

RESEARCH ARTICLE:

The Ramifications of the Neglect of Indigenous South African Languages by the South African Government: COVID-19 as a Case Study

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Abstract

Since the outbreak of COVID-19 towards the end of 2019 and its proliferation across the globe, the lives of many populations have been disrupted, causing intense turbulence in social, economic and political dimensions. With that in mind, this article reflects on and problematises the neglect of the indigenous South African languages by the national government in mainstream communications on COVID-19. Qualitative research inquiry is utilised to explore the importance of indigenous languages in South Africa's healthcare system. By the same token, an attempt to underline some of the predominant challenges within the selected phenomenon is argumentatively presented using a scoping literature review as a research technique. The findings and discussions indicate that the desolation of indigenous South African languages can be regarded as a repetitive episode of the (post)colonial injustices pertaining to indigenous South African languages as well as the healthcare system. Thus, the concluding remarks emphasise the urgency of inculcating indigenous South African languages into all communication systems, with special reference to the healthcare system.

Keywords: communication; COVID-19; development; indigenous languages; South Africa

Introduction

This article problematises the exclusion of indigenous South African languages in the central communication systems of COVID-19 information in South Africa. This means that COVID-19 hereunder is used as a case study. The initiation and significance of this article are necessitated by the reality that South Africa is a multilingual and multicultural country with eleven spoken official languages, to be named shortly, and several dialects (Diko, 2022a). Recently, the South African Sign Language (SASL) has been officialised (Phaka *et al.*, 2023). While that is the case, it must be observed right from the onset that SASL will not form the basis of debates herein, instead the concentration will be on spoken languages only. The spoken indigenous languages are, in no particular order, isiZulu, isiXhosa, Southern Sotho, Northern Sotho, Tshivenda, Xitsonga, Siswati, Setswana and isiNdebele. As a result, several communities use these indigenous languages as their means of effective communication within and beyond the healthcare system. Therefore, when they are sidelined from central communications systems, people, especially indigenous language speakers, are more likely to be vulnerable to the virus given that crucial information may not be communicated successfully. This is because such information may not be communicated through the language that they completely understand. Effectively, there can be no question about the central role that good quality communication renders in healthcare systems since COVID-19 pertains to the healthcare phenomenon. This denotes that the role of communicating healthcare information in indigenous languages that are well comprehensible by the indigenous language speakers is important for the successful presentation of this crucial information. It must further be appreciated that the use of COVID-19 as a case study herein does not disregard other healthcare concerns that pertain to the use and visibility of indigenous languages. Thus, the COVID-19 phenomenon should be seen beyond the limits of its parameters.

In addition, the aim of any responsible and pragmatic healthcare provider - the South African government in this instance - is to offer services of high quality even when multilingual and multicultural settings may present challenges to mutual understanding between doctors, nurses, radiographers, patients and so forth (Gibbs *et al.*,

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2022). Hence, for years, research in social medicine has been addressing linguistic multiplicity predominantly from the perspective of obstacles that it created for effective healthcare. Practically, day-to-day considerations still make health professionals focus on “overcoming” or “removing” language hindrances rather than viewing language as a value in itself (Squires, 2018; Shamsi *et al.*, 2020; Zhao *et al.*, 2021). This then proves the importance of language within the purview of the healthcare system. In fact, the healthcare system, as I argue, is meaningless without meticulous regard for the language given that any communication between the healthcare provider and the patient can be coherently meaningful through the use of a justly understood language. The neglect of indigenous South African languages during the COVID-19 era should be understood as compromising the struggle towards the complete and successful transformation or intellectualisation of indigenous South African languages in the post-colonial era and beyond. Ultimately, such disregard is problematic given that Section 6 (1) 1996 of the South African Constitution underscores that, among other determinants, indigenous languages are a culture, identity and meaning of social and human existence (Diko, 2022a). Having said that, disregarding these languages in the post-colonial era poses greater challenges that may exclude indigenous language speakers from social cohesion and consciousness. One would further recall that South Africa suffered apartheid (before 1994) that sought to subjugate indigenous languages in preference of the English and Afrikaans languages. For those who may not be privy, it is significant to bear in mind that English and Afrikaans are colonial or hegemonic languages in the South African context. On account of that, indigenous South African languages were subjugated while the stature of these hegemonic languages was embraced through apartheid officialisation.

Bearing the above in mind, since the detection of COVID-19 in March 2020 in South Africa, the National Institute for Communicable Diseases (NICD) and the National Coronavirus Command Council (NCCC) were activated and mandated by the South African national government to communicate public health information *vis-à-vis* the COVID-19. The hierarchical approach was the desired method to communicate such information for the purposes of accuracy, reliability and validity (Ataguba and Ataguba, 2020). This crucial information within public health was mainly communicated using electronic and print media. In this regard, television, newspapers, posters, radio and Twitter, in particular, were used to communicate information. When the very first case was announced, the South African former Minister of Health, Dr Zweli Mkhize made a public announcement in the English language in which details of the first case were explained. This is observable in the randomly selected Twitter posts of the then-minister of health in South Africa below. One must also note that these Twitter posts have been screenshotted from the official and public Twitter page of Dr Zweli Mkhize. His Twitter page was also used to communicate official information concerning COVID-19:



Figure 1: Dr Zweli Mkhize’s official Twitter posts reporting the first COVID-19 case in South Africa

After intensifying calls from the public through social media (Madahana *et al.*, 2022), especially from indigenous language speakers, for the inclusion of indigenous languages for the benefit of those who could not comprehend the English language, there was a slight shift from communicating COVID-19 information through the English language. This language shift saw the recognition of one of the predominantly spoken indigenous languages in South Africa, isiZulu. Again, this is observable in the randomly selected pictures below:



Figure 2: Dr Zweli Mkhize's official Twitter communication in the isiZulu language

This denotes that the recognised indigenous South African language was somehow embraced in the central communications systems. Nevertheless, I wish to regard this as a form of “accommodating” and “tolerating” indigenous South African languages as if they do not naturally belong in South Africa. Over and above this, it must be appreciated that matters concerning language in South Africa are sensitive when the history of colonialism and apartheid is brought to the fore. This is in addition to the reality of how indigenous South African languages were subjugated are considered (Gittings *et al.*, 2021). Despite the exclusion of indigenous languages in communicating the novel coronavirus information, the central communications systems were, to a certain extent, efficient but that does not detract from the reality that indigenous South African languages were and are still subjugated within the public healthcare system (Rudwick *et al.*, 2021; Maslo *et al.*, 2022).

The problem of excluding indigenous languages from the main communication systems in South Africa is not an isolated phenomenon, as has been observed in Taiwan (Cheng *et al.*, 2020). For instance, when the first cases of COVID-19 were detected, the indigenous languages were excluded in Taiwan (Cheng *et al.*, 2020: 638). With this in mind, it becomes evident that the central communications systems in Taiwan used Mandarin or the language spoken in Northern China (Litmanovich *et al.*, 2020), with the exclusion of other indigenous languages. This implies that challenges pertaining to the use of indigenous languages do not only affect the South African context. The implications of such exclusion demonstrate the subjugation of communities that cannot understand the Mandarin language. As a result of this, many scholars, especially those who champion for the visibility of indigenous languages, recommended that intensive healthcare policies be transformed to include other local languages (Lin *et al.*, 2021; Tao *et al.*, 2022; Ceccagno and Thuno, 2023). The situation in Taiwan is comparable to the South African situation in that other languages, especially the historically underprivileged ones or minority languages in South Africa, be included in the central communication systems that are utilised by the South African government to communicate information regarding this pandemic and other future pandemics. In other words, this article should be viewed and esteemed as one that pursues to sensitise and provoke different governments, with more emphasis on the South African government, about the significance and importance of prioritising indigenous languages of the indigenous communities within the public healthcare systems and beyond.

With the brief contextual background and introduction in mind, the principal aim of this article is to underline the challenges and problems that may emerge as a result of discrediting or not embracing indigenous South African languages during social crises such as health pandemics and others. The reason for undertaking this endeavour rests on the fact that indigenous South African languages still battle to be elevated to a stature that would see them as languages of the global village, among many determinants. Another reason, there is and was a deficit in the use of indigenous South African languages in communicating COVID-19 information in South Africa, and this is in addition to the reality that indigenous languages are often an afterthought when it comes to globalisation (Cele, 2021; Diko, 2020; Marlow *et al.*, 2023). Fundamentally, the following section will focus on the problem that is contested herein, as well as research questions and objectives.

Problem Statement, Research Questions and Objectives

This article problematises the reality that language drawbacks contribute to reducing both patient and medical provider satisfaction, as well as communication between medical providers and patients. Patients - the general indigenous South African people in this case - who face language obstructions are more likely to consume more healthcare services and experience more adverse events when they do not fully understand the language used.

Another challenge is that public health information in South Africa regarding COVID-19 has been largely imparted in the English language and SASL with occasional translanguaging - a combination of both English and other indigenous South African languages. This is evident in the screenshots provided under introductory remarks. The text messages on the WhatsApp line that was developed by the South African government are in the English language. Undoubtedly, the majority of South African citizens have access to WhatsApp, including the indigenous communities (Manji *et al.*, 2021). In any event, if the WhatsApp text messages that were activated by the South African government are in the English language only, it overthrows the purpose of proficiently communicating public health information concerning COVID-19, especially to those who have no command of the English language, making them rudimentary victims of the virus owing to a lack of critical information. This can be observed in the following screenshots that serve as the basis to support the problem:

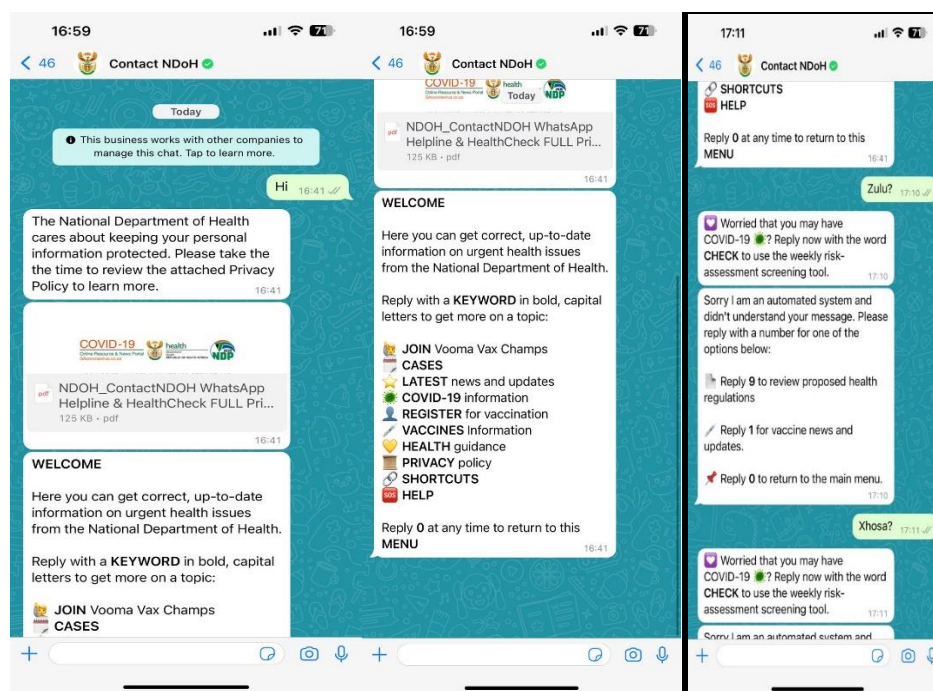


Figure 3: Screenshots of the South African National Department of Health (NDH) WhatsApp line

If one observes, the South African government's national WhatsApp line does not make recognition and choice of the indigenous South African languages just as, for instance, Automated Teller Machines (ATM) would do. Another coherent and linking problem is that certain communication houses such as media houses, organisations and units translated and developed their public health information pertaining to COVID-19. Translation herein is the process of transferring words, phrases, sentences or text from one language into another. Bearing that in mind, Way *et al.* (2020) report that such translations are not always accurate given that there is no systemic and coordinated approach from the national government. This further complicates the already underlined problem. On this account, this article asks the following research questions that it endeavours to address:

- i. What is the role of the South African government in guaranteeing the systemic visibility of indigenous South African languages during the COVID-19 era and concerning the dissemination of critical information?
- ii. What are the ramifications of the desolation of indigenous South African languages during social crises and beyond?
- iii. How and why is it important to embrace indigenous South African languages in the COVID-19 era?

With the research questions above, the objectives are:

- i. To systemically argue and underline challenges that may emerge in overlooking the significance of indigenous South African languages in the healthcare system.
- ii. To report on new ways that can be employed in utilising indigenous languages while contesting the COVID-19 pandemic or other pandemics.

- iii. And finally, to contribute to social cohesion and consciousness that pursues to address public health challenges in South Africa and symmetry with indigenous languages.

In addressing the research questions above, and in fulfilling the objectives of the article, the overall discussions will be infused with language issues in the South African context. Thus, the following section is concerned with the review of existing literature in an attempt to bring the reader to the fore and recognise the strides that have been made by other scholars within the paradigm of public health and indigenous languages in South Africa.

Literature Review

This section is designed in three subsections. This suggests that the first section deals with the concept of communication in indigenous languages, the second section deals with the concept of indigenous South African languages, and finally, the very last paragraph of this section mentions the existing discourses surrounding public health information, communication and indigenous languages. It is in this section that an existing gap will be pointed out.

The use of indigenous South African languages in communication, predominantly, is that indigenous languages are not only instruments of communication but also extensive and complex systems of *knowledge* that have developed over millennia (Diko, 2022a: 127). This implies that there is valuable information that is deeply embedded in these languages. By explanation, communication is simply the act of transferring information from one place, person or group to another (Lyons *et al.*, 2023). Every communication involves a sender, a message and a recipient. This may sound uncomplicated, but communication is actually a very multifaceted subject; a subject that has proven to be extraordinarily challenging during the COVID-19 era in South Africa and elsewhere in the global village. The transmission of the message from sender to recipient can be affected by a range of issues. These include people's emotions, the cultural situation, the medium used to communicate (language), and even the location (Lyons *et al.*, 2023). In this article, attention is drawn to the issue of language - indigenous languages. In contrast, excellent communication is "how" governments communicate critical information, such as that of COVID-19 to their citizens.

Nevertheless, it must be appreciated that accurate, effective and unambiguous communication is profoundly bothersome to people who do not proficiently understand a particular language such as English, as previously said. Communication, therefore, has three outstanding components, that is, the sender, the message and the recipient (Luo *et al.*, 2022). The sender encrypts the message, usually in a mixture of words and non-verbal communication (Gabbott and Hogg, 2001). Communication is transmitted in some way, for example, in speech or writing, and the recipient decrypts it. Of course, there may be more than one recipient and the complexity of communication suggests that each one may receive a slightly different message for the very reason that language has ambiguities and polysemic understandings. Different people may read very different things through the choice of words and/or body language. It is also possible that neither of them will have quite the same understanding as the sender. In face-to-face communication, the roles of the sender and recipient are not distinct (Lwin *et al.*, 2023). Both parties communicate with each other, even in very subtle ways such as through eye contact, or lack of, and general body language. In written communication, however, the sender and recipient are more distinct (Ndlovu, 2023).

It is also crucial to contextualize public health communication herein. The notion of public health communication is the development, dissemination and evaluation of pertinent, accurate, accessible and understandable information shared with and received from intended audiences to protect and advance the health of the public (Low, 2010; Saxena *et al.*, 2023). This intersects with the earlier insight in that communicating COVID-19 information in South Africa transcends the public knowledge about the pandemic; but also involves protecting the public through accurate, validated and understandable information. This then necessitates the use of effective languages such as indigenous South African languages that can be understood by the indigenous people, particularly those who may not be privy to the hegemonic languages such as English and Afrikaans. Effective communication helps people learn protective measures to limit exposure to disease, busts myths such as hair dryers being able to kill COVID-19 and allows administrations to advise healthcare workers about their rights, roles and responsibilities. Communication in health and social care settings can take place in many forms which include verbal communication, non-verbal communication or body language, written communication and/or formal communication.

In addition, during the apartheid regime, the indigenous South African languages were only important in so far as they served as tools for the division of the South African indigenous people or Ntsundu people. This denotes that indigenous South African languages were further sidelined by the colonial and apartheid structures given that the ambition was to elevate the stature of White people, their ethnological identity, economy, politics and many more (Diko, 2022b). In the same vein, the aim was to devalue and undervalue everything that was in natural operation for Black or Ntsundu South African people. Thus, this refers to systems that were already in operation for the indigenous South Africans such as the use of indigenous languages and African knowledge systems, including the application of cultural mores. This justifies the reason it remains consequential in the post-colonial and COVID-19 era to use every practically possible avenue to develop and accelerate the eminence of these languages in the public healthcare system, among other constituents. For indigenous people, native languages not only identify their origin or membership in a community, but they also carry the ethical values of their ancestors - the indigenous knowledge systems that make them one with the land and are crucial to their survival and the hopes and aspirations of their youth (Mlambo *et al.*, 2022; Ndebele, 2022). In contrast, one may wonder what role indigenous South African languages play in human and social existence. Indigenous languages are the entryway to indigenous cultures, cosmivision, epistemologies and traditional knowledge. This suggests that sustaining indigenous languages is intrinsically tied to sustaining the earth's biodiversity. I further argue that COVID-19 has posed a determinative threat to our elders and the vast knowledge they hold. Furthermore, indigenous South African languages are among those at risk of a serious decline due to the increasing use of digital technologies. By some estimates, only 5% of the world's languages are likely to survive online (Diko, 2022a). This is enough to underline that indigenous languages continue to face challenges in the face of democracy. Other important studies that have been undertaken but will not be reviewed hereunder due to the journal's limitations and aims of this article include Sutton (2018), Gold *et al.* (2019), King (2021), Hanna *et al.* (2022), Saxena *et al.* (2023).

It must be appreciated in this section that, to the best of the researcher's knowledge which is informed by existing relevant literature, no study has attempted to underline the intercorrelations between indigenous South African languages and the central communications systems hinging on the phenomenon of COVID-19. Therefore, the scholarly contribution made by this article seeks to induce the South African government and all concerned stakeholders to form discourses that lead to the advancement of native languages while safeguarding the health of the general population. The following section will now deal with the research techniques that have been employed in this article.

Research Methodology and Conceptual Approach

This article strictly employs qualitative research inquiry alongside the scoping literature review to underline challenges pertaining to the South African healthcare system and indigenous languages. As previously mentioned, the COVID-19 is used as a case study. The employment of these research techniques, that is, qualitative research inquiry and scoping literature review, is inspired by the nature of the article, which is interdisciplinary and argumentative. For example, issues concerning communication, language and public health are triangulated. To guarantee originality or novelty, the researcher herein will maintain the principal aim and discussions as said in the genesis of the article. To this view, Paul and Barari (2022) explain that qualitative research inquiry and scoping literature review can operate in a symbiotic relationship to generate new and original insights provided that the researcher provokes pertinent issues that can lead to future research and originality. In contending, Truman (2023) and Oto *et al.* (2023) suggest that the use of these research techniques within the arena of social and human sciences, given that public health and language both affect social and human existence, involves the appreciation of existing scholarly views, and an attempt to systemically bring such views in context is made. This denotes that the scholarly views in the discipline of indigenous South African languages and the COVID-19 phenomenon are elicited to form a "whole" that would generate new insights.

In essence and in a nutshell, the researcher ought to argue convincingly in an attempt to illuminate the problematised phenomenon. In the same process, the researcher ought to state the problem clearly as done previously so as to argue for a clear phenomenon. Here, the phenomenon of interest is on indigenous South African languages and the public healthcare system – COVID-19. These techniques to research, and especially considering that COVID-19 has affected the way research is conducted, suggest that existing data, existing literature and critical observations are used to generate new knowledge, and make notable contributions within the arena of scholarship (Wibawa, 2021; Mele *et al.*, 2021; Menon *et al.*; 2022; Birman, 2023). Therefore, this article chooses to hinge on description, synthesis and super-synthesis, critiquing and assessing existing knowledge in a

bid to fulfill the principal aims. In addition, the researcher hereunder will use their personal experiences, just as the screenshots in the introduction section, to argue that indigenous South African languages have been largely sidelined by the South African government during the COVID-19 era. Several examples, both theoretical and practical, will be used to accelerate the debates of this article. This approach to research is nothing else but an interdisciplinary task. The next section discusses and addresses the aims of the article. In the process, it answers the questions that were earlier propositioned.

Findings and Discussion

This section is designed to have subsections that are driven symbiotically. This means that different components that advance the arguments are elicited. It is further important to understand that discussing and demonstrating findings is integrated – suggesting a synergetic synthesis.

Structure of the healthcare system in South Africa and the use of indigenous languages

The right to language and the right to quality healthcare system operate in a symbiotic relationship in South Africa and elsewhere in the world. This is enriched in the country's constitution and law that seeks to guarantee quality access to public health with the language that the public can understand. Any significant component, being indigenous languages in this situation, that may compromise successful access to public healthcare, should be problematised and contested. Whichever attempt to dishonour indigenous languages within the public healthcare system is an attempt to transgress the country's constitution (Maslo *et al.*, 2022). Section 6 (5) of the South African Constitution and Section 1.3 (b) and (e) of the Eastern Cape Provincial Language Policy (ECPL) state and protect against unfair discrimination on the grounds of language; while sections 30 and 31 (1) of the South African Constitution refer to people's rights in terms of cultural, religious and linguistic participation. Section 27 (a) states that everyone has the right to access healthcare services. All these legal frameworks are not only a bid that pursues to protect indigenous South African languages, but also a bid that seeks to be a voice for many voiceless indigenous people.

In accordance with the exemplified South African Constitution, in 2011, the National Department of Health (NDH) passed a Policy on Language Services (PLS). This policy aims to facilitate unprejudiced access to government services and information, as well as respect for language rights as spelled out in the South African Constitution. The PLS further aims to promote multilingualism and multiculturalism in the NDH and to allow people to access information in a language of their choice and understand important messages, and the language necessary for informed and participatory decision-making. Given the above crucial policies and the South African Constitution, it is clear that the challenge remains with the effective implementation of the mentioned policies. As a result of decaying and delayed or effective implementation of language policies within the South African public health systems, the right to language and health may be violated and endangered. In 2023, as at the time of writing this article, and when COVID-19 and other pandemics are still present, the relationship between language and health ought to be debated in a bid to find reasonable solutions to identified problems or challenges. The current state of the South African public healthcare system is already delicate. That is the reality that ought to be acknowledged and accepted. Having said that, I argue that every stride such as the issue of indigenous languages needs to be noted and addressed in order to improve the overall quality of the public healthcare system in South Africa.

Communications, education and politics

The South African government conducted daily and weekly media briefings regarding COVID-19. The NCCC, which is comprised of a team of epidemiologists and other healthcare scientists at national, provincial and local levels, was responsible for communicating COVID-19 messages. These messages included details such as what the coronavirus is, how it spreads, and how it changes its structure to form new variants, and so forth. In addition, the NCCC explained when and how to wear a mask, the risks of nations discriminating against one another in the distribution and rollout of the vaccine for COVID-19, power subtleties that allow economically developed countries to secure more vaccines while less developed countries are overlooked, maladministration and corruption in COVID-19 era, economic effects as a result of imposed extended lockdown periods, hoarding of masks and making them unavailable to frontline workers and any other significant information was communicated in the English language. All this information was, at national government levels, communicated using the English language. The above-listed examples of information pertaining to COVID-19 are uniquely important as they determine the stages and spread of COVID-19. In a nutshell, they determine, whether or not, South Africa is fighting a winning or losing

battle. Among other things, it is for these reasons that this article chooses to view language, in particular indigenous South African languages, as the most important tool in educating the general public about health, while detailing the change in the livelihood of the citizens during the COVID-19 era or under a “new normal.”

It is within this context that it is indispensable to put it on record that it is the right of every citizen to understand COVID-19 and its effects - that is, the educational component, as the sub-section suggests. This does not exclude other health-related problems. These are health problems that have been existing and those that are yet to emerge. Information of this nature is received most effectively in one’s ancestral language or mother tongue or language that one can optimally comprehend. The fact that the significance and role of native languages are overlooked reveals that the educational component is imperilled. One would recall that one of the fundamental matters concerning COVID-19 was to ensure that every citizen in South Africa is educated and versed about the virus. Thus, I argue that colonial languages, that is, English and Afrikaans, in the context of South Africa, are not convenient and operative in the fight against COVID-19, especially for the indigenous communities - this is the political component. By the same token, there is a direct correlation between the means of communication, education and politics since the COVID-19 era has advanced the atmosphere of politics while attempting, through communication, to educate the public.

The role of good quality communication

First and foremost, the role of good quality communication in public health should never be questioned or felt apprehensive about on account that public health is the basic and fundamental right of every citizen in South Africa and elsewhere in the global village. Any responsible government or healthcare practitioner should understand the significance of successful communication between themselves and the patient. Second and last, languages, no matter their size, perform an equal and essential function of communication within the public healthcare system. In the actual sense, a language could be bigger than another, but no language is superior or inferior to another. Languages play a similarly vital role in healthcare interaction, delivery, awareness, orientation and all aspects of medical discourse (Maslo *et al.*, 2022). For years, social medicine has been discussing the role of multilingualism and multiculturalism within the public healthcare systems (Rolim *et al.*, 2010; Cesur *et al.*, 2017; Tajer, 2023). These discussions substantially underlined the obstacles that unaddressed linguistic issues in medicine have on the welfare and livelihood of the public. For example, the inability of patients to communicate successfully, as a direct result of language obstructions, with their healthcare providers such as medical doctors or nurses, has been a point of concern. Medical practitioners daily focus on “overcoming” or “removing” language obstructions instead of viewing language as a value itself, as previously said. This pronounces that in a multilingual and multicultural country like South Africa, public and private healthcare centres often experience challenges in communicating with patients due to language barrier problems. This is in tune with how the South African government can be viewed as having experienced challenges in recognising the role of the indigenous South African languages in respect of the COVID-19 crisis.

In the post-colonial and post-apartheid era, the South African government should be sensitive enough to react and respond to language issues concerning COVID-19 and the public healthcare system holistically. This is so because of the significantly important role of local languages in indigenous communities in South Africa, particularly in communicating public health information. Thus, it becomes coherent that indigenous languages during the COVID-19 era are still neglected in South Africa by the national government. While it is considered that there are many contributing factors to language distortion, challenges and endangerment, this article brings forth that patients or the public in general favour other languages over their indigenous languages for ease of access to the healthcare system in South Africa (Diko, 2022a; Diko, 2022b). The English language is often favoured, especially in multilingual contexts. The main source of this challenge can be traced back centuries ago and to institutionalised systems that continue to value colonial languages in South Africa while marginalising local languages even post-1994 or post-colonial era. In contrast, patients are the most vulnerable in this case. Failure to prioritise local languages during the time of the COVID-19 crisis can lead to many challenges. Among them is the issue of distorted information about this virus, a lack of terminology for crucial information, defeating the preventative measures that were instituted by the government, thus losing the fight against the virus, continued mythologies or fallacies, as well as genuine lack of understanding some abstract phrases such as “variant” and others.

The reality of the matter is that in South Africa, like elsewhere in the world, indigenous languages are underrepresented in the healthcare system (Diko, 2022b). There are few or no government-sponsored medical interpreters and translators in these languages even though many people still need them. In addition, some citizens

need interpretation and translation services, especially senior citizens (old people) who have little or no command of the English language. To the best of the researcher's knowledge, medical workers such as doctors, radiographers, nurses and pharmacists to name a few, are neither highly trained to communicate in indigenous languages within indigenous communities, nor are they required or even encouraged to learn languages spoken in these communities other than the English language which is the means of teaching and learning in medical healthcare courses. As far as this is noted, some healthcare courses in South African institutions of higher learning require that a student register for an indigenous language before they can be awarded the qualification. What is concerning is the fact that during the COVID-19 era, the government has continued to prioritise the English language while communicating COVID-19 information.

The senior citizens in South Africa, in particular the ones that have no command of the English language, which is the language that is currently used to convey COVID-19 information, rely on the assistance of their younger relatives who understand the English language or rely on the community radio stations that use local languages. For example, Ukhozi FM uses isiZulu; Umhlobo Wenene FM uses isiXhosa and many other community radio stations broadcast in local languages. With that in mind, this should not be regarded as sufficient because it exempts the authorities or government from transforming indigenous languages and blending them into public healthcare settings. The risk of misconceiving COVID-19 information is eminent when the authorities are not part of the communication systems that are used by minorities, that is, indigenous communities. Important details about the virus can be omitted and eventually, lead to accelerating the rate of infection. This is where the relationship between indigenous South African language and public health is underlined. Perhaps, the most ignominious situation and risk escalating chance is when a medical worker asks the closest person to interpret what the patient says.

This does not exclude other bodies that request random people to translate COVID-19 information. In most cases, the randomly asked people to translate are not proficient enough in the source and target language. That is the reason different institutions and bodies have been tasked to regularise the profession of translation and interpretation in South Africa. The chances of getting the language "wrong" are high in that regard. It should also be stressed that translation, in general, is difficult, especially when translating from the English language to an indigenous South African language. A definitive example of what the previous sentence suggests is translating biomedical discourse that is full of specialised terminology and unfamiliar concepts from English to Xitsonga or isiXhosa or any indigenous South African language. Not every medical practitioner has been sensitive enough to assess this gap, nor has the South African government been sensitive enough to notice this as a challenge. It is the thrust of this article to bridge that gap by problematising issues of language and healthcare communications in South Africa. COVID-19 has once again proved that South Africa does not have enough systems in place for the promotion and integration of indigenous South African languages. Similarly, COVID-19 has proven that the South African government does not place indigenous languages at its core functionalities. The pandemic crisis had a strong potential of silencing and deprioritising language work and reducing it to a non-critical activity. Indigenous languages continue to fight for their space in society and communities – the public healthcare system, for example.

The COVID-19 pandemic pressed language learners and advocates to turn toward technology as a means to continue their language revitalisation efforts. This led to many community language programs restructuring resources to support remote learning. In addition, old recordings and language resources have resurfaced and been given "new life" as ambitious learners revisit and share them across communities. Amidst COVID-19, indigenous language development carries the potential risk of being diminished to "not now" and "that will have to wait while we deal with bigger problems". The firm argument here is that South Africans and those who care about indigenous languages must never allow local languages to be dismissed. This is because of unrelenting and prevalent threats of colonialism and apartheid. The ongoing colonial threats, such as language marginalisation have not gone away, nor will this global healthcare crisis take them away. Indigenous South African languages should never be sidelined.

Conclusion

I wish to stress the following closing remarks with implicit recommendations. First and foremost, indigenous South African languages are the representation of the indigenous knowledge of the indigenous people given that they hold crucial information that is deeply entrenched in them. Language and public health information are equally important for the welfare of the communities; hence the final point of this article is that they should be prioritised equally just as how hegemonic languages have been prioritised. In fact, the main discussion of this article was

focused on the indigenous languages as a vehicle for public health communication during the detection of COVID-19 in South Africa with subsumed perspectives from language policy frameworks. Notably, the use and advancement of the English language at the forfeiture of indigenous South African languages could lead to the absence of scientific terms in respect of COVID-19. For instance, if isiXhosa or Tshivenda are equally utilised in communication systems about this virus and other viruses, this denotes that new terms may emerge, and future generations will have something to read in their indigenous languages about COVID-19 and other healthcare terms. The reader of this article must also note that the reference to English was not used for comparative purposes; rather, it was used to advance debates herein. As it has been put to the fore, the top-down approach around language implementation is highly recommended during the time of COVID-19. This should not be misconstrued to suggest imposition and censorship. This should further extend in promoting local languages across the healthcare systems in general, adding to the attempts that are already in operation.

Furthermore, I am of the view that the South African government and the public should use this opportunity (COVID-19 case study) to utilise indigenous languages to communicate information regarding other infectious diseases. Of course, the strides to develop HIV/AIDS terminology are recognised and acknowledged in this article, but they can never be enough. Needless to say, as a way of illustrating the previous point, the Listeriosis, Swine Flu and Ebola outbreaks should have taught us something regarding indigenous languages, mainstream communication systems and public health in general. Preventive measures relating to infectious diseases and pandemics should be established based on the values of the most vulnerable communities. These discussions are not only limited to South Africans but elongate further to migrants or migrant workers. For instance, while it can be understood and accepted that not every South African knows and understands English, this inability to know and understand the English language affects foreign nationals in South Africa. The question for future research is, how does communication regarding COVID-19 position them while South Africa continues to promote inclusivity and uniformity through the spirit of Ubuntu (humanity to others)?

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