International Journal of African and Asian Studies
ISSN 2409-6938 An International Peer-reviewed Journal
Vol.80, 2022

Covid-19: The Role of Local Language in Mitigating It's Spread, A Case Study of Yobe State Nigeria

Sani Saidu*[1] Ahmed Suleiman Baffa[2]
[1]Department of English, Yobe State University, Damaturu. Yobe State.
[2]Department of African Languages; Yobe State University, Damaturu Yobe State.
*corresponding author: Sani Saidu Email: sani2saidu@gmail.com

Abstract
Introduction: Due to the sudden emergence of the novel coronavirus pandemic, various strategies and mechanisms were put in place to curb the spread and transmission of the deadly virus. This necessitate the use of Indigenous languages as a tools of fighting the pandemic. **Aim:** the study aimed to evaluate the role of local language in mitigating the spread of the virus in Yobe state, Nigeria. **Methodology:** The study was conducted using probability sampling techniques in which three local governments were selected from the three senatorial zone of the state making a total of nine local governments out of the seventeen local governments in the state. In each local government, 50 interviewees were selected randomly for the questionnaire. **Results:** A total of 450 participants were recruited in the study, of which, 317 (70.45%) were 133 (29.55%). Majority of the participants were aware of the symptoms of COVID-19, while most of the respondents were only aware of handwashing and avoidance of hand shaking as the preventive measure of the disease. The most frequently used source of information about COVID-19 were the local and international media operating in local languages. Information from social media and families and friends were the second and third most used informational medium respectively. The least frequently used source of information was Billboards and Posters. **Conclusion:** the study shows local indigenous language to be in the frontline in fighting the spread of COVID-19 pandemic within Yobe state.

Keywords: *COVID-19; Local; Indigenous; Language; Yobe state; Nigeria.*

DOI: 10.7176/JAAS/80-05
Publication date: June 30th 2022

1. Introduction

On the 30th January 2020 the World saw another black dot in human history, the outbreak of new strain of virus from the corona family, instituting a public health emergency by the World Health Organization and many governments. The first ever case of novel corona virus infection was reported in December 2019 in Wuhan, China. (Kumar *et al*., 2020).

The center of disease control has established the modes of transmission. Person to person who are in close contact within 6 about feet, via contaminated surfaces and through respiratory droplets have been identified as the modes of transmission (CDC, 2020). Initial data established from Wuhan, China show the incubation period varying between 3 to 7 days and up to 2 weeks while about 12.5 days for patients to exhibit symptoms from the time of infection (Li *et al*, 2020). The epidemiological trend of COVID-19 has been on alarming rate. Wuhan was the early epicenter of the outbreak and later Corona Virus Disease 2019 (COVID-19) was announced as public health emergency and finally a pandemic. Following China, which is the origin of this disaster, epidemic actively emerged spread across the yellow belt of the Northern hemisphere creating epicenters in various geographical locations Iran, Italy and USA. The morbidity and mortality rates rise steadily day by day and these data can be found on The WHO Novel Coronavirus (COVID-19) Situation Board

The mean incubation period stands at 14 days from the time of exposure, with a median incubation period of 4 days. The spectrum of disease ranges from asymptomatic, mild to severe, fortunately most infections are not severe. Most patients present with respiratory symptoms including fever, cough, dyspnoea, and bilateral infiltrates on chest imaging. In a particular study, acute respiratory distress develops in approximately 20% patients with 12.3% requiring ventilator support (Wang *et al*., 2020). It has been hard to differentiate COVID-19 from other common viral respiratory infections and patient history has been relied much on. Other uncommon symptoms reported include headache, sore throat, and gastrointestinal symptoms such as nausea and diarrhea (Chan *et al*., 2020). The World Health Organization devised that the recovery time appears to be around two weeks for mild infections and three to six weeks for severe disease (WHO, 2020).

Coronavirus otherwise called COVID-19 has thrown the world into confusion, panic, fear, apprehension and uncertainty. Following the outbreak of the virus in December 2019 the world is disorganized. The countries all over have witnessed unprecedented cases of infections and deaths. It is approximated that the disease could claim 200,000 to 1.7 million lives of people in the world as at 2020 (VERGE, 2020). In other to curtail its spread, various strategies were employed ranging from partial to total lockdown and the media campaign.

Although massive campaign was done to enlighten the public about Corona virus, its dangers and preventive methods. Many of the local people of Yobe State were not aware of these preventive measures due to language and/or communication barrier. This research will assess the role(impact) of the use of local language(s) as the most important preventive methods to prevent the spread of the Corona virus in Yobe state, Nigeria

2. Material and Methods

2.1 Study Area

Yobe is a state located in northeastern Nigeria, sharing boundary with four state namely; Jigawa, Bauchi, Borno and Adamawa. It is characterized as one of the poorest state in Nigeria with majority of the population illiterate to western education.

2.2 Sampling Techniques and Participants

The study was conducted using probability sampling techniques in which three local governments were selected from each senatorial zone making a total of nine local governments of the seventeen as the study areas. In each local government, 100 interviewees were selected randomly according to the exclusion and inclusion criteria.

2.3 Inclusion Criteria

Any adult and children who are domiciled within the selected local governments and aged between 12 and 65 years, and have not acquired formal education were eligible for selection as participants

2.4 Exclusion Criteria

People who had not been in the local governments and have acquired formal education of writing and written.

2.5 Procedures and Measures

All interviews were conducted face-to-face. Participants' age, sex, marital status, educational level, and employment status, e.t.c were obtained on a brief structured questionnaire.

2.6 Consent to Participate

Participants were informed about the aim of the study, voluntary nature of participation, and their right to refuse or withdraw from the study at any point, and the potential benefit of participation in the study. Upon accepting the conditions and statements, participants were given the questionnaire.

2.7 Data Collection Instrument (questionnaire)

The study questionnaire was designed based on currently available information about COVID-19 according to the literature. Validity and reliability of constructs were evaluated by a professional in public health. The questionnaire consisted of four major sections. The first section measured sociodemographic variables including gender, age, educational level and country of residence. The second section included items that are designed to measure respondents' awareness of the following: COVID-19's symptoms, transmission routes, precautionary measurements and possible treatment options. Participants responded to each statement with either "Yes" or "No". A scoring system was applied, with each correct answer given one point while incorrect answers received zero points. The rest of the questionnaire sections involved items that evaluates participants' beliefs and emotions towards COVID-19.

2.8 Data Analysis

Data obtained were analyzed using Statistical Package for Social Sciences (SPSS) version 23. A confidence interval (CI) of >95% was adopted. Descriptive statistics was used to report the results including means, frequencies and standard deviations (SD). Statistical differences between the various awareness subscales and gender were determined by 2-tailed Student's t-test. Significant associations between various sociodemographic variables and awareness subscales were evaluated using one-way ANOVA. A p-value of 0.05 considered significant.

3. Results

A total of 450 participants were recruited in the study, of which, 317 (70.45%) were 133 (29.55%) were female. The highest number of participants were in the 35 to 54 years' age group, while the least number were derived from age group of less than 18 years. In terms of gender, male represented most of the participants. Furthermore, more than half of the participant's possess only secondary education.

Table 1: sociodemographic Characteristics of the Participants

Variables	Total n (%)	Total awareness score			*P value*
		Inadequate	Average	Adequate	
		n (%)	n (%)	n (%)	
Gender					**<0.05**
Male	317(70.45)	100(31.5)	130(41.5)	86(27.0)	
Female	133(29.55)	45(34.2)	55(40.7)	33(25.1)	
Age group					**<0.05**
<18	68(15.4)	16(23.4)	37(54.2)	15(22.4)	
18–34	119(26.5)	41(35.1)	37(30.7)	41(34.2)	
35–54	176(39.3)	39(22.2)	71(40.5)	66(37.3)	
>55	87(19.1)	30(35.1)	42(47.8)	15(17.1)	
Education					**<0.05**
Bachelor or higher degree	110(24.4)	25(31.5)	34(31.4)	41(37.1)	
Secondary school	255(56.8)	118(46.4)	76(29.8)	61(23.8)	
Primary school	56(12.5)	32(57.5)	14(25.0)	10(17.5)	
Uneducated	29(6.4)	22(75.0)	4(15)	3(10.0)	

Participants responses to different questionnaire items about the mode of transmission, transmission and prevention of COVID-19 was given in table 2. Majority of the participants were aware of the symptoms of COVID-19, while most of the respondents were only aware of handwashing and avoidance of hand shaking as the preventive measure of the disease. On the average, more than half of the participants shows moderate awareness on the symptoms, prevention and transmission of COVID-19.

Figure 1 presents the sources of awareness from the participants. The most frequently used source of information about COVID-19 were the local and international media operating in local languages. Information from social media and families and friends were the second and third most used informational medium respectively. The least frequently used source of information was Billboards and Posters.

4. Discussion

Nigeria is blessed with a multilingual societies ranging from the far northeast to south-south regions. These indigenous languages are localized within the communities and therefore serves as the cultural identity of the people: norms, values, folk, idioms and so on (Asekere and Asaolu 2020). The importance of indigenous language in communication delivery and campaign in times of pandemic and crisis cannot be overemphasized as acknowledged by many scholars such as Igboanusi, Odoje and Ibrahim (2016), Oyesomi, *et al*., (2020) and, Ogunyombo and Bello (2020).

Yobe State is located in northeastern Nigeria. The dominant linguistic and cultural force until the mid-20th century was Kanuri, but in recent decades, Hausa has become the universal lingua franca for all of northern Nigeria, including Yobe State. Nonetheless, numerous minority languages remain in active use. There are seven such indigenous languages: Bade, Bole, Duwai, Karekare, Maka, Ngamo, and Ngizim, these languages have substantial communities of first language speakers. Thus making Yobe state a multilingual state.

Table 2. Participants Response to Questionnaire on COVID-19

Variable	Statement	n(%)
Symptoms	Fever and body weakness	393(87.5)
	Cough	380(85)
	Sneezing	251(55.8)
	Chest pain	234(52.0)
	Headache	410(91.2)
Transmission route	Airborne	57(12.6)
	Contact with contaminated surfaces	277(61.6)
	Contaminated foods and drinks	162(36.0)
	Handshaking	407(90.5)
Preventive techniques	Hand washing with water and soap	369(82.0)
	Using sanitizers	69(15.3)
	Wearing face mask	330(73.5)
	Avoiding crowded areas	70(15.6)
	Avoiding handshaking and contact with surfaces	382(84.9)
Treatments options	Currently there is no treatment	108(24.0)
	Cough syrup	409(91.0)
	Common antipyretics	213(47.5)
	Drinking hot ginger liquids	247(54.9)
	Herbal remedy	320(71.0)

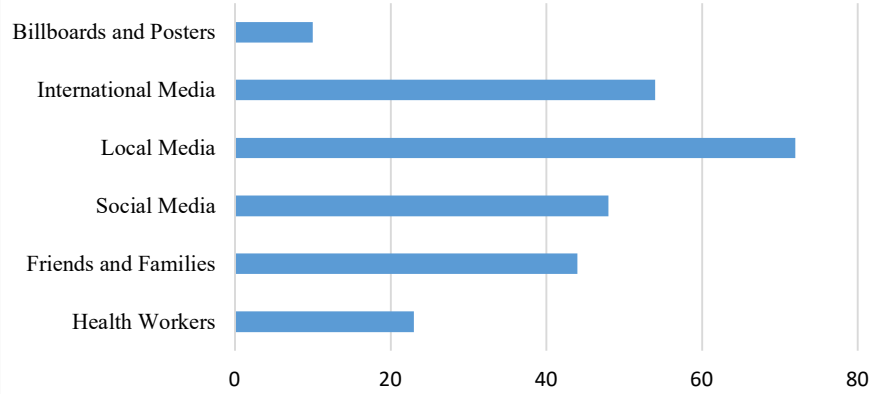

Fig 1: frequency of sources of awareness among the paticipants

The study showed that local and international media are the main sources of information, from which participants seek COVID-19 related knowledge. This highlights the vital role of media communication in providing accurate and reliable information regarding the virus. studies show that European respondents from Netherlands, Germany and Italy, and Australian citizens utilized traditional media (e.g., television, and news) as their primary sources of information regarding the COVID-19 pandemic (Seale *et al*., 2020). Not surprisingly, social media is an important source of information due to its easy accessibility and widespread usage in developing countries. However, in the early stage of the pandemic, a lot of social media platforms were saturated with false and misleading information about the virus (Cuan-Baltazar et al., 2020). The observed phenomenon could be due to the fact that official governmental reports regarding the virus are broadcasted on traditional media using indigenous language in Yobe State.

Participants' response to symptoms, transmission and prevention of the virus indicated their actual knowledge and awareness. Participants were fully aware of the COVID-19 symptoms, which closely resemble that of cough due to flu. However, only few of the respondents were aware that COVID-19 can be transmitted by air droplets, despite the fact that droplet transmission is already established as its main transmission route (Rothan and Byrreddy, 2020). Participants, who don't believe on the transmission of the virus are the once who underestimate the importance of the recommended preventative measurements by the World Health Organization (Sallam *et al*, 2020). These categories of people are mostly isolated from the digital world with no asses to both local and international media

5. Conclusion

The study reveals the importance of the use of local language in times of COVID-19 pandemic. This has advanced the degree of awareness of symptoms, transmission, prevention and treatment portrayed by the studied population. More media jingles in local languages should be encourage as a means of suppressing the spread of COVID-19 within Yobe state.

6. Acknowledgement

Author's acknowledge the support receive from Tertiary Education Trust Fund (tetfund) for the disbursement of fund for the conduct of the study Institutional Based Research (IBR) Scheme.

Reference:

Asekere O. L., and Asaolu O. R. (2020). Health Education in indigenous languages media: Issues, Trends and Perspectives in Emerging Trends in Indigenous language Media, Communication, Gender, and health (eds)

Centers for Disease Control and Prevention. (2020). CDC Newsroom; Virus/Bacteria [Online] [Available at:https:// https://www.cdc.gov/media/subtopic/images.htm] [Accessed: 05– 06 – 2020]

Chan, P.K., To, W.K., Ng, K.C. Lam, RK. Ng, T.K. and Chan, R.C. (2004). Laboratory diagnosis of SARS. *Emerg Infect Dis*, 10:825–831. https: //doi:10.3201/eid1005.030682

Igboanusi H. Odoje C. and Ibrahim G., (2016). Ebola-associated Terms in Hausa, Igbo, and Yoruba. Journal of west African languages, volume 43.2 (2016) Access 26th May 2020, Https://Www.Researchgate.Net/Publication/3116410

Kumar, D, Malviya R, Kumar Sharma P. (2020). Corona Virus: A Review of COVID-19. EJMO. 4(1):8–25.

Li, C., Debruyne, D., Spencer, J., Kapoor, V., Liu, L., et al. (2020). High sensitivity detection of SARS-CoV-2 using multiplex PCR and a multiplex-PCR-based metagenomic method. BioRxiv, https://doi.org/10.1101/2020.03.12.988246.

M Cuan-Baltazar JY, Muñoz-Perez MJ, Robledo-Vega C, Pe´rez-Zepeda MF, Soto-Vega E. (2020) Misinformation of COVID-19 on the Internet: Info demiology Study. JMIR Public Heal Surveill 6:e18444. https://doi.org/10.2196/18444 PMID: 32250960

Ogunyombo O B. and Bello S. (2020). Exploring the Use of Indigenous Languages in Antenatal Care Sessions among Mothers in Lagos State, in Emerging Trends in Indigenous language Media, Communication, Gender, and health. (eds)

Oyemsomi Kehinde Opeyemi, Onakoya Toluwanmi, Onyenankeya Kevin and Busari Ayobami (2020). Indigenous Communication's Role in traditional Birth Attendants in Maternal Health Practices: A selective Examination of Empirical Studies, in Nigeria in Emerging Trends in Indigenous language Media, Communication, Gender, and health.(eds)

Rothan H.A, Byrareddy S.N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J Auto immun*: 102433. https://doi.org/10.1016/j.jaut.2020.102433

Sallam M, Dababseh D, Yaseen A, Al-Haidar A, Taim D, Eid H. (2020). COVID-19 misinformation: Mere harmless delusions or much more? A knowledge and attitude cross-sectional study among the general public residing in Jordan. PLoS One. 15:e0243264. https://doi.org/10.1371/journal.pone.0243264

Seale H, Heywood AE, Leask J, Sheel M, Thomas S, Durrheim DN, (2020). COVID-19 is rapidly changing: Examining public perceptions and behaviors in response to this evolving pandemic. PLoS One; 15:1–13. https://doi.org/10.1371/journal.pone.0235112 PMID: 32574184

VERGE. (2020). Everything you need to know about coronavirus. Retrieved from www.https:/theverge.com. Visited on 08/04/2021.

Wang, W., Xu, Y., Gao, R., Lu, R., Han, K., Wu, G., & Tan, W. (2020) Detection of SARS-CoV-2 in different types of clinical specimens. JAMA 2020; doi:10.1001/jama.2020.3786