

**Journal of African Languages and Literary Studies
(JoALLS)**

ISSN 2633-2108 (Print) ISSN 2633-2116 (Online)
Indexed by **IBSS, COPERNICUS, EBSCO and Sabinet**

Volume 3, Number 3, December 2022

Pp 91-109

**The Role of Indigenous Language and Appropriate
Channel as Strategies for Effective Health
Communication in Vrede**

DOI: <https://doi.org/10.31920/2633-2116/2022/v3n3a5>

Udoh James Akpan

Post-Doctoral Fellow

Department of Criminology and Forensic Studies

School of Applied Human Sciences,

College of Humanities,

University of KwaZulu-Natal,

Durban, South Africa

Email – udohja2000@yahoo.com

Sazelo Michael Mkhize

Department of Criminology and Forensic Studies

School of Applied Human Sciences,

College of Humanities,

University of KwaZulu-Natal,

Durban, South Africa

&

Hosea Olayiwola Patrick

Post-Doctoral Fellow (Global Migration and Community Development),

School of Built Environment & Development Studies,

College of Humanities,

University of KwaZulu-Natal,

South Africa

Abstract

The World Health Organization (WHO) constitution declares health as a fundamental right of every human being, and describes it as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. WHO mandates member states to promote the health of her citizens as the value is to all including the state. To this end, governments including the ones in the global south have evolved policies, institutions and programmes to achieve these objectives. However, the successes or failures of these objectives differ in communities, and it is based on the how health information is delivered to members of the communities so that they can make informed health decisions. In delivering this health information, the use of language that is indigenous and intelligible to the people is important. Thus, indigenous language is autochthonous, and spoken among native people in a community. It is used for communication, expression of identity, play, imaginative expression, and emotional release. This paper examined how health information is communicated to members of the community in Vrede, and which indigenous language has been mobilized to address the dominant groups without excluding the others, to what extent do the indigenous people participate in this mobilization, and also the appropriate medium that is preferred by the community members to achieve their health information needs in order to bring about health development and social change in the community. The paper mobilized a qualitative approach by undertaking interviews with varied demography of Vrede to ascertain which indigenous language is preferred and dominant in the town, and if the people including the migrant community are unilingual, bilingual or trilingual. The paper also ascertained the experiences of the residents on health information from government and health institutions, how they receive it, and the medium they consider appropriate. The outcome of the research concluded that indigenous language is an effective communication strategy in disseminating health information in Vrede, thus leading to the social change in the community and improve their wellbeing. It shows that dominant indigenous language should be used in that communication, and the medium of communication to be deployed by the health information planners should be face-to-face communication, community engagement, and the use of social media, especially Facebook.

Introduction

The World Health Organization (WHO) constitution declares health as a fundamental right of every human being and describes it as a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity (Grad, 2002; WHO, 2004; 2017 Meier, 2017;

Manchester, 2018). It mandates member states to promote the health of their citizens as the value is to all, including the state (WHO, 2017). To this end, governments, including those in the global south, have evolved policies, institutions, and programs to achieve these objectives. However, the successes or failures of these objectives differ in countries and communities (Glouberman and Zimmerman, 2016; Granja, Janssen, and Johansen, 2018), and it is based on how health information is delivered, especially to members of the communities so that they can make informed health decisions.

In view of the above, effective communication refers to sharing information between two or more people, which leads to a desired outcome (Leong and Ahmadi, 2017). Though language and communication are considered to be different (Rabiah, 2018), both are related and depend on each other. While language is a tool that helps in expressing and carrying thoughts and feelings of two individuals (McDowell, 2014; Sirbu, 2015), communication is a process of exchanging messages and information, either verbally or non-verbally (Acemoglu, Bimpikis and Ozdaglar, 2014; Dimpleby and Burton, 2020). Language is the major medium of communication; therefore, language as a communication system comprises a group of written and sound symbols that people of a region or country use for writing or talking. On the other hand, sending as well as receiving messages, either by verbal or non-verbal methods, equates to communication (Rabiah, 2018).

In delivering health information, the use of indigenous and intelligible language to the people of the community is important (Owolabi and Nurudeen, 2020). An Indigenous language is autochthonous (Zuckermann et al., 2014) and spoken among native people in a community. It is used for communication, the expression of identity, play, imaginative expression, and emotional release. To this end, for communication to be effective in Vrede, indigenous language becomes a necessary medium to convey and receive information efficiently without the intended meaning being distorted or changed. Husain (2013) argues that, for communication to be effective it must bring about change. He argues further that change communication should focus on addressing people's issues. However, Rabiah's (2018) position is that communication must be in an intelligible language, and in the case of Vrede, an indigenous language. In other words, for effective communication to a group, there is a need to use a language that is acceptable and intelligible to all.

Akpan (2021), in his study on the role of communication in addressing sociocultural factors that influence pregnant women to drink alcohol in Durban, KwaZulu-Natal, argues that the use of appropriate language to communicate health information is imperative, especially when dealing with locals. Shamsi, Almutairi, and Al Kalbani (2020) also submit that language can be a barrier. It poses a challenge in achieving high satisfaction levels among medical professionals and patients when they do not understand each other. They, therefore, recommended the engagement of an interpreter where necessary for communication to be effective.

This is not different in Vrede, a town in the Free State province of South Africa, the agricultural hub of a 100 km² region that farms maize, wheat, mutton, wool, beef, dairy products, and poultry (Frith 2011). The dominant indigenous languages spoken in Vrede, according to a study in 2011, are 53.4% isiZulu and 36.5% Sotho, while others are Afrikaans 6.0%, and English 1.1% (Frith 2011). This means that health information in the community has to be intentional to address the health needs of the people.

Vrede, a town in Thabo Mofutsanyane district, Free State Province, has different indigenous languages. The black indigenous population comprises over 80% of the town, with a marginal white and migrant community. A study conducted by the South African Department of Higher Education and Training (DHET) between 2009 and 2019 asserts that the Free State Province accounts for 14.9% of the total number of adult illiteracies in South Africa (DHET, 2021). This number is quite abysmal as it portrays a picture of large functional illiteracy for a large population of people. The Organization for Economic Co-operation and Development (OECD) in 2015 described functional illiterate as a person who cannot engage in all activities in which literacy is required for effective functioning in a group and community and also in enabling the individual to continue to use reading, writing, and calculation for their own and the community's development. The implication of the DHET (2021) study for a community like Vrede is enormous as it is viable to infer that a large percentage of the population of Vrede, being a peri-urban settlement, may not necessarily know how to read or write the English language. To this end, if health information is not disseminated in an intelligible indigenous language, the individuals' health choices will be limited, especially in Vrede, being an agricultural town with a significant illiterate population (DHET, 2021). Therefore, indigenous

language becomes a critical communication medium for development and social change in the Vrede.

Trying to communicate in a language that is not indigenous and intelligible will lead to misinforming the people or being misinformed because of their inability to decode and understand the message. While misinformation is not a new problem, the dissemination of misinformation has grown exponentially since the beginning of the 21st century (Kim & Dennis, 2019). Prior research suggests that misinformation can fuel health anxiety (Corbett *et al.*, 2020; Garfin, Silver, and Holman, 2020), poor health-related decisions (Lee *et al.*, 2020; Garfin *et al.*, 2020), and impair individuals' and health officials' ability to accurately evaluate the severity of ongoing situations and take necessary actions (Allcott and Gentzkow, 2017).

Therefore, this chapter intends to examine how health information is communicated to members of the community in Vrede. It explores which indigenous language has been mobilized to address the dominant groups without excluding the others and reviews the extent to which indigenous people participate in this mobilization. The paper sought to understand the appropriate medium that the community members prefer to achieve their health information needs to bring about healthy development and social change in the community.

Using effective communication as a model to theorizing indigenous language

The theoretical framework that would be mobilized for this study is the effective communication, and it would be used in the context of indigenous language being intelligible so that the recipient will decode, process and understand the health information that is being disseminated.

Effective communication refers to the process of sharing information between two or more people, which leads to the desired outcome of understanding the health information being communicated. The information shared is conveyed and received efficiently without the intended meaning being distorted or changed. It includes skills like non-verbal communication, attentive listening, ability to understand and to control one's own emotions and managing stress.

Effective communication assumes that the sender will undertake an audience analysis to understand the cultural and demographic disposition of the audience before sending it. In this case, given the literacy level of

Vrede, the health promoters who are either from the province or municipality will need to do an analysis of the dominant language in the community, and their literacy level which will establish the kind of language to be used. DHET (2021) had already established the low literacy level in Vrede, and the dominant language is isiZulu, though Vrede originally is a Sotho town (Frith, 2011).

Effective Communication in this context agrees with the concept of Lasswell's communication model of 1948 that sought to answer the five questions of who in this case being the source, what being the message, channel being the medium, to whom being the audience or receiver and to what effect being the impact of the message that will serve as the basis of feedback. Husain (2013) in his work titled effective communication brings successful organizational change, he concluded that communication plays a significant and essential role for a successful change management in an environment. Similarly, the health promotion planners whose interest is to bring positive change as far as Vrede community members' health are concerned, should analyse and appreciate their demography before disseminating any health information. In this case, communicating using indigenous language will have the desired impact because it is intelligible, bring about change and cause the members of the community to make informed health choices which is the feedback that is required.

Methodology

The study mobilized a qualitative approach (Teherani *et al.*, 2015) by undertaking semi-structured interviews with varied demography of Vrede to ascertain the indigenous language preferred and dominant in the study area (Adams, Clausen, Hall and Murchie, 2015; Kallio, Pietilä, Johnson, and Kangasniemi, 2016). The study also reviewed the residents' experiences on health information from government and health institutions, how they receive it, and the medium they consider appropriate. The choice of the study area, Vrede, was motivated by the multi-lingual characteristics of the area. It is also one of the largest settlements in the Thabo Mofutsanyane district municipality in Free State Province (COGTA, 2020). It is a peri-urban settlement with a relatively low literacy level (COGTA, 2020). Twelve participants were selected for the study, and to participate in the research, all participants were to be 20 years or older and be residents in Vrede. The participants were selected using a purposive sampling technique, and gatekeepers' letters were

obtained from the City of Overflow Ministry and Glodel Academy, two prominent institutions in Vrede. Ethical clearance with protocol reference number: HSSREC/00003195/2021 was secured from the University of KwaZulu-Natal for the study.

As stated above, the participants were chosen from a prominent church within the study area called the City of Overflow Ministry. The worshippers are from various ethnic groups in South Africa, and others are from the migrant community. The other participants are officials and teachers from the Glodel Academy, one of the largest high schools in Vrede, and it has a combination of all races. The selection of the high school teacher is hinged on the idea that the officials and teachers (being literate, as well as having connections, relationships, and communication with the study area) will provide ample information on the vulnerability and challenges faced by the residents in relation to Language and Communication. Such connections and relationships in the study area became valuable in the research process. The rationale for these selections was to ensure that we cover the municipality's motivation in adopting the language used for disseminating health information.

The data gathered from the structured interview were analyzed using applied thematic analysis. However, a qualitative data analysis tool allows for some data to be presented using numerical and percentages illustration (Guest, MacQueen, and Namey, 2011). The outcome of the research is intended to unpack the effectiveness of using indigenous language as a communication strategy in disseminating health information in Vrede, thus leading to social change in the community and improvement of their wellbeing.

Findings and Discussion

The demographic result from the study participants shows that 50% were male and 50% female. Also, 33% of the participants speak isiZulu, 17% speak Sotho, 8% speak Tswana, and the remaining 42% are migrant communities who speak English. The result also showed that 92% of the participants are Christians, while 8% are traditional worshippers. In terms of education, 83% of the participants have tertiary education, while 17% have a secondary school certificate popularly called matric in South Africa. As per occupation, educators who work as managers of a learning institution were 25%, while teachers who act as tutors to learners were 25%. Administrators make up 17% of the participants, while farmers and beauticians make up 8% each. Similarly, the undertaker who works in the

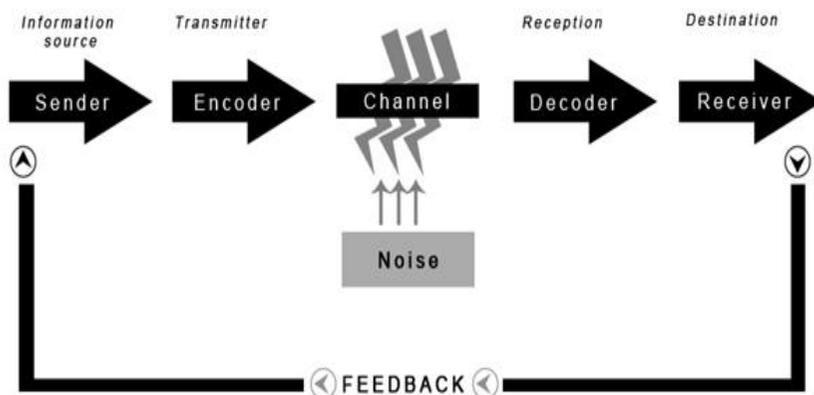
funeral parlor makes up 8%, while 8% of the participants were unemployed.

Though the national statistics show that Free State Province has 14.9% of its population 20 years and above, being matric holders and above (DHET, 2021), many people do not necessarily have full access to education. However, a good percentage of the participants interviewed have tertiary education, though many only migrated to Vrede from other parts of South Africa and other African countries. Be that as it may, the themes that came out from the interview are the medium of communication, the language used mostly in communication dissemination, the disposition of the younger generation to indigenous language in Vrede, the clarity and adequacy of the health information that is disseminated and the disposition of the migrant community to indigenous language as a medium of communicating health information in Vrede.

Medium of Communication preferred in Vrede

In the communication process, a medium is a channel or system of communication. It is the means by which information (the message) is transmitted between a speaker or writer (the sender) and an audience (the receiver). Shannon's (1948) communication process model provides a general model of the communication process that could be treated as the intersection of the diverse disciplines as journalism, both print and broadcast, rhetoric, public relations, marketing communication, advertising, linguistics, and public speaking. Part of its success is due to its structuralist reduction of communication to a set of basic constituents that explain how communication happens and why communication sometimes fails (Foulger, 2004, Shannon and Weaver, 1948).

In this regard, the structure is such that a sender will send the message through a medium or channel, and then there is a receiver who is the audience the message is intended for. The medium is very strategic because the message can be distorted there. Therefore, the health information planners in Vrede must take note of the medium that will work for members of the community given their peculiar circumstances.



SHANNON-WEAVER'S MODEL OF COMMUNICATION

Figure 1 showing Shannon-Weaver's model of communication sourced from https://www.communicationtheory.org/wp-content/uploads/2011/06/shannon_weaver_model.jpg

Akpan (2021) argues that the medium in which health information is transmitted is important as the wrong medium may not yield the desired result when the audience is local. This means that care has to be taken when choosing a medium to address important information like health.

Participant 1 corroborated this when she stated that one medium that health officials in Vrede adopt in disseminating information to the community members is face-to-face communication.

She said:

Uhm... it received quite a lot I think because like I said Vrede is a very small community, it's a very small intimate community, and we've got community workers that are always out there too, to serve the community so, there are more face-to-face....

According to Crowley and Mitchel (1994), face-to-face communication is a social interaction that is not mediated with any technology. It is one element that creates a human socialization experience (Akpan, 2021). In a study done in health communication, face-to-face communication was emphasized as important because, during communication, the parties involved will listen to the conversation and observe the speaker's body and facial expressions. That way, they can understand the meanings

behind some words that the speaker uses (Vermeir et al., 2015). In other words, the health officials and the members of the Vrede community have a role in observing each other's body language, particularly the non-verbal cues, to decipher the message properly. The benefit is that the community member can ask follow-up questions to understand the message better. Therefore choosing the right medium is good, but the language mobilized to convey the information is important.

However, participant 2 says that:

I think community engagement because here we don't have a radio station so that the community engagement will be the best....

In supporting face-to-face communication, he described it as community engagement. CDC (1997) defines community engagement as the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. It is a powerful vehicle for bringing about environmental and behavioral changes in people in a community. This medium is quite effective if the definition above is interrogated further. Vrede is small and peri-urban in setting; therefore, to achieve urgent change in behavior, especially as it concerns health, there is a need for a more interactive medium of communication like community engagement. In any case, the participant said that the town does not have a radio station; thus, they rely more on community engagement.

However, participant 9 said:

....Well, I think through their Facebook platform, I think the community of Vrede has a Facebook platform from which most of the time the information they get it from.

Participant 5 also said:

... We only know that they have it, coz we've seen it on Facebook....

Social media seem to be another important medium to disseminate health information other than the face-to-face/community engagement approach, as stated by participants 9 and 5. Leslie (2016), in his study in re-vitalizing indigenous language through the use of social media, argued that indigenous language revitalization is hampered by the low number of fluent speakers still alive. He believes that language is a highly emotive

issue within indigenous communities, and for many, language fluency is synonymous with their identity as Indigenous people. He thinks social media can play a leading role in this revitalization to this extent.

Therefore, the health planners in Vrede can employ social media, especially Facebook, to communicate health information to members of the Vrede community. Another scholar, Putra (2015), concludes from his study in Lampung in Indonesia that youths posted most of their activities on social media in their indigenous language, though they code-switched in English and Indonesia, they, however, thought that social media was a potential pedagogical resource (formal and informal) and space to promote the use of Lampung.

Language used in health communication in Vrede

According to Rabiah (2018), language is a communication tool used by everyone in their daily lives to convey information and arguments to others. Language is part of the culture of a community, and it has close relations to the behavior of groups of speakers of the languages. Language significantly influences the culture and way of thinking of people living within. In his study, Akpan (2021) concluded that to achieve a behavior change, especially health choices, the language of the locals must be adopted to engage them because it is intelligible to them. Language allows people to communicate with great precision. Therefore, Vrede health planners should mobilize the preferred indigenous language and discourse contexts with the community members, share information with others, and persuade on a course of behavior. Otherwise, it will affect them, particularly in their health choices. In delivering this health information, the use of indigenous and intelligible language to the people of the community is important (Owolabi and Nurudeen, 2020).

In some indigenous communities like Vrede, the locals may speak more than one indigenous language. To underscore this, participant 1 said:

Uh... Vrede is a Suthu; Zulu community, so uh... between the two because the people here are bilingual so they can understand both isiZulu and Sotho.

According to the official website ¹of Freestate province, the municipality that hosts Vrede is Thabo Mofutsanyana, and it borders the Kingdom of Lesotho, where the Sotho language is spoken. The Basotho speak Sotho in the Kingdom of Lesotho and South Africa, especially in Freestate and Gauteng Provinces. The languages spoken in Freestate province according to StatSA (2012) are Sotho - 64.2%, Afrikaans - 12.7%, Xhosa - 7.5%, Tswana - 5.2%, Zulu, - 4.4% and English - 2.9%. However, while Vrede is a farm settlement town, its proximity to Newcastle, a major Zulu city in the neighboring KwaZulu-Natal province, which is 113, 3 kilometers away, makes isiZulu widely spoken in Vrede.

In her view, Leslie (2016) asserts that indigenous languages around the world are under threat as indigenous communities continue to grapple with government assimilationist policies aimed at undermining Aboriginal Title to the land and forcing indigenous people into capitalist and colonial structures. Particularly in Africa, where European powers had colonized the countries and Balkanized them with artificial boundaries, one of their assimilation policies was introducing one of the European languages with English, French or Portuguese being prominent and literally forced the natives to speak it. This effect is still impacting Africa to date, including South Africa, where Apartheid was a state policy.

According to Wodniecka, Szewczyk, Kalamala, Mandera, and Durlik (2020), people who speak another language other than their native language for a long time can have some difficulty returning to one's native language. In extreme instances, the feeling of difficulty is subjectively experienced as if the native language has been temporarily lost. Thus the effect is also experienced in Vrede, where the native Sotho speakers have also to speak isiZulu, which the Zulus speak in KwaZulu-Natal.

Participant 2 said:

Home is home, so I cannot be speaking in English if I'm a Zulu unless maybe I've met someone who speaks English so amongst them... Zulu the most dominant.

Participant 2 corroborated the assertion of Wodniecka *et al.* (2020) that the moment the second language becomes dominant; the original native

¹ <http://www.freestateonline.fs.gov.za/index.php/the-free-state/> - Accessed on the 16th January, 2022

language may be relegated. Vrede has increasingly witnessed the phenomenon of isiZulu becoming a language of trade and conversation.

Participant 9 said:

isiZulu would take 95 plus % and Sotho maybe because we are less Sotho speakers...the Sotho people also speak isiZulu..... Jah, they speak it. You see, as I told you earlier from the beginning of the question, I'm a teacher. I get the opportunity to interact with these learners at school, and the Sotho speakers will speak Sotho, but those Zulu speakers, even if the person knows how to speak Sotho, will not speak in Sotho but will reply with Zulu..... Jah, that is telling you that the Zulu speakers are more dominant. Even... not only the learners but the colleagues that I teach with or work with will also do the same thing they love more of Zulu than the Sotho...even at church too, you know the prophet with speak in English than the interpreter will interpret in Zulu but not in Sotho...but there are also Sothos at church

Though indigenous languages alongside the English language are recognized by the South African constitution (Carter, 2016), the South Africa history online in their 2020 update on their website² confirms that the Zulus making up about 22% of the ethnic stock in South Africa seem to have a dominant language. These participants who are Sotho speaking also confirm that isiZulu is spoken by all and is the language of power. This protest and experience by participant 9 also relate to the power dynamics between English and the Aboriginal language in Australia (Scarino, 2014; Singer and Harris, 2016). In a study done by Disbray (2016) in Australia titled Spaces for learning, policy, and practice for indigenous languages in a remote context, the study took a wide ethnographic view of Aboriginal language teaching and learning in a remote education context. Overall, it found that little time is dedicated to home language teaching and learning in classrooms and schools. Similarly, unconsciously, people gravitate towards speaking isiZulu rather than the Sotho language in Vrede. Therefore, it becomes nearly impossible to ignore isiZulu as a language when disseminating health information.

² <https://www.sahistory.org.za/article/zulu> - Accessed on the 16th January 2022

Younger generations and speaking of indigenous Language in Vrede

In an article written by Sarah Koopman on the online version of the Sowetan Live (January 8, 2020 edition³) on raising a child that does not speak their home language. The writer referred to a study gathered as part of the 2018 General Household Survey conducted by Stats S.A. and released in May 2019, that in South Africa, the most common language spoken inside the household is isiZulu which is spoken by 25.3% of the population, followed by 14.8% who speak isiXhosa and 12, 2% who speak Afrikaans. These results show that only 8, 1% of South Africa's households speak English inside the home. Yet English is the second most popular language spoken outside the home at 16.6%. She attributed this situation to the colonial legacy in South Africa. That is why English has become the language of choice for business in South Africa and is further entrenched as the medium of instruction for most South African schoolchildren.

According to a study by Putra (2015) on young people and indigenous language, he concluded that Lampung youths were aware of how other youths who did not speak the indigenous language were restricted from socializing in Lampung more often. Those who spoke saw Lampung as a language to better connect with the local community, an identity they live in, and a Lampung ethnic. However, they still needed to code-switch their interaction into English and Indonesian.

Participant 3 said:

Younger people who live in Vrede speak isiZulu more when they talk among themselves, but they will prefer health information in English.

This feeling of identity by the local community is reflective in Vrede also. For instance, Participant 11 said:

...Their local language...its a Sotho community...some communicate in Zulu, but I think Sotho is more.

³ <https://www.sowetanlive.co.za/s-mag/2020-01-08-raising-a-child-that-does-not-speak-their-home-language-here-are-some-tips-to-adopt-at-home/> - Accessed on the 16th January 2020

In his opinion, the youths will like to receive health information in Sotho and isiZulu languages because they feel culturally connected to it. It gives them identity, as argued by Putra (2015).

Participant 12, in his own part, said:

I think they prefer their language even when they understand English. They prefer to reply with their language. So, I think its their language...more of Zulu than Sotho.

From the data gathered from participants 3, 11, and 12, youths in Vrede would prefer to receive all health information in their indigenous languages, the dominant ones being Sotho and isiZulu.

How will the migrant community receive health information?

In Mesthrie's (2006) study on subordinate immigrant languages and language endangerment based on two community studies from Kwazulu-Natal, she argued that though the Indians migrated to South Africa through an indenture system, some retained their language, but after over a century, lost their native language. Romero (2015) agrees that migrant communities who stay long enough in a very indigenous community will end up losing their original language.

This assertion was corroborated by Participant 12, who said:

...I think I know one or two people that speak... there's a Malawi and Zimbabwe, but they speak that language. I think they speak Zulu.

In a study in the United States of America (USA) by Obinna (2021), he said that indigenous migrants in American custody often speak neither English nor Spanish. This leaves them at risk for family separation, deportation, and due process violations. So it is in Vrede, though not in custody, is hardly considered when messages are being developed. Either because of their insignificant population or an outright insistent on the use of the indigenous language in the community. Most participants that are not migrants also insist that the message should be in Sotho and/or isiZulu, though some said it could be interpreted into English.

Conclusion

From the foregoing, indigenous language is a necessity to communicate health information in Vrede. The research carried out for this study shows that members of the Vrede community, either young or old, prefer that all health information come to them in Sotho and isiZulu (many of the Sotho speaking people speak isiZulu also). The medium of communication to be deployed by the health information planners should be face-to-face communication, community engagement, and the use of social media, especially Facebook.

References

1. Acemoglu, D., Bimpikis, K. and Ozdaglar, A., 2014. Dynamics of information exchange in endogenous social networks. *Theoretical Economics*, 9(1), pp.41-97.
2. Adam, R., Clausen, M.G., Hall, S. and Murchie, P., 2015. Utilizing out-of-hours primary care for assistance with cancer pain: a semi-structured interview study of patient and caregiver experiences. *British Journal of General Practice*, 65(640), pp.e754-e760.
3. Akpan, U.J., 2021. The role of communication in addressing sociocultural factors that influence pregnant women to drink alcohol in Durban, KwaZulu-Natal (Doctoral dissertation).
4. Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman medical journal*, 35(2), p.e122.
5. Allcott, H. and Gentzkow, M., 2017. Social media and fake news in the 2016 election. *Journal of economic perspectives*, 31(2), pp.211-36.
6. Cooperative Governance and Traditional Affairs (COGTA), 2020. Thabo Mofutsanyana district municipality; Profile and Analysis. https://www.cogta.gov.za/ddm/wp-content/uploads/2020/08/DistrictProfile_THABOMOFUTSANYANA0807-2.pdf
7. Corbett, G.A., Milne, S.J., Hehir, M.P., Lindow, S.W. and O'connell, M.P., 2020. Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic. *European journal of obstetrics, gynecology, and reproductive biology*, 249, p.96.
8. Dimpleby, R. and Burton, G., 2020. *More than words: An introduction to communication*. Routledge.

9. Disbray, S., 2016. Spaces for learning: policy and practice for indigenous languages in a remote context. *Language and education*, 30(4), pp.317-336.
10. Foulger, D., 2004. *Models of the communication process*. Brooklyn, New Jersey, pp.1-13.
11. Garfin, D.R., Silver, R.C. and Holman, E.A., 2020. The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health psychology*, 39(5), p.355.
12. Grad, F.P., 2002. The preamble of the constitution of the World Health Organization. *Bulletin of the World Health Organization*, 80, pp.981-981.
13. Granja, C., Janssen, W. and Johansen, M.A., 2018. Factors determining the success and failure of eHealth interventions: systematic review of the literature. *Journal of medical Internet research*, 20(5), p.e10235.
14. Glouberman, S. and Zimmerman, B., 2016. *1 Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like?* (pp. 21-53). University of Toronto Press.
15. Guest, G., MacQueen, K.M. and Namey, E.E., 2011. *Applied thematic analysis*. sage publications.
16. <https://census2011.adrianfrith.com/place/473002> - Accessed June 14, 2021
17. <https://stats.oecd.org/glossary/detail.asp?ID=1279>
18. <https://www.dhet.gov.za/Planning%20Monitoring%20and%20Evaluation%20Coordination/Fact%20Sheet%20on%20Adult%20Illiteracy%20in%20South%20Africa%20-%20March%202021.pdf>
19. <https://www.sowetanlive.co.za/s-mag/2020-01-08-raising-a-child-that-does-not-speak-their-home-language-here-are-some-tips-to-adopt-at-home/>
20. Husain, Z., 2013. Effective communication brings successful organizational change. *The Business & Management Review*, 3(2), p.43.
21. Kallio, H., Pietilä, A.M., Johnson, M. and Kangasniemi, M., 2016. Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of advanced nursing*, 72(12), pp.2954-2965.
22. Kim, A. and Dennis, A.R., 2019. Says who? The effects of presentation format and source rating on fake news in social media. *Mis quarterly*, 43(3).

23. Lee, J.J., Kang, K.A., Wang, M.P., Zhao, S.Z., Wong, J.Y.H., O'Connor, S., Yang, S.C. and Shin, S., 2020. Associations between COVID-19 misinformation exposure and belief with COVID-19 knowledge and preventive behaviors: cross-sectional online study. *Journal of medical Internet research*, 22(11), p.e22205.
24. Leong, L.M. and Ahmadi, S.M., 2017. An Analysis of Factors Influencing Learners' english Speaking Skill.
25. Leslie, K.R., 2016. Haidawood: A Social Media Approach to Indigenous Language Revitalization.
26. Manchester, A., 2018. Health—a human right. *Kai Tiaki: Nursing New Zealand*, 24(3), pp.12-13.
27. McDowell, L., 2014. 'A Delicate Balance...': Language as a Tool of Identity Expression for Incarcerated Men Pursuing Higher Education. *Changing English*, 21(2), pp.131-138.
28. Meier, B.M., 2017. Human rights in the World Health Organization: views of the Director-General candidates. *Health and human rights*, 19(1), p.293.
29. Mesthrie, R., 2006. Subordinate immigrant languages and language endangerment: Two community studies from KwaZulu-Natal.
- Owolabi, T.O.S. and Nurudeen, N.A., 2020. Indigenous Language Media and Communication for Health Purposes in the Digital Age. In *Emerging Trends in Indigenous Language Media, Communication, Gender, and Health* (pp. 123-145). IGI Global.
30. Putra, K., 2015. Youth, social media and indigenous language revitalisation. PhD presentation to the University of Arizona.
31. Rabiah, S., 2018. Language as a tool for communication and cultural reality discloser.
32. Romero, O., 2015. Indigenous migrants and language barriers in the U.S. *Diálogo*, 18(2), pp.157-157.
33. Scarino, A., 2014. Situating the challenges in current languages education policy in Australia—unlearning monolingualism. *International Journal of Multilingualism*, 11(3), pp.289-306.
34. Shannon, C.W. and Weaver, W., 1948. H. 1963: The mathematical theory of communication. *The Mathematical Theory of Communication*. University of Illinois Press, Urbana IL, pp.3-91.
35. Singer, R. and Harris, S., 2016. What practices and ideologies support small-scale multilingualism? A case study of Warruwi Community, northern Australia. *International Journal of the Sociology of Language*, 2016(241), pp.163-208.

36. Sirbu, A., 2015. The significance of language as a tool of communication. *Scientific Bulletin" Mircea cel Batran" Naval Academy*, 18(2), p.405.
37. Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A. and Varpio, L., 2015. Choosing a qualitative research approach. *Journal of graduate medical education*, 7(4), p.669.
38. Wodniecka, Z., Szewczyk, J., Kalamala, P., Mandera, P. and Durlik, J., 2020. When a second language hits a native language. What ERPs (do and do not) tell us about language retrieval difficulty in bilingual language production. *Neuropsychologia*, 141, p.107390.
39. World Health Organization, 2004. *Health as a human right in Islam*.
40. World Health Organization, 2017. *Global diffusion of eHealth: making universal health coverage achievable: report of the third global survey on eHealth*. World Health Organization.
41. Zuckermann, G.A., Shakuto-Neoh, S. and Quer, G.M., 2014. Native Tongue Title: Compensation for the loss of Aboriginal languages. *Australian Aboriginal Studies*, (1), pp.55-71.