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Digital and Language Inequalities in Disseminating COVID-19-Related Health Campaigns in Uganda: The Effects of Confinement and Social Distancing Strategies

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Abstract

This article unveils existing gaps in the use of digital technologies and local languages in the context of official COVID-19 pandemic communication strategies in Uganda. It entails an analysis of a purposively drawn sample of official COVID-19 communication from the Ministry of Health through its website, notably in English and translations into few native Ugandan languages, to argue for the need for a more diverse and inclusive language strategy in pandemic containment and prevention communication strategy. Interviews were also held with a convenient sample of Ugandans from diverse ethnolinguistic and socio-demographic backgrounds to explore the way in which social distancing, a dominant strategy used in COVID-19 infection prevention control was understood by sections of the population and factors influencing their understanding, acceptance or rejection of this strategy. Discursive thematic analysis was employed to examine the ways in which important public health information and strategies aimed at controlling the spread of COVID-19 are communicated to the culturally and linguistically diverse Ugandan population. The study critically analyses the implications of the cultural interpretations and multiple meanings of strategies such as social distancing and the use of sanitizers amongst a linguistically and socio-economically diverse population. The study argues that local languages, including specialist languages such as braille and sign language play a pivotal role in spreading information and raising awareness about the current global pandemic. It highlights the need to create an inclusive, responsible and ethical mass media and internet communication and content in local Ugandan languages in addition to English which is the official language.

Keywords: Coronavirus, local languages, braille and sign languages, responsible and ethical communication, ICT inequalities, vulnerable communities

1. Introduction

The COVID-19 is the infectious disease caused by the most recently discovered coronavirus. According to the World Health Organization (WHO) (2020), this new virus and its pathological characteristics were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 pandemic has affected all countries in the world, with severe impacts on society, particularly vulnerable communities and overwhelmed healthcare systems. The pandemic has caused widespread social and economic disruption and dramatic re-shaping of the world. Recent studies have shown that in the absence of reliable vaccines, acute shortage of essential supplies, including personal protective equipment, diagnostics, and medical products, social distancing, hand washing, mask-wearing, and disinfecting are the only feasible approaches to fight against this pandemic in order to reduce viral transmission (Huremović 2019).

Globally, there have been combined efforts to fight the COVID-19 pandemic through preventive measures such as country border closures, national lockdowns, and schools' closures among other examples. In Uganda, similar measures have been implemented, including placing infected individuals in isolation or those potentially exposed but asymptomatic (e.g. returnees and travelers from other countries) in quarantine, closure of the international airport, non-food shops,

places of worship, workplaces, schools, cancellations of mass gatherings, lobbying for donations and increased awareness campaigns through special COVID-19 messages, advertisements (hereafter, adverts) and songs (ibid). However, each of those measures comes with complex legal, ethical, logistical, linguistic and cultural challenges, but also mental health challenges associated with isolation and uncertainty (ibid). For instance, in Uganda, where over 70% of the population is informally employed (Uganda Bureau of Statistics, UBOS, 2014), there has been a negative collective reaction to some of the COVID-19 guidelines by the informal traders in downtown Kampala whose livelihoods depend on daily transactions with their customers. The situation is exacerbated in the informal settlements or slums, which are defined as “contiguous settlement(s) where the inhabitants are characterized as having inadequate housing and basic services, [settlements which are] often not recognized and addressed by public authorities as an integral part of the city” (UN Habitat, 2003, p.10). In slum areas of Kampala, strategies such as social distancing, one of the non-pharmaceutical measures of combating the spread of COVID19 is simply impossible to operationalize due to overcrowding which is an inherent characteristic of such settlements (Richmond, Myers and Namuli, 2018).

The extant literature underscores the significance of communication and the need for best practice in emerging infectious diseases that represent risks and crisis to public health (e.g. Covello, 2003; Reynolds and Seeger, 2005; Holmes et al., 2009). Various best-practice models have developed as a result of the previous pandemics such as the anthrax, sudden acute respiratory syndrome (SARS) and the Avian flu among others, for example Covello’s (2003) seven-point checklist of best practices that should be included in any public health risk and crisis communication plan or the well-known crisis and emergency risk communication (CERC) model proposed by Reynolds and Seeger (2005).

However, one of the emerging complications of the COVID-19 pandemic is that linguistically and culturally diverse peoples have inadequate information about how to keep themselves and their communities safe and secure or indeed the seriousness of the pandemic (WHO 2021). Following the WHO global response plans for COVID-19, it identified risk communication and community engagement as a priority. Consequently, all those with responsibility to the public are requested to communicate effectively with communities, counter misinformation, and make sure people can hold them accountable. According to Uganda’s constitution of 1995, there are 65 known indigenous languages in Uganda with varying numbers of native speakers. In order to promote knowledge to operationalize epidemic mitigation mechanisms, as evidenced in the current fight against COVID-19, it is imperative to develop an effective COVID-19 communication strategy that covers most if not all indigenous Ugandan languages. The UBOS (2016) indicates that Uganda’s population is made up of different ethnic groups with varying unique customs and norms which play a major role in shaping behaviour and ways of life of the people in the country. Besides, several externally displaced persons (refugees) have settled in Uganda, in addition to those who have come to live in the country voluntarily due to business, charity or religious and other non-conflict related reasons. These foreign residents also speak diverse languages from their countries of origin, notably from Rwanda, Sudan, Congo DRC, Somalia, Burundi, South Africa, Malawi, Zambia, Kenya, Tanzania, Cameroon, Ethiopia, Eritrea, Tunisia, Morocco, Lebanon, India, China, Turkey and Europe, to mention but a few examples. Our analysis of the mass media campaigns and advertising, the guidelines, the Radio and Television Talk shows about COVID-19 pandemic show that majority of the local and foreign languages, as well as braille and sign languages are silent (in other words less used).

[An ethnolinguistic map of Uganda](#)



The magnitude of the language challenge is undisputable. According to the WHO (2020), the COVID-19 pandemic continues to evolve rapidly and this heightens the need for accurate, trusted information adapted to changing scenarios. This is even more important in the context of the lessons learnt in Liberia and Sierra Leone, during the 2014 Ebola outbreak, during which more women died partly because they had less access to accurate information about the virus in their own languages.

Languages aside, research has shown that in some countries, the digital platforms (DP) have contributed tremendously in keeping citizens informed (Jiang and Ryan (2020)). The DPs have enabled public participation and/or offered open data and digital applications to enable public participation. In Uganda, if someone wants to obtain updated information about COVID-19 crisis, the Ministry of Health (MoH) Website stores such information on its website and social media (twitter and Facebook) pages but this is generally in English language. Little effort has been put in place to translate the COVID-19 campaign documents into the different local languages or the non-Ugandan languages. Every public entity ranging from telecommunication companies, hospitals, banks, markets, local government offices, public places, transport services, post offices, academic institutions etc., have adverts mainly in English or in Luganda yet it is a known fact that Uganda as a country has more than 60 languages (The Constitution of Uganda 1995 amended in 2005). We explore these anecdotes in public understanding, construction and (mis)interpretation of COVID-19 official messages through interviews held with a convenient sample of Ugandans speaking various languages, from diverse socio-economic backgrounds. We also conducted a discursive thematic analysis of official COVID-19 information disseminated by the Uganda's Ministry of Health and the Presidential taskforce leading the fight against the pandemic. The aim is to unveil the gaps in the official COVID-19 pandemic control strategies which highlight challenges in communicating emergency and crisis information in linguistically and digitally diverse societies such as Uganda's.

2. Literature review

Communication lies at the 'heart of public health and plays a pivotal role in promoting core public health objectives including disease prevention, health promotion and quality of life (Badr 2009). In addition to this, trusted channels of communication play a critical role in meeting information needs. Research has shown that while the Coronavirus continues to ravage the world, there is growing concern that critical messages about the disease that are disseminated by health authorities and broadcasters are not reaching the vulnerable population (BBC Future, n.d.).

There is also growing concern that critical messages about the disease that are disseminated by telecom companies are not reaching persons with visual and hearing impairments. The role of languages in communication has been described insightfully by Neil Pakenham-Walsh, who wrote in a letter to *The Lancet*, that scientific health research is often presented in English, a language spoken by approximately 5% of the world population and where "the considerable burden of translation is left to people with little access to professional language support or reliable machine translation tools" (2018, p.e1282). This echoes the Ugandan experience in which the majority of COVID-19 guidelines published

in English, represent a potential disadvantage to speakers of other languages spoken in a country that is linguistically diverse. Similar observations were made by Salman Waqar, an academic GP registrar at the University of Oxford and the general secretary of the British Islamic Medical Association, who averred in 2020, that much of the initial public health guidance around Covid-19 has been in dominant languages, potentially bypassing those less able to understand such language particularly at grassroots (BBC Future, n.d.). However, as recommended by the OECD, in the short term, public communication and transparency are needed to reinforce compliance with emergency measures and fight disinformation. In addition, inclusive participation is fundamental to the creation of a sustainable, socially cohesive society (OECD, 2012).

Therefore, in such pandemics, communication is a critical component of helping individuals prepare for, respond to, and recover from emergencies. Effective communication can help to prevent crisis from developing (WHO 2020). By definition, communication is about "building relationships with others, listening and understanding them, and conveying thoughts and messages clearly and congruently; expressing things coherently and simply, in ways that others can understand, and showing genuine knowledge, interest and concern; bringing these aspects together to make change happen" (Government Information and Communication Service website 2018). The crisis and emergency risk communication (CERC) field is defined by the Centers for Disease Control and Prevention (CDC) as, "an effort by experts to provide information to allow an individual, stakeholder, or an entire community to make the best possible decisions about their well-being within nearly impossible time constraints and help people ultimately to accept the imperfect nature of choices during the crisis" (CDC, 2002, p.6).

In order to create public awareness about the pandemic, African governments are using mass media, notably radio and television, as well as ICT, particularly social media and mobile telephone platforms (Mobile phone data and COVID-19). This approach is broadly consistent with the emerging scholarly research on the role of social media in global crisis communication in which five main potential roles of social media have been synthesized from the extant literature (Eriksson, 2018). Specifically, Eriksson found that 'effective crisis communication is associated with using social media's potential to create dialogue and to choose the right message, source and timing; performing pre-crisis work and developing an understanding of social media logic; using social media monitoring; and continuing to prioritize traditional media in crisis situations [as well as simply] using social media in its own right during crises' (2018, p.540).

In Uganda, with 42 million people (UBOS 2020) in lockdown and mostly confined in their homes, ICTs are becoming a necessity, as they represent one of the main ways to communicate and access information and services, but also one of the only remaining vectors for social interactions during the national lockdowns and periods of compulsory confinement (ibid). The present article maintains that in the current COVID-19 crisis, much as ICTs are helping to reach wider audiences globally, Uganda, like other Sub-Saharan African countries, still faces several challenges which directly or indirectly affect communication about COVID-19 pandemic. For instance, the 2019 communication sector report by the Uganda Communications Commission (UCC) shows that the country's internet penetration stands at 37.9% with over 23 million internet users, who mostly use mobile phones. According to the same report, mobile internet subscription stood at between 14.3 to 15.2 million persons out of the 42 million Ugandans. At the same time, about 1.1 million to 1.4 million Ugandans have actively subscribed to pay-TV services. This clearly shows the digital gap as of 2020, given that a large proportion of the population (estimated at 62-96%) does not have access to the internet or pay-TV.

As mentioned earlier, some of the most vulnerable people such as the majority living in rural communities, people living with disability, those who are elderly, homeless, or recent immigrants/refugees, are the most difficult to reach if ICTS serve as the main instrument of communication (Lee, Rogers, & Braunack -Mayer, 2008). This implies there is an ethical responsibility to ensure social media platforms such as WhatsApp, Twitter and Facebook among others are augmented with equivalent options, or the most vulnerable will face further inequalities in communication of COVID-19 information and hence miss out on essential, life-saving messages from the Ministry of Health, an information void that could be filled with mis or disinformation (e.g. Vijaykumar et al., 2021). Equally, the few local languages in use and sign languages seem to promote knowledge to operationalise pandemic mitigation mechanisms.

As evidenced in the current fight against COVID-19, arguably, languages have become an asset in dealing with pandemics, peace and security issues within the region. A recent research finding in the area of challenges of translating and disseminating HIV/AIDS messages in a multilingual and multicultural nation: the case of Uganda indicates that among these challenges is the question of translating HIV/AIDS materials in the absence of a standardized terminology and disseminating them in multilingual and multicultural communities. Recent surveys have also shown that Refugee communities still lack the basics in the fight against the spread of the Coronavirus, especially the information component (see World Vision 2020). In the same vein, according to Ugandan newspaper, the Daily Monitor (April 2020), with limited access to radio, television, newspapers, the internet and the impediment of language barrier, sharing vital information in the refugee settlements remains a big challenge. Therefore, a regular communication with the public and at-risk populations is one of the most important steps to help prevent infections, save lives and minimize adverse outcomes (World Vision Uganda, UNICEF 2020). Information must be provided in multiple formats and local languages to address the barriers which older people often face, related to literacy, language and disability. In such cases, the use of door to door awareness drives across all the villages in the settlements, using mobile public address systems and megaphones is indispensable (ibid). Since COVID-19 has been declared a global health emergency, trusted, clear and

effective communication and engagement approaches are critical to ensure that fear, panic and rumors do not undermine response efforts and lead to COVID-19 spreading to the vulnerable communities.

Research has advised that Communication lies at the “heart of public health” and plays a pivotal role in promoting core public health objectives including disease prevention, health promotion and quality of life (see Covello; 2003; Holmes et al 2009). Undeniably speaking, Uganda’s MOH and national COVID-19 taskforce would do well to employ a multi-faceted approach to its public health communication as a measure to improving communication for vulnerable communities in Uganda through their different indigenous languages used on mass media, flyers, brochures the internet.

By and large, language is the primary issue in times of crisis, Betsch (2020) argues that in the current absence of medical treatment and vaccination, the unfolding COVID-19 pandemic can only be brought under control by massive and rapid behaviour change. In this regard, what is more important than being able to communicate with its multilingual and multicultural citizens in their language in order to inform them about: what Coronavirus is, where it comes from, how it spreads, who is most at risk, what it’s signs and symptoms are and what is the difference between coronavirus and common flu. (<https://communityengagementhub.org/what-we-do/novel-coronavirus/>) Furthermore, what could be more crucial than giving the local communities instructions to follow, reassuring and reminding them that all together we will overcome the pandemic (ibid). How crucial is it to include the marginalized and vulnerable people in the know of COVID -19 (ibid) How then can the citizens be informed about the pandemic and above all about the preventive measures (covid-19-response-bulletin-ethiopia-3) if majority do not get the correct scientific information about the pandemic due to limitations in language and technological mediums used to convey such messages? Framed in this way, it is reasonable to argue that local languages, incontestably promote comprehension, and increase appreciation of the prevailing environment around a given community (2004 Tony Reed report). The argument here is that local languages are a tool for socialization that helps to shape people’s understanding of their environment, identifies and the role they play within it. In the light of the latter, COVID-19 pandemic becomes more than a health issue. The pandemic in Uganda will not be just a crisis of public health or the economy. It risks becoming a language and digital emergency that threatens the access of, the understanding and interpretation of information about COVID-19 across all the 135 districts of Uganda. As documented by the IHR (2005), Uganda needs to recognize risk communication as a critical pillar for developing national core capacity during emerging infectious diseases and other IHR (2005) related events.

3. Methodology

3.1 Participants and data sources

Data for this study were collected using secondary analysis of a purposively drawn sample of official COVID-19 communication from the Ministry of Health, Office of the Prime Minister and the Presidential Address as well as directives to the country. In addition, data was also gathered and reviewed from print media, websites, and social media in Uganda to understand the type of information that is circulating, and the possible impact this may have on the knowledge, attitudes, beliefs, and cultural practices, particularly those likely to be from rural or vulnerable communities.

The focus on official communication was justified on the basis that they were delivered to Ugandans using one or more of the mass media and social media platforms such as the national and pay-TV channels, Ugandan daily newspapers (print media), Ministry websites and twitter among others as described in the previous two sections. The purpose of the secondary analysis is to highlight the gaps in such official communication which is released in English with limited translations into the various languages spoken in Uganda and to show the implications in terms of inclusiveness in a country with diverse linguistic and digital characteristics.

Telephone interviews were also conducted with a total of 50 Ugandans from various socio-economic backgrounds, who speak diverse local [and specialist] languages constituted the Sampling Frame. The aim of the interviews was to understand how participants make sense out of social distancing, which is one of the main public health strategies employed to minimise the spread of COVID-19 in Uganda. We focused on social distancing because it is one of the most difficult strategies to employ in a communitarian society where the cultural norms cherish social cohesion with people living together, and in some cases reinforced by socio-economic challenges arising from poverty as seen in informal settlements (slums) in urban areas.

3.2. Procedures

Participants were asked four open-ended questions about the languages they spoke, their knowledge of English, the meaning of ‘social distancing’ and what, if any cultural or other lens they use to make sense of ‘social distancing’ as seen here below in table 1

Table 1: Interview questions
a. What is your primary language of communication?
b. Do you speak English?
c. What three things come to mind when you hear the word ‘social distancing’?
d. Are these views on social distancing based on your customs/culture, everyday

experiences in life or anything else?

The interviews were not designed for an objective assessment or evaluation of participants experiences in as much as aiming to elicit their distinctive individual understanding and sense making of social distancing, the most common social COVID-19 containment strategy (cf. Holmes et al., 2009). As mentioned above, the linguistic diversity in Uganda meant non-pharmaceutical measures used in containing the pandemic in its early days were not always easily understandable and in some cases agreeable to sections of the population, including those likely to be vulnerable. The interviews were therefore conducted with the aim of understanding how participants made sense of social distancing, which was one of the main public health strategies employed to minimise the spread of COVID-19 in Uganda and across the world. The interviews which were conducted by the first author lasted between 15-30 minutes, they were not audio-recorded, to save phone battery in a context of unpredictable availability of electricity and also to protect the Author from contracting covid-19. Instead, the interviewer manually recorded each response in notebooks, which were eventually typed and analysed thematically. In other words, the interviewer used non-verbatim transcription because this helped to ensure that the transcriptionist could transcribe and translate for readability rather than keep taking a verbatim approach. The interview data and official communication (secondary) data were subjected to thematic analysis, a common method used in qualitative analysis (see Braun & Clarke; Bryman & Bell, 2011). The approach used in this study followed closely from Braun and Clarke (2006, p.79) who describe thematic analysis as a ‘method for identifying, analysing and reporting patterns or themes within data and for minimally organising and describing data in rich detail’. Themes were identified due to their prevalence within the data, as well as their potential in explaining contextual issues relevant to social distancing and the role of language in communicating COVID-19 control messages to diverse populations in Uganda. The study findings are summarised in table 2 below.

4. Results and discussions

4.1 Introduction

The results section includes presentation of examples of official COVID-19 communication from the Ministry of Health summarised in figure 1, in section 4.2. It also presents a summary of key findings from interviews with convenient sample of Ugandans from diverse language and socio-demographic backgrounds in section 4.3. Four main themes are covered within section 4.3 as a basis to demonstrate the language and cultural gaps in official COVID-19 communication in Uganda. The first theme addresses the influences of socio-cultural factors in mediating public understanding of key strategies such as social distancing; the second theme focuses on socio-cultural and contextual factors, followed by the role of professional interlocutors in facilitating understanding for special groups such as people with disabilities and refugees and last theme highlights the role of social and political factors in influencing public understanding of official COVID-19 containment strategies such as social distancing as typified by the excerpts and descriptions presented in table 2 below.

Table 2: Illustrative Example Linking Data to Thematic Categories and Explanations [empirical data in the first column is where respondent views or quotations can be found, this is organised to show how data and themes are linked so we did not use separate quotations beyond the details covered here in table 2

Empirical data	Description	Thematic categories
<p>Social distancing, well,</p> <ul style="list-style-type: none"> ○ People living in the village say these are habits of town (urban) people; ○ They don't trust reasons for social distancing because they have never had experience of such a thing. ○ Usually during funerals or functions, they come together (not stay away from each other). <p>The above 3 issues are as a result of culture and certain mindset and experience that has been there for a long time</p> <ul style="list-style-type: none"> ○ For instance, Mr. A said people are saying that they drink <i>nguli</i> (locally distilled alcohol) and they eat bitter indigenous green vegetables such as <i>ijiribi</i>, <i>kulubu</i>, <i>kiliwere</i> [and] <i>palabi</i> which can fight the so-called COVID-19, ○ That they used to use <i>pati izaaki</i> (tree roots), pounded and mixed with [wood fuel] ashes to heal someone with a headache (which is 	<p>Social distancing is understood through socio-cultural lens that defines ways of living in a community in rural urban settings and ways of treating ailments using traditional herbal medicine which seems to be valued and (in)appropriately considered a competing alternative to modern medicine in the treatment of COVID-19. The magnitude of the COVID-19 which has brought about the need for social distancing among other strategies are weighed through a mindset that requires ‘proof’ of how dangerous it is as ‘no one has experienced it or died from it’</p>	<p>socio-cultural influences on public understanding of social distancing in Uganda</p>

<p>one of the symptoms of COVID-19), so they can use such local methods and herbs to treat COVID-19</p> <ul style="list-style-type: none"> ○ That they can take herbs such as liquid squeezed out of eucalyptus leaves to heal a positive covid-19 case <p>(Mr.A, 45-55-year old, male native speaker of <i>Lugbarati</i>, one of the 8 area languages spoken in North-western Uganda, western Congo DRC and parts of South Sudan, he has basic understanding of English and works as driver of a top local politician. He spoke to people in his local social network and his village in Arua district about social distancing, he reflects their views in this varied perspective)</p>		
<p>What does social distance mean?</p> <ul style="list-style-type: none"> • People don't care much about it because they have no experience of death arising from COVID-19 • People say this is <i>wolokoso</i> (meaning gossip) • That social distancing are habits of the urban people <p>These meanings are based on established mind set. (Mr B, 55-65-year-old male from South-Eastern Uganda living in Kampala and a native speaker of <i>Lusoga</i>, one of the 8 area languages and a fluent speaker of English), preferred to obtain his elderly (above 75-year-old) mother's views on social distancing. He had gone to the village for the burial of his niece and relatives were rushing to shake his hands and to hug him. But when he kept his distance [due to ongoing requirements for social distancing] it annoyed all of them, who told him off for being antisocial. This might explain these views from his mother)</p>	<p>Social distancing is understood through socio-cultural and contextual distinctions employed in judging behaviour based on rural vs urban living, where the rural communities seem to observe social norms around communal living, established over time, whilst urban living is associated flouting these norms. Social distancing is reduced to a mere 'gossip', not something to be taken seriously as there is no 'proof' of its existence or effects on the referent community</p>	<p>Socio-cultural and contextual influences on public understanding of social distancing in Uganda</p>
<p>What three things come to mind for a person who is either hard of hearing or completely deaf when they are told or read about social distancing?</p> <ul style="list-style-type: none"> ◇ When it is signed [use of sign language], they understand what it means and they also observe it. This is for the deaf but with no signs, they don't understand [what is meant by social distancing] ◇ For the blind, deafblind and those with severe disability who need one to one [support], they have challenges with social distancing because they have to move in close contact with each other [dependence on others]. <p>These views are not based on culture but an understanding of the special needs of the people with these specific disabilities (loss of hearing).</p> <p>(Dr. P, 45—55 years old holds a PhD in special needs education, and she speaks <i>Luganda</i>, <i>Lunyankore</i> and <i>Luo</i>, three main area languages spoken in central, southern and northern Uganda. Like Ms G; her views on social distancing are based on her experiences with a few of her students with wide range of disabilities, including hearing, sight and a combination)</p>	<p>Social distancing is understood through the avenue of those with responsibilities for teaching or looking after people with disabilities, whose knowledge of the special needs and special languages help to explain it and to provide instructions. Their role as special language speakers or guides helps to ensure both understanding and observation of the guidelines</p>	<p>The role of professional interlocutors in facilitating public understanding of social distancing for people with disability</p>
<p>What does social distancing mean to them?</p>		

<p>⇒ They say it is one way of pulling them away (especially the men) from their communal and social way of drinking <i>malua</i> or <i>lacwi</i> (local millet-based alcoholic beverage normally consumed communally by men, using bamboo straws) from the same pot or from sharing a drink from the calabash (gourds)</p> <p>⇒ The Boda-boda (local motorcycle taxi operators) say it is a political warfare meant to stop those boda-boda who support opponents of the ruling government. They argue that when an NRM candidate is canvassing support for their own candidate, boda-bodas are not suppressed but when the opposition canvasses support for their members and boda-bodas support them, Police suppresses the boda-bodas.</p> <p>⇒ Social distance amounts to practicing anti-social behaviour yet in the villages they are used to staying together (social cohesion)</p> <p>Ms C says that the above meanings depict the value attached to communal way of socializing in the TESO culture. The issue of bad attitude and propaganda are also playing a role.</p> <p>As mentioned by Mr. D yesterday, Ms C said the TESO are also saying government is deceiving about COVID-19 given the experience of people who were in quarantine for Nothing. That They Were Being Given Medication They Didn't Know Very Well, That They Were Not Sick, In Conclusion That These Were Tricks to Keep People Away So That Votes Can Be Stolen. (this information has gone viral)</p> <p>(Ms C, 35-45 years old, native speaker of Ateso, one of the 8 area languages in Uganda, and fluent in English sharing her experiences of speaking about social distancing with people from her home region in Eastern Uganda)</p>	<p>Social distancing is understood and interpreted through shared social and cultural norms which are well-established amongst the referent community. Social distancing is associated with breaking these norms through acting in ways considered to be 'anti-social'. Another layer of interpretation is the contextual political environment in which there is mistrust of politicians' motives for implementing social distancing</p>	<p>Socio-cultural and political influences on public understanding of social distancing in Uganda</p>
<p>What does social distancing mean to them?</p> <ul style="list-style-type: none"> ◆ They ask for an explanation to know why they should [keep] social distance ◆ They ask to know what <i>Tonsemerera</i> means (it is a Ministry of Health COVID-19 advert on social distancing in Luganda, the most dominant Ugandan language) ◆ They ask if "it [<i>Tonsemerera</i>] is your football club" or what you mean [when you use the term]?" ◆ They ask if "is it a football club or "People Power" [the latter being the slogan of a popular Ugandan opposition politician's new political movement]?" ◆ Even yesterday, they still asked if it was a football club? <p>NB: Mr. D claimed he laboured to explain that social distancing or <i>Tonsemerera</i> means "don't touch people", "don't come near people", surprisingly in conversations with ordinary people who speak Luganda, the language from which the uncommon word derives. Mr D conjectures that these meanings are based on mindset and propaganda [read misinformation] from those who were quarantined when they had no covid-19, for instance:</p>	<p>Social distancing is interpreted through social and contextual experiences such as the growing distrust of politicians' motives in implementing it, as presidential and parliamentary elections are due to be held in January 2021. The need for 'proof' is used as a proxy to indicate the falsity of claims about COVID-19 as no one has seen it or those on quarantine were isolated for 'nothing'. Social distancing is reduced to a mere game, or a new 'football club' or 'politics' but not something to be taken seriously</p>	<p>Socio-cultural and political influences on public understanding of social distancing in Uganda</p>

<ul style="list-style-type: none"> ◆ that some people think that because the president wants to keep them in the lockdown in order to get votes, he keeps telling them to social distance ◆ that no one has so far died of COVID-19 from their community [seeing is believing] ◆ that people who were in quarantine told some of their relatives and friends that they were kept in there for nothing, that they were being given medication they didn't know very well, that they were not sick ◆ that these were tricks to keep people away so that votes can be stolen. ◆ they think it is a game <p>(Mr D., a 25-35-year-old male, informally employed, native speaker of Luganda, with basic fluency in English. Mr D's views were based on his experiences of speaking with people in his social network and within his neighbourhood in the out skirts of Kampala)</p>		
<p>The meaning of social distancing for Sudanese refugees:</p> <ul style="list-style-type: none"> ➢ Awareness was created so this helped the refugees to understand Social distancing. ➢ For examples when a person coughs near other people, they quickly keep a distance. ➢ Posters were used to simplify the social distancing campaigns [in a visual way] ➢ Translations helped. <p>NGO's [working with refugees recruited] about 4 people [who spoke <i>Barr</i>, <i>Juba Arabic</i> and <i>Kakwa</i>] to translate [official COVID-19] guidelines from English into the above 3 languages and later these languages were used for sensitizing the refugees.</p> <p>(Ms V, 35-45-year old Ugandan female, graduate logistics officer working with NGOs near refugee settlements, native speaker of Lugbarati, fluent in English. Ms V's experiences of what social distancing means to Sudanese refugees in North-Western Uganda are based on vicarious observations and conversations with staff of NGOs who work with the refugees)</p>	<p>Social distancing is understood through the role of those with responsibilities for the refugees, who realise the need for official guidelines to be translated in languages spoken by the referent community. Their role in recruiting native speakers to translate official guidelines used in raising awareness among refugees from South Sudan is taken as a proxy in helping them make sense out of social distancing</p>	<p>The role of professional interlocutors in facilitating public understanding of social distancing for externally displaced people</p>

Source: summarised by the authors, based on insights from Ayikoru & Park (2019)

4.2 Discursive thematic analysis of official communication on COVID-19 in Uganda

From the analysis of COVID-19 campaign messages on MOH webpage and Twitter page and the print media, it can be argued that Ugandans received most of the online messages in English. The message ranged from “social distancing-avoid close contact with people who are visibly sick with a cold or flu-like symptoms (fever, cough, sneeze)”, “wash your hands often with soap and running water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer”, “don't touch the soft parts of the face”, “The entire population will put on fabric masks”, “wear a medical or face masks if you are sick or someone around you is sick” as seen in the extracts in figure 1 below.

It can be inferred that the public communications about COVID-19 pandemic including use of social media, the press (newspapers, posters) and media (television stations) and other informational materials have been majorly provided in English. This is a major concern when Ugandans are so diverse from a linguistic and a cultural perspective (Ethnologue 2020). It is only fair that the Ministry of Health and the Ugandan government translate all public communications and information about the coronavirus into multiple languages that represent the people and communities currently living in Uganda. It can therefore be argued that it is crucial for the indigenous communities of Uganda to receive clear information about the virus and control measures and this is Ugandan government's responsibility.

Therefore, taking into account the millions of people who speak multitudes of local languages within Uganda, the COVID-19 risk is compounded by the lack of health materials in a language they understand. In the same vein, people in the grassroots level, the visually impaired, the vulnerable and marginalized are not well informed about the dangers

of the pandemic either due to challenges of not having a radio or a TV set or even due to technical difficulties families encounter as they try to listen to these devices. The argument here is that it isn't just enough to say "wash your hands" if this pandemic is to be combatted and wiped out successfully. The current guidelines seemingly favour a limited number of people who understand the English language and the few area (local) languages into which translations have been made, and yet the guidelines were meant to be used by all health care providers in Uganda, including those working in the public and private sectors, the grassroots local community health workers as well as the Elderly and people living with disabilities. In order to ensure that the country responds adequately and mitigates the impact of the COVID-19 pandemic the country needs to adopt an inclusive approach and translate COVID-19 guidelines in the known 65 local languages including sign and braille languages and languages spoken by the immigrants and refugees (the ethnologue 2020). The argument here is that lack of a language policy impedes communication. If Ugandan policy makers had put in place a language policy that considers all the existing languages in Uganda, this would have contributed to producing resources on COVID-19 in the numerous languages and closing the existing enormous information gap.

Furthermore, Local languages would have helped in developing guidelines and Standard Operating Procedures (SOPs) on mass media and social media for vulnerable communities during the pandemic, they could have helped to engage with communities and to produce information for local, national and regional needs hence saving lives of millions of people that are at stake. The eminent challenge is that SOPs are mostly produced in English language which is accessible by 23% of Ugandans who are ICT literate. Despite the fact that UNICEF developed resources to present facts, guidelines for prevention of COVID-19 and translated into 30 different languages including eight spoken by refugees, a big chunk of the population is still left out.

But the main argument here is that the COVID -19 pandemic has shown that languages are essential, more so to the vulnerable people, those with special needs because the languages help to communicate preventive measures that should be adhered to during the coronavirus disease pandemic. In addition, making the dissemination of COVID-19 pandemic information disability inclusive including the use of sign language interpreters is unquestionable (WHO guidelines on Disability considerations during the COVID-19 outbreak). The use of correct language for the visually impaired and engaging the local communities in the discourse about COVID-19 operations is crucial. The predominant languages used on mass media (television, radios, mobile phones, social media) or in the print press, posters or even on digital space, are English and the Area languages (Constitution of Uganda 1995 amended 2005) namely: Ateso, Jhopadhola, LebAcoli, LebLango, Luganda, Lugbarati, Lumasaba, Lusoga, Runyankore-Rukiga and Runyoro-Rutoro). Besides that, for people with disabilities for instance, the Television readers are too fast but also the visually impaired cannot see the advertising and campaigns or comedies/drama about COVID-19 crisis (the information broadcast on the National and private TV stations by the Ministry of Health cannot be seen by the visually impaired neither can they be heard by those hard of hearing). Besides this, official presidential addresses to the nation or Ministerial briefings to the media often happen in English without any translation. The deaf blind cannot listen and visualize adverts about COVID -19. The rural population where literacy levels are quite low do not easily understand adverts in English or in the few Area languages in use by the press and the media. Even at community levels, the different dialects and cultures worsen the situation because SOPs can be interpreted differently.

In addition, words such as "confinement and social distancing" or quarantine can be interpreted differently in different dialects and different cultures. More so the isolated underprivileged communities such as the elderly, the people with disability, refugees, impoverished households in rural and urban settings do not have the access to devices such as TVs, smart phones or radios, even if some of these might seem to be reasonably priced and viable technologies for spreading life-saving information about the pandemic. It is therefore a deplorable condition of social impact or relationship between the communities and the mobile technology.

4.3 The influences of socio-cultural, contextual, political and professional factors in mediating public understanding of social distancing in Uganda.

Like most health sectors on the global scene and within Sub Saharan Africa, Uganda's health system was ill-prepared for COVID-19 pandemic, partly due to limited resources and weaknesses in the core competencies of the International Health Regulations (IHR) namely the ability to detect, prevent and respond to public health threats. The COVID-19 outbreak unveiled multiple challenges and weaknesses within Uganda's health sector, among them language and cultural barriers and ICT gaps. This is even more poignant in contexts where public understanding of the pandemic is suffused with misinformation, doubt or mistrust in the authoritative or official information (cf. WHO 2020; Nguyen and Catalan, 2020). For example, there is an emerging sense that the shared belief amongst majority of the population in Uganda about COVID-19 is that it is a faked crisis, or worse still, a pandemic for the Western World or for the urban population and therefore they tend to underestimate the significance of health promoting behaviour such as social distancing, frequent handwashing, mask wearing, staying home, ranking them lower than other pressing needs for food for example. Some misinterpret the emphasis on the need to use alcohol based sanitisers to mean it is a matter of drinking locally brewed alcohol and in there lies the 'cure' for COVID-19. As a result, the initial efforts of MoH to respond to concerns of the urban and the rural population were overwhelmed by resentment and distrust. Most especially the vulnerable people who have been living by hand to mouth trade, the communities living in slum areas, those living near the border points thus contributing to increased rapid spread of transmission among population living along the Border points and the cargo lorry drivers and in communities at present.

The initial response to the COVID-19 pandemic was characterized by high levels of public denial, misconceptions, misinformation (risk-communication/infodemic-management) and resistance at the community level, especially by the informal sector comprising of market vendors, hawkers, motorcycle riders (popularly known as boda-bodas), large scale and small-scale traders. The majority of households under this category were, and are still unable to survive without some form of daily trade given that they hardly have disposable income. In such contexts, going outside ones home in search for work, water, or food, is a necessity, but one which clearly increases the risk of spreading the coronavirus due to running counter to preventive and containment measures from public health officials.

From Community perspective, many community members attributed their initial disbelief of COVID-19 to a social belief that it was a simple flu that could be cured by drinking local alcoholic beverage called Uganda waragi or by using a cocktail drink made of garlic, lemon, orange, ginger and traditional herbs. Consequently, many micro, small and medium-sized enterprises (MSMEs) have continued their activities in defiance of official guidance (Seitz, 2020). The clinical presentation of the disease, which had symptoms similar to common flu or influenza could not worry majority of the population for whom lack of food and other basic necessities of life were an urgent need compared to a virus they perceived to be less dangerous. Additionally, several conspiracy theories were circulating and suggested that COVID-19 was a politically framed disease or money-making scheme by the local and international elite, aimed at duping or controlling the already suffering population.

Besides the MoH recently launched a campaign on COVID-19, called “Tonsemerera” in Luganda, one of the dominant Ugandan languages, which means “don’t come near me or give me space” which runs on state media, including television and radio. Political leaders have also recorded messages in local languages to sensitize communities. Local leaders also broadcast COVID-19 information to their neighborhoods, sometimes with loudhailers. The argument here is that the languages in use are not representative of languages spoken in Uganda yet there is need to develop inclusive response to reduce the spreading of COVID-19 (OECD report), let alone the misinformation and misinterpretation about the pandemic which apparently is rampant in Uganda (UNICEF, 2020). Above all, it becomes crucial to engage with communities and larger population in the response to COVID-19.

According to COVID-19 Partners Platform Pillar 2, it is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation (UNICEF 2020). Debatably, COVID -19 pandemic has shown that languages are essential. For instance, in order to mitigate the crisis, designing online and print copies of adapted communication campaigns that focus on symptoms identification and preventive measures while remaining particularly mindful of local languages, braille and sign language culture and customs have become unquestionably crucial given that it is important to understand the needs of specific groups who might experience barriers to accessing lifesaving information in appropriate multiple and accessible formats such as Braille and large print for people who are visually-impaired (ibid).

According to UNICEF guidance on COVID-19 Response, information should be provided orally (e.g. through loudspeakers in the community). Easy-to-read version or plain text accompanied by pictures/ diagrams, which are more accessible for people who have intellectual disabilities and also benefit many other children, including those with low literacy or who use different languages. Written formats or video with text captioning and/ or sign language, for people with hearing impairment. Accessible web content for people using assistive technologies such as screen reader. The key to improving accessibility is to provide all information in multiple formats- written, oral and pictorial, to reach people with diverse communication needs and preferences.

4.4. Discussions

Information and communication have long been shown to play a crucial role in disease prevention, promotion of health and wellbeing, raising public awareness in crisis situations and more recently, in the fight against the ongoing COVID-19 pandemic (e.g., Covello; 2003; Erikson, 2018; Holmes et al 2009; Jiang & Ryan, 2020). To gain insight into this from a Ugandan context, this article discusses the implication of language in use for communicating on mass media, the printed press and social media during COVID-19 crisis and its unprecedented impact on confinement and social distancing strategies. It is argued that the Covid-19 pandemic has changed expectations of the population through an overwhelming access to information that became widely available through official government messages on prevention and control, disseminated through mass and social media, to encourage behaviour change to reduce the risk of spreading the infection. Notable also, is the plethora of information or rather what the WHO (n.d.) describes as an ‘infodemic’, by which is meant the overabundance of information during disease outbreaks, including those that are false or misleading, emerging from diverse sources, both digital and physical, with the capacity to undermine public health messages aimed at combating the outbreaks. However, it has been shown that the official government messaging about the coronavirus, while well-intentioned, tended to favour mostly the segment of Ugandan population that has access to digital technologies and those that understand the English language as well as few of the area languages into which official public health messages on the pandemic had been translated. This inadvertently excluded a large majority of particularly vulnerable communities in Uganda who are not equipped to use digital technologies let alone the ethnolinguistic

diversity highlighted previously. This is contrary to the emerging literature that emphasizes the role of inclusive language in making essential health information accessible (e.g. Royston et al., 2020; Pakenham-Walsh, 2018). The public health crisis resulting from the coronavirus pandemic has been exacerbated by the effects of misinformation (Mian and Khan, 2020), with anecdotal evidence from the interviews summarised in table 2 above suggesting how efforts to control the pandemic maybe undermined through poor and sometimes culturally mediated misunderstandings or misinterpretation.

In Uganda, the installation of broadband in villages has dramatically improved thanks to the expansion of mobile phone ownership, the use of village phones and the setting up of wireless broadband networks. However, this does not mean widespread access to and usage of such technologies across the population (e.g., UCC Report, 2019). Specifically, some endemic challenges such as low bandwidth, the high cost of broadband and differing levels of digital literacy all indicate that availability of such infrastructure does not necessarily equate to better connectivity or access, particularly in rural areas (ibid). In addition to this, the proportion of the population that has access to the internet is limited, to less than 40% (UCC 2019), in spite of the fact that ICTs are crucial to development. In the minds of most citizens, the broadband policy seems not to carry much importance; it does not have a direct link to their most basic concerns, which, for the poorest, boils down to essential necessities (food, water, shelter and medicines) (UN- Uganda, 2020). Yet broadband affects other areas which are critical for development. Since the majority of Uganda's citizens are not engaged in the discourse about ICTs, a significant section of the population is left out of broadband policy development. The challenge here among other factors is that all these innovations are mostly presented in English and the grass-roots men and women are mainly ICT illiterate. In order to engage a larger section of the vulnerable population in broadband policy development, there is need for information repackaging from source language text to target language text in order to benefit the different clientele. This is likely to facilitate a clearer understanding of the challenges of using ICTs in rural areas, moreso during such times as the ongoing COVID-19 pandemic. Besides, the overreliance on digital technologies which are not available to majority of the population limits the capacity of such technologies in delivering information at scale that would have been desirable during public health emergencies. The effects of such disparities on dissemination of essential public health messages during a global health crisis will need to be considered in order to respond better in future pandemics.

5.0 Conclusion and recommendations

This article sought to unveil existing gaps in the use of digital technologies and local languages in the context of official COVID-19 pandemic communication strategies in Uganda. It emerged clearly, that official communications from the Ministry of Health, which seeks to convey scientific and life-saving information to Ugandans is undermined by overreliance on the English language, with minimum efforts made at translating to other native Ugandan and specialist languages. It also found that public understanding of key strategies such as social distancing are strongly mediated by a range of factors, including social, cultural, contextual, political and professional, with varying implications for how serious or otherwise the strategies are viewed. An important outcome of such gaps in the choice of language used in dissemination of COVID-19 messages is that misinformation sets in from poorly explained or translated scientific messages, which undermine efforts made to combat the pandemic. It seems reasonable to suggest that all stakeholders fighting the coronavirus pandemic collaborate and promote scientific evidence and unity over misinformation and conjecture (Calisher et al, 2020), to ensure protection of those that might otherwise be misled or who might reject life-saving health messages about prevention and control of infections through engaging in non-sanctioned behaviours (e.g. rejecting face masks wearing or social distancing or succumbing to improper use of alcohol instead of prescribed usage of hand sanitisers).

Ensuring that the public has access to the right information about COVID-19 is not only of critical importance to decision makers and the national taskforce formed to fight the pandemic, but it can be considered a human right that should be observed especially during such a global health crisis (Royston et al., 2020; Pakenham-Walsh, 2018). The main emphasis here is that a well-informed population is better able to protect itself from pandemics and any other emergencies, and that the role of diverse and inclusive languages is therefore paramount in ensuring access to and effective response to the messages being communicated by those in positions of authority. For instance, most elderly and disabled persons who are more likely to be on the margins of society (e.g. UN-Uganda, 2020) have limited access to television sets, radio, social media and telephone messages, implying that they rely mainly on second-hand information which may or may not be accurate translation of official public health messages. Televised programmes that feature experts discussing Covid-19 should have sign language interpreters and transcriptions to enable persons with visual and hearing impairments to benefit from the expert knowledge. Debatably, accessing information through such media has become a luxury for many vulnerable families in Uganda.

Despite the fact that mobile technologies have enabled the closing of the gap of continued access to healthcare services during the COVID-19 pandemic in Uganda, there are still notable challenges including language used for

communicating on the media (e.g. the use of Twitter by the Ministry of Health and encouraging the public to check updates through this social media platform or the Ministry's website, all of which are inevitably published in the English language). Risk communication and health promotion strategies form an integral part of any public health response to a global pandemic of the current magnitude. They provide life-saving information to people in affected communities for proactive actions to protect themselves. COVID-19 pandemic clearly shows that health promotion and risk communication strategies in indigenous languages can be useful in publicizing key messages, engaging communities, and managing rumors, misinformation/misinterpretation so that people can take informed decisions to mitigate the threats to public health. Going forward, it is important to incorporate linguistically and culturally appropriate health promotion and risk communication strategies in Uganda's preparedness and response efforts during pandemics of the current nature. This, along with well-known CERC models will provide the basis for an effective communication to the public during such public health emergencies, with better outcomes for the majority.

Future research will need to consider how an integrated approach that seeks to leverage advances in digital technologies at grass-roots, community levels, combined with usage of inclusive and diverse languages can be prioritized in managing public health crises. It will also be helpful to understand how conceptualising access to essential health information as a human right can be translated into language and wider developmental policies in countries with diverse ethnolinguistic populations. Undertaking such research before any future emergencies will assure better preparedness and potentially effectiveness of risk communication. Such future research is likely to benefit from an interdisciplinary framework that examines the complexities embedded in language, culture, socio-political contexts and digital technologies, with the potential to yield much more insight for better disaster and emergency preparedness and policy-making.

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Figure 1: Selected Samples of Official Covid-19 Communication from Uganda’s Ministry of Health

