

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Misconceptions about COVID-19 among older Rohingya (Forcefully Displaced Myanmar Nationals) adults in Bangladesh: findings from a cross-sectional study
AUTHORS	Mistry, Sabuj Kanti; Ali, ARM Mehrab; Yadav, Uday; Ghimire, Saruna; Hossain, Md. Belal; Saha, Manika; Reza, Sompaa; Bakshi, Progati; Bhuiyan, Abu Toha M.R.H.; Harris, Mark

VERSION 1 – REVIEW

REVIEWER	Sallam, Malik The University of Jordan
REVIEW RETURNED	04-Jan-2021

GENERAL COMMENTS	<p>In the current study, Sabuj Kanti Mistry et al, evaluated misconception about COVID-19 among the older individuals belonging to the marginalized population of Rohingya. This study is important, since it highlighted the need for clear awareness messages to such groups who already suffer from severe consequences of COVID-19 pandemic and infodemic. The research question was clearly identified, and the sampling strategy was described properly. The results provide an advance in current knowledge and support the conclusions, which would be of interest to readers. The limitations were clearly stated as well. Also, the English language in the manuscript was appropriate and understandable. Thus, I recommend accepting the manuscript after a minor revision for the following points:</p> <ol style="list-style-type: none"> 1. In the Background section, Page 6, Line 4: Please check the accuracy of the cumulative number of COVID-19 cases globally. The authors cited the website world-o-meter, and the date was in August. I believe that this should be corrected to the access date which is supposedly later on since the estimate was in November. 2. In the Background section, Page 6, Lines 8-10: The authors correctly identified the association between certain sub-populations with higher risk of COVID-19 acquisition and its outcome. However, it is advised to add references to back such a statement (e.g. Macharia et al, BMJ Global Health, 2020; Truelove et al, PLoS Medicine, 2020). 3. In the Background section, regarding the Forcefully Displaced Myanmar Nationals, the paragraph was well-written, however, it is recommended to add more references to support this paragraph. 4. The same applies to the paragraph on COVID-19 infodemic and the negative role of misinformation regarding the current pandemic. A few references that the authors can consider would be: (Hua et al, Int. J. Environ. Res. Public Health 2020; Mian and Khan, BMC Med. 2020). 5. In Figure 1, the authors are advised to cite the source of map.
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REVIEWER	Baig, Mukhtiar Faculty of Medicine, Rabigh, King Abdulaziz University, Jeddah-21589, KSA. , Clinical Biochemistry
REVIEW RETURNED	04-Jan-2021

GENERAL COMMENTS	<p>It's my pleasure to review the manuscript titled "Misconceptions about COVID-19 among older Rohingya (Forcefully Displaced Myanmar Nationals) adults in Bangladesh: findings from a cross-sectional study"</p> <p>I appreciate the research idea.</p> <p>As the authors mentioned the 98% of the study participants were illiterate. So it's obvious that there would have more misconceptions. Several studies available in the literature indicate more misconceptions among less educated or illiterate people. So what does it add to the existing literature?</p> <p>In the reference section, authors' have cited 8-10 studies about the COVID-19 in the same group of the population that have explored various aspects of COVID-19 among Rohingya refugees. The main reasons for the misconceptions are the lack of literacy and poverty, which are already established in the literature. The authors have included almost all illiterate people in the study; therefore, the present study results are not generalizable. It doesn't add anything new to the existing literature. I am sorry, based on the above comments, I would recommend the rejection of this manuscript.</p>
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VERSION 1 – AUTHOR RESPONSE

Responses to Reviewers' Comments

Reviewer 1

Comment/Suggestion	Authors' Responses
<p>The results provide an advance in current knowledge and support the conclusions, which would be of interest to readers.</p> <p>The limitations were clearly stated as well.</p> <p>Also, the English language in the manuscript was appropriate and understandable.</p> <p>Thus, I recommend accepting the manuscript after a minor revision for the following points:</p>	<p>Thanks for considering the paper positively.</p>
<p>1. In the Background section, Page 6, Line</p>	<p>Thanks for your comments. We have updated</p>

<p>4: Please check the accuracy of the cumulative number of COVID-19 cases globally. The authors cited the website world-o-meter, and the date was in August. I believe that this should be corrected to the access date which is supposedly later on since the estimate was in November.</p>	<p>the data and used the WHO reference as follows:</p> <p><i>As of 8th February 2021, the ongoing 2019 coronavirus disease (COVID-19) pandemic has claimed over 2.3 million lives globally and added over 100 million confirmed cases to the global burden of disease (1). By the same date, Bangladesh reported over 538 thousand COVID-19 confirmed cases and 8,205 COVID-19 deaths (1). Please see page 4 line 83-91 of the Main Document - Marked copy.</i></p> <p>1. WHO. WHO Coronavirus Disease (COVID-19) Dashboard. Available online: https://covid19.who.int/ (accessed on [REDACTED] 08/02/2021).</p>
<p>2.In the Background section, Page 6, Lines 8-10: The authors correctly identified the association between certain sub-populations with higher risk of COVID-19 acquisition and its outcome. However, it is advised to add references to back such a statement (e.g. Macharia et al, BMJ Global Health, 2020; Truelove et al, PLoS Medicine, 2020).</p>	<p>Thanks very much for noting the references for us. We have added them as follows:</p> <p><i>Although the knowledge of different aspects of COVID-19 is still emerging, the available evidence consistently shows the disproportional impact of COVID-19, making one sub-population more vulnerable than others (1,2). Please see page 4 line 93 of the Main Document - Marked copy.</i></p>

Comment/Suggestion	Authors' Responses
	<p>2. Macharia PM, Joseph NK, Okiro EA. A vulnerability index for COVID-19: spatial analysis at the subnational level in Kenya. <i>BMJ global health</i>. 2020;5(8):e003014.</p> <p>3. Truelove S, Abraham O, Altare C, Lauer SA, Grantz KH, Azman AS, et al. The potential impact of COVID-19 in refugee camps in Bangladesh and beyond: a modeling study. <i>PLoS medicine</i>. 2020;17(6):e1003144.</p>
<p>3. In the Background section, regarding the Forcefully Displaced Myanmar Nationals, the paragraph was well-written, however, it is recommended to add more references to support this paragraph.</p>	<p>Thanks very much for noting this. We have added more references as you have suggested. New lines with references are as follows:</p> <p><i>The Rohingyas (Forcefully Displaced Myanmar Nationals or FDMNs) are mostly Muslim minority resident of Myanmar's Rakhine State who faced decades of systematic discrimination, statelessness, and targeted violence by Myanmar's military that forced them to flee the Rakhine state and seek refuge in several Asian countries but mostly in neighboring Bangladesh (1,2). Please see page 4 line 109 of the Main Document - Marked copy.</i></p> <p>1. Prasse-Freeman E. The rohingya crisis. <i>Anthropology Today</i>. 2017;33(6):1-2.</p> <p>2. News BBC. Myanmar Rohingya: What you need to know about the crisis.</p>

Author; 2020.

*Although there have been ongoing discriminations and violent attacks, the spikes in violence and subsequent mass displacements in 1978, 1991-1992, 2016, and again in 2017 drew international attention (3,4). **Please see page 4 line 112 of the Main Document - Marked copy.***

Comment/Suggestion	Authors' Responses
	<p>3. OCHA. Rohingya Refugee Crisis. 2018 [09/02/2021]; Available from: https://www.unocha.org/rohingya-refugee-crisis.</p> <p>4. MSF. Timeline: A visual history of the Rohingya refugee crisis. 2020 [09/02/2021]; Available from: https://www.doctorswithoutborders.org/what-we-do/news-stories/news/timeline-visual-history-rohingya-refugee-crisis.</p> <p><i>The FDMNs influx into Bangladesh in 2017 is considered the largest and fastest of these movements and involved about a million Rohingya, joining nearly 300,000 people who had previously fled Myanmar (5). Please see page 4 line 114 of the Main Document - Marked copy.</i></p> <p>5. UNICEF. Rohingya crisis. [09/02/2021]; Available from: https://www.unicef.org/emergencies/rohingya-crisis.</p>
<p>4.The same applies to the paragraph on COVID-19 infodemic and the negative role of misinformation regarding the current pandemic. A few references that the authors can consider would be: (Hua et al, Int. J. Environ. Res. Public Health 2020; Mian and Khan, BMC Med. 2020).</p>	<p>Thanks very much for your suggestions. We have added those references in the text as follows:</p> <p><i>Top officials from the United Nations and the World Health Organization (WHO) have warned against the “pandemic of</i></p>

*misinformation” or “infodemic.” Specifically, among refugee and displaced populations, the misinformation, disinformation, myths, and misconceptions are likely to flourish because of lower literacy and limited access to reliable sources of information such as health services or health professionals (1,2). **Please see page 5 line 147 of the Main Document - Marked copy.***

1. Longino A. International Journal Of Environmental Research And Public Health.

Comment/Suggestion	Authors' Responses
	<p>Wilderness & Environmental Medicine. 2015;26(1):99.</p> <p>2. Mian A, Khan S. Medical education during pandemics: a UK perspective. BMC medicine. 2020;18(1):1-2.</p>
<p>5. In Figure 1, the authors are advised to cite the source of map.</p>	<p>The source of the map is now cited in Figure 1.</p>

Reviewer 2

Comment/Suggestion	Authors' Responses
<p>It's my pleasure to review the manuscript titled "Misconceptions about COVID-19 among older Rohingya (Forcefully Displaced Myanmar Nationals) adults in Bangladesh: findings from a cross-sectional study"</p> <p>I appreciate the research idea.</p>	<p>Thanks for appreciating our research idea.</p>
<p>As the authors mentioned the 98% of the study participants were illiterate. So it's obvious that there would have more misconceptions. Several studies available in the literature indicate more misconceptions among less educated or illiterate people.</p> <p>So what does it add to the existing literature?</p>	<p>We disagree to your point that we have included almost all illiterate people in the study. Actually, the fact is that if you select any sample of older adults aged 60 years and above from this part of the world it is very much likely that most of the participants will be illiterate as the education system was not like this before 50-60 years ago and most of the people did not receive any formal education during that time. Many of the recent studies (1,2) also suggested that most of the</p>

In the reference section, authors' have cited 8-10 studies about the COVID-19 in the same group of the population that have explored various aspects of COVID-19 among Rohingya refugees.

The main reasons for the misconceptions are the lack of literacy and poverty, which are already established in the literature.

The authors have included almost all illiterate people in the study; therefore,

Rohingya refugees are illiterate. Therefore, it is very much expected that almost all the Rohingya older adults will be illiterate.

1. Bhatia, A., Mahmud, A., Fuller, A., Shin, R., Rahman, A., Shatil, T., Sultana, M., Morshed, K.M., Leaning, J. and Balsari, S., 2018. The Rohingya in Cox's Bazar: when the stateless seek refuge. *Health and human rights*, 20(2), p.105.

2. Toma, I., Chowdhury, M., Laiju, M., Gora, N. and Padamada, N., 2018. Rohingya refugee response gender analysis: Recognizing and responding to gender inequalities.

Comment/Suggestion	Authors' Responses
<p>the present study results are not generalizable.</p> <p>It doesn't add anything new to the existing literature.</p> <p>I am sorry, based on the above comments, I would recommend the rejection of this manuscript.</p>	<p>We also disagree with the argument that that illiterate people will certainly have misconceptions.</p> <p>If that was the case, we might have ended up with all our participants (as 98% of them are illiterate) having all types of misconceptions of COVID-19.</p> <p>But this was not the case, as certain people have lesser misconceptions than others. In fact, we found several factors other than literacy such as communication frequency with social networks, pre-existing chronic conditions, and receiving information from health workers that were significantly associated with higher COVID-19 misconceptions. It is also understandable as the misinformation does not comes merely through reading and writing; at this overwhelming situation it often also comes through listening from people and media sources. A similar argument is also applicable to poverty status as mentioned by the reviewer. As we have mentioned earlier, the present study identified several factors other than poverty that has played a role in misconceptions related to COVID-19. Therefore, it also refuted that our study is not adding anything to the existing literature.</p> <p>The infodemic management is one of the key strategies to tackle COVID-19 prevention, management and to excel vaccination program for COVID-19. Therefore, we believe that the finding of the present research will help the policy makers and other stakeholders to design information</p>

packages for this ultravulnerable population.

WHO call for action for Managing infodemic is

available at: [https://www.who.int/news/item/11-12-](https://www.who.int/news/item/11-12-2020-call-for-action-managing-the-infodemic)

[2020-call-for-action-managing-the-infodemic](https://www.who.int/news/item/11-12-2020-call-for-action-managing-the-infodemic)

VERSION 2 – REVIEW

REVIEWER	Sallam, Malik The University of Jordan
REVIEW RETURNED	09-Mar-2021
GENERAL COMMENTS	I would like to thank the authors for the detailed response to the previous minor comments, and I recommend accepting the manuscript in the current form