after listening to episodes 1, 4, 8 and 10 of seasons three and four, participants took part in a short discussion with the researchers. This covered:
  - How participants felt about the drama's storylines and characters in the latest episode and previous ones
  - Whether they had learned anything new or felt differently about anything after listening to the drama
  - Whether they shared the drama's storylines and their learning with anyone
- ▶ 3. A **post-assessment** conducted almost a month after the drama ended, in which participants responded to the same questions as in the pre-assessment to evaluate changes in their knowledge and attitudes.

This longitudinal approach enabled the research team to observe changes in the participants' engagement with *Aa'rar Kissa*, and their knowledge and attitudes over time. The participants' commitment to attend the listening groups for five months helped to build a rapport between them and the researchers, which made the discussions rich and engaging.

# Key Findings

## Relatable characters and storylines mirrored the participants' culture and camp life

Research participants discussed *Aa'rar Kissa*'s characters at length with the researchers during the evaluation. They felt that the characters were familiar to them.

Participants said they found joy in various storyline elements, and that they internalised the characters' dreams as their own. For example, the character Abdullah and his wife shared a desire for their son, Ataulah, to become a successful scholar. Their pride when he spoke English well, resonated with the participants, who said they aspired for their children to achieve a similar level of proficiency in English. This prompted conversations about helping their children to improve their English, and the possibility of accessing private tutoring.

The research participants also appreciated when the drama portrayed genuine chemistry between characters playing husband and wife, such as Kamal and Noorie. According to participants, this added a compelling layer of authenticity to the storyline and warmed their hearts.

Participants appreciated the drama's portrayal of the Rohingya community's cultural richness and deep-rooted values. For example, the characters were hospitable to guests and cared for elderly relatives, friends and family, just as listeners would. Participants liked the use of proverbs and familiar song lyrics that they use themselves in their daily life. And many appreciated the drama showing male characters gathering at a tea stall to discuss everyday matters and make decisions and establishing a *Somiti* (mutual aid group)<sup>5</sup> just as men would in the camp and when they lived in Myanmar.

### **The drama sparked vibrant discussions in the listening groups**

The research team consistently observed lively discussions during the *Aa'rar Kissa* listening groups. For instance, tension heightened among the participants when the character Kamal disappeared. As the story progressed, participants became increasingly concerned for his well-being. This, and their worry about other characters such as Noorie and her future, highlighted participants' deep engagement with the storylines.



**“I feel great that Kamal has returned home. I was thrilled when Harun said that the person coming in this direction looked like Kamal.”**

*Male listener, feedback monitoring session, season four*

Gender dynamics portrayed in the drama also triggered heated discussions. For example, scenes showing a husband helping his wife with household chores quickly sparked loud disagreement from some male and elderly female participants who pointed to traditional labour divisions that make household chores the sole responsibility of women.

Male participants were highly critical of the drama portraying women drinking tea at tea stalls, claiming that this they had never seen a Rohingya woman do this. Interestingly, a few female participants thought this was normal and argued that a woman can stop at a tea stall for a snack if she is travelling a long way. However, other female participants criticised this as unconventional behaviour that does not align with their community's norms.



**“I never saw anything like that in the camp, a woman goes out to drink tea [at a stall] among the men. It does not look good and goes against shariah [law].”**

*Male listener, feedback monitoring session, season four*

### **Participants shared their new knowledge with friends, relatives and neighbours**

Both male and female participants said that family members, friends and other community members asked them about their experience of taking part in the listening group. They said that this gives them an opportunity to share their learning from *Aa'rar Kissa* and talk about the characters and storylines they liked.

Some male participants said they discuss the drama if they come across someone displaying symptoms of mental health issues such as those portrayed in the drama. In such cases, they said they mentioned their participation in the listening group, talked about what they had learned, and suggested the person seeks counselling.

<sup>5</sup> The drama introduced the Somiti as a group where Rohingya men can talk to each other, access information, build networks and strengthen relationships with their peers.



Above: A listening group. (Photo by BBC Media Action)

They also shared these perspectives with their wives, friends and small groups of people near the mosque after prayers. A few male participants said they recorded the drama during the listening groups and play it back later in their homes to their relatives or at a tea stall to their friends.

In contrast, female participants reported having few opportunities to share their learning as they spend most of their time at home and they hardly leave their camp block. However, they said they discussed the services offered by the *Shantikhana*<sup>6</sup> with their family members and neighbours and explained that they use these services if they need help with their mental health.



**“We discuss mental health issues with our neighbours. Previously, we used to rely on traditional healers but now we tell our neighbours that there is no need to go to them. We tell them that we attend listening groups to learn about mental unrest, how to behave with the children, and how to maintain relationships with husbands. [My neighbour] said, ‘You are benefiting from listening to the drama.’”**

*Female listener, feedback monitoring session, season four*

<sup>6</sup> In the Rohingya dialect, the term is widely used to refer to a woman-friendly space, which offers a range of services, including case management for survivors of gender-based violence, access to specialised health interventions, midwifery, and family planning services, as well as mental health and psychosocial support.

### Character highlight – Abdullah

Abdullah is an autorickshaw driver, Ayesha's husband and Atullah's father. He and Ayesha jointly saves to buy an autorickshaw. However, Abdullah's behaviour becomes erratic when he feels wealthy. Ayesha hides the rickshaw batteries to bring him back to reality, but they are stolen.

This affects Abdullah's mental health because this livelihood is his last hope for financial independence. He isolates himself, stays alone in a dark room and becomes short-tempered. With support from Ayesha, his neighbour Abjal and close friends, Abdullah makes a recovery.

During the early episodes of season three, research participants thought Abdullah was arrogant. His attitude made him their least-liked character. But as the season progressed, participants started to understand the reasons behind his behaviour. Gradually, they began to empathise with him, perceiving him as someone who needed care and attention.


The discovery that Abdullah suffered from mental health issues after losing his autorickshaw batteries garnered sympathy from the participants, leading to a significant shift in their perception of him. As the drama progressed into season four, the participants saw Abdullah as a responsible and devoted father, dedicated to fulfilling his duties towards his son.

### As a result of listening to the drama the participants said they now knew what mental health is and what symptoms a person can show when they struggle with their mental health

Research conducted before the start of *Aa'rar Kissa* seasons three and four showed that participants did not have a word to refer to "mental health". Instead, they used various terms to refer to signs relating to a person's well-being, and how they thought and acted in private and public.

*Aa'rar Kissa* introduced the comprehensive term *dil demager byeram* to cover mental health issues. It also showed listeners ways to recognise the symptoms of mental health issues. Participants said that, as a result of listening to the drama, they learned that these signs can vary depending on each person's circumstances, and can include people's thoughts, emotions and behaviour. Participants said they learned from the programme that having trouble sleeping, feeling sad or hopeless, withdrawing socially and outbursts of anger could all be symptoms of mental ill health.

Participants also learned that at times, symptoms of a mental health issue can appear as physical signs, such as high blood pressure, headaches, stomach, chest and neck pain, or palpitations. In the past, participants said they used to also associate those symptoms with evil spirits and black magic.



"I learned from the drama that when someone feels tension [stress], they may experience heart palpitations, abdominal discomfort or neck pain. If the symptoms persist for more than two weeks, it may indicate a mental health issue. I didn't understand these symptoms before listening to the drama, but now I understand them."

*Female listener, feedback monitoring session, season four*

### **How to improve mental health and well-being**

Participants emphasised that after listening to *Aa'rar Kissa*, they now understand the importance of looking after one's own mental health, as well as that of family members, friends and close neighbours. As the drama progressed, participants increasingly suggested that characters such as Abdullah or Anowara should receive support as they realised that mental health issues were interfering with the characters' lives, making it harder for them to think clearly, relax, sleep or deal with other people.

Participants said they understood that talking with someone close to them would be a good first step to take to help improve a person's mental health. This includes couples talking about their feelings, discussing issues, making decisions together and resolving conflict. Participants appreciated scenes in the drama in which couples discuss and resolve conflicts.

For example, participants mentioned that Ayesha hid the autorickshaw's batteries and that Abdullah had been treating her poorly, which affected their relationship. Participants appreciated hearing the couple talking and apologising to each other. They also praised the example of Noorie and Kamal deciding together to delay having a baby, and said they intend to apply this in their own lives.



**“If someone feels stressed, they should immediately talk to the others about it. If that doesn't help, they should look for help from a counsellor.”**

*Male listener, post-assessment*

However, the participants did not associate some other (often subtle) advice given in the drama with improving mental health. This includes engaging in physical activity and keeping busy to help maintain mental well-being. For example, participants did not understand the character Abjal's involvement in household chores to keep himself busy as being beneficial to his well-being. Instead, they interpreted this as advocating for husbands to help with household chores. Similarly, they interpreted Abjal's nurturing of plants and trees as an endorsement of it as an income-generating activity rather than a positive step to look after his mental health.

### **Where to seek support for mental health issues**

Participants said they understood that when negative feelings get worse, persist for a long time and affect daily life, people may need professional help in the form of counselling. Through *Aa'rar Kissa*, they learned that professional conversations and advice can help to improve people's mental health. However, at the end of the drama, some participants still identified a counsellor as someone who uses a stethoscope, runs tests and prescribes medication, which suggests some ongoing confusion about the role of a counsellor.

Participants also learned that *Shantikhana* can provide support for a variety of issues, including mental health. Lastly, they said they learned they could seek assistance from camp-based doctors affiliated with humanitarian organisations to diagnose and treat mental health issues. This is a positive step, as the drama encouraged listeners to attend health centres where they can receive referrals to appropriate services.



**“In the past, traditional healers used to [treat the symptoms of mental health issues]. But at this meeting [listening group]] we learned that for mental health issues, we will now go to a *Shantikhana*.”**

*Male listener, post-assessment*

Despite this new understanding after listening to the drama, many participants believed that if support from a counsellor or psychiatrist does not resolve someone's mental health issues, the person may be possessed by evil spirits or black magic. In that case, some participants felt that a traditional healer might be the only person who could resolve the problem.

#### **Character highlight – Noorie**

Noorie is passionate about women's rights and empowerment. She takes over a sewing business and creates a place where women in the community can get together, learn sewing and share thoughts and experiences. Noorie becomes the embodiment of knowledge, leadership and advocacy for women in the community and establishes herself as a successful businesswoman.

Noorie went through many changes after getting married young and moving in with her husband's family. Her husband was always busy and her mother-in-law pressured her to have a baby, which she did not feel ready for. This caused Noorie to struggle with her mental health and show anger towards her husband.

The research participants did not seem to understand Noorie's struggle and emotional journey, apparently because early marriage and pregnancy are seen as normal in the Rohingya community. Her actions attracted their attention when she challenged the community's traditional gender norms. Male participants thought Noorie should listen to her mother-in-law and become pregnant. Female participants also thought she should not hesitate to conceive. Almost all participants disapproved of some of Noorie's actions, such as discussing with her father her desire not to have a child, arguing with her husband and disobeying his orders.

By the end of season three, the participants appreciated Noorie's ability to convince her grandmother-in-law of the need to plan before having a baby. As the season progressed, Noorie's character changed. The participants loved her as a supportive wife and caring daughter-in-law. Her efforts to initiate discussions about her husband's mental health issues, stemming from his traumatic experiences of human trafficking, gained a lot of praise from the participants.

#### **As a result of listening to the audio drama, participants showed greater understanding towards people with a mental health issue**

Over time, conversations with the listening group participants demonstrated that they were becoming more positive and compassionate towards the characters with mental health issues. This includes Abdullah – participants increasingly attributed his changing behaviour to his deteriorating mental health. For example, the participants disapproved of Abdullah causing damage in a shop but were quick to point out that this and his other actions were indicators of his worsening mental health because of stressful events in his life.

The participants' attitude to using derogatory terms to refer to a person with a mental health issue also changed after exposure to seasons three and four of the drama. For example, when Abdullah was having episodes of anger and shouting, and was called "mad", participants commented that this label was inappropriate and harmful. They were convinced that such attitudes could also make a person feel and act worse.



**“We used to call the person [with mental health issues] ‘mad’, ‘possessed’ or ‘lost their head or brain’. But now, after listening to Aa’rar Kissa, we understand that this person has mental health issues and needs to be taken to Shantikhana or to a mental health doctor for treatment.”**

*Female listener, post-assessment*

### Character highlight – Anowara

Anowara runs a sewing business and strives to create economic opportunities for local women. She experiences mental health issues because of long-term concerns about her grandson, Kamal. With advice from the health worker (Salma) and Noorie, Anowara seeks treatment for her mental health issues and eventually recovers.

Research participants discussed Anowara during season four because of her mental health issues. They sympathised with her loneliness and vulnerability, especially when Kamal was away. Her struggles and concerns for her grandson's well-being endeared her to the participants, deepening their emotional connection to her character.

## Recommendations

The research found that *Aa'rar Kissa's* characters and storylines emotionally engaged the research participants by mirroring their lives and experiences. This was a key factor in participants sharing issues raised by the drama with the people around them.

After exposure to episodes relating to mental health issues, findings show that participants' knowledge increased around several areas relating to mental health. These include knowing a term to describe the phenomenon, recognising key symptoms of poor mental health, understanding the care and support needed by people struggling with mental health issues, and awareness of the importance of seeking professional support in the form of counselling or attending health centres to get referrals to appropriate services in the camps.

After listening to the drama, participants were more open to the idea that people struggling with their mental health should seek support, which was reflected in the advice they gave to other people. Gradually, participants developed more sympathetic attitudes towards people experiencing mental health issues.

This shows the high potential of audio drama and listening groups to increase people's knowledge around mental health symptoms, treatment and services, and to address the social stigma and discrimination towards people who struggle with their mental health.

However, the issue of mental health is highly nuanced and very new to many members of the Rohingya community in refugee camps. There is still scope to achieve further positive changes in their knowledge and attitudes relating to mental health issues, and adjusting some content to convey key messages more directly.

The following recommendations for similar programming are based on the findings of this research:

- **Convey messages relating to mental health through relatable, emotional and entertaining stories:** *Aa'rar Kissa* engaged participants because its characters and storylines are relevant to their lives. They enjoyed, and learned from character journeys that moved them from joy to sorrow, apprehension and even anger.
- **Clarify service-related information:** While the drama encouraged listeners to see a counsellor for mental health support, it conveyed very little information about what counselling involves. Future programming should clarify what counselling sessions entail, who can access them and how.

- **Continue using the characters' journey to communicate information:** participants easily followed Abdullah's and Anowara's mental health journey as it was portrayed in detail, covering their symptoms, where and how they sought support and how they recovered. However, the journey of some other characters such as Noorie was less clear to them. Future content should accompany characters through their whole experience of dealing with a mental health issue, to build listeners' empathy and understanding of how to manage mental health issues, and how to access support.
- **Introduce a traditional healer character to model positive behaviour:** as this evaluation shows, some Rohingya people still believe traditional healers could treat mental health issues. A character representing a traditional healer could explain the differences between traditional healing practices and those provided by doctors or counsellors, and encourage listeners to trust and seek appropriate mental health support.
- **Build understanding of how gender inequality can affect women's mental health:** participants considered the struggles of the drama's female characters, such as Noorie's initial inability to speak up about being pressured to conceive, to be "normal". They did not think that the anxiety she experienced could lead to poor mental health, or that it could be managed or prevented. Future programming could shed light on how gender norms impact women's mental health and well-being.



**BBC MEDIA ACTION**  
**INSIGHT**

Registered office: Broadcasting House, Portland Place,  
London W1A 1AA, United Kingdom

Registered charity number  
(England & Wales): 1076235

Company number: 3521587

Tel: +44 (0) 208 008 2026

Email: [media.action@bbc.co.uk](mailto:media.action@bbc.co.uk)

Web: [bbcmEDIAaction.org](http://bbcmEDIAaction.org)