

Mediation: How to communicate the risks of COVID-19 and build trust amongst minority ethnic groups with an oral cultural tradition

Our [UKRI study](#) on UK Bangladeshi experiences of the pandemic and our outreach project [CoronAwareness](#) that extends to other ethnic groups have identified inequalities in how government messages and information about COVID-19 have been communicated. What is often overlooked is that many ethnic groups in the UK share an “oral language” – an uncodified language with no widely used written form. The accessibility issue is not just that messages are in English, but that advice is predominantly available as a written resource and includes concepts (e.g. R number) that are alien to those more accustomed to oral ways of knowing and learning.

Our projects suggest initiatives promoting the work of local mediators – community workers, doctors, and community leaders – have been the most effective interventions in addressing these inequalities. In this briefing document, we present our model of mediation that draws on our multi-layered qualitative analysis of interviews with the Bangladeshi community in East London^{1,2}.

A model of mediation: Educate, Activate, Recruit (EAR)

Our model for mediation empowers communities to take charge of and improve their own health outcomes by building trust on a local level and fostering collective action.

Educate through outreach	Community workers (“Covid champions”) and public facing professionals (e.g., pharmacists) have opportunities to engage with oral cultural groups. Our training for outreach workers focuses on linguistic strategies for reframing written information for oral cultural understanding, e.g. on using narratives to structure and frame advice on the vaccine.
Activate youth	Young minority ethnics have strong potential to mediate within their family networks ³ . Our animated film highlighting the role of young Bangladeshis in sharing COVID messages primes this group for a mediating role. Activation could be through a targeted social media campaign.
Recruit local mediators	Local medics are ideal mediators for COVID, and the most trusted messengers. Their opportunities to communicate can be amplified through online events and videos

EAR widens access to linguistically and culturally tailored messaging/information. Building trust through the messenger is key for oral cultural groups, so it is crucial there is **consistent messaging from different messengers** and **opportunities for repeated contact** with individual messengers. These multiple contact points enable the informationally vulnerable to guide mediators to their concerns and informational needs.



Mediation as community empowerment¹

What has “oral culture” meant for effective communication about COVID?

Older members of oral language communities have been left partly or wholly reliant on family, friends, and carers to access advice. Amongst UK Bangladeshis, family and social networks demonstrated a potential to both exacerbate and reduce vulnerability.

Informational vulnerability during the first lockdown¹



There was clear evidence of social learning - older participants reliant on family members for accessing advice knew about transmission vectors (e.g., touch) and messaging (keeping a distance). But there were also interpretations that might increase risk, e.g., the conceptualisation of the household as a safe container for family members both in the same residence and living nearby.

“You don’t really get sick from close relations... I feel when I am close to my own it (COVID-19) doesn’t affect me.”

Older Bangladeshi woman in East London

Such examples underline the information inequalities caused by placing the onus on a support network with no trained mediators. Information access and critical awareness was variable amongst younger family members and carers, e.g. only some could draw upon advice received at work (e.g. as a first responder/pharmacist). As elaborated in **our forthcoming guidance document on communicating with oral cultural groups**, there is also the considerable challenge of reframing written information in an oral language. There are no readily available terms in Sylheti – the oral language spoken by most UK Bangladeshis – that capture concepts like *social distancing* or *clinically vulnerable* or *droplet*. Moreover, conceptualisations expressed in Sylheti by our older participants were fundamentally different from those expressed in English by our younger participants – both more visceral, physical, and embodied, e.g., transmission by “touching” someone’s breath, and structured within narratives that framed their pandemic experience by way of characters and plot².

“The government feeds us because Allah feeds it”

Older Bangladeshi woman

Based on our sample, we have identified a **vulnerable subgroup** within the Bangladeshi community who tend to be older, more often female, and predominantly reliant on Sylheti to access information. This subgroup has been left at the end of the information flow. They have been unable to verify information by independently accessing reliable sources and are thus more vulnerable to misinformation. Trust is given to friends and family based on very

local, interpersonal interactions, or placed in God, **with a disconnection to public institutions**. Our data strongly suggests that mediation is the *only* measure that has is likely to promote messages and advice as intelligible, personally relevant, credible and actionable for this group.

¹Tang, C. et al. (Manuscript under preparation). How ethnic minorities in the UK conceptualise COVID-19 and communicate related messaging: The role of trust and mediation. *Journal of Epidemiology and Community Health (BMJ)*.

²Cabling, M. et al. (Manuscript under preparation). Novel coronavirus and novel metaphors in an oral language community: How Sylheti speakers in the UK use metaphors and narratives to talk about COVID-19. *Journal of Communications*.

³Tang, C., & Rundblad, G. (2015). The potential impact of directionality, colour perceptions and cultural associations on disaster messages during heatwaves in the UK. *PLoS currents*, 7.