Health education in the local languages: The exigency of improved healthcare in Nigeria

Romanus O. Ezeuko and Davidson U. Mbagwu
Department of Linguistics, Nnamdi Azikiwe University, Awka
Anambra State, Nigeria.

Abstract
The problem of inadequate and poor health services in Nigeria is worrisome. This paper links the deplorable situation to the absence of health care education in the local languages. In fact, there exists lack of appropriate health terms for diseases and ailments in the local languages. For there to be improved healthcare, such terms should be provided and used in the education of healthcare personnel to enable them properly educate the masses on health matters, that is, to enable them adequately deliver healthcare services to the masses. To provide the terms, this paper suggests two things. One is exploiting the linguistic resource of the local languages and the other is introduction of loan words or coinages based on native roots.

1.0 Introduction

An observation made by the researchers at the 2005/'06 Trade Fair, organized by NTA for traditional doctors, from different Nigerian ethnic groups in Aba, reveals that the doctors could hardly discuss their specialty in the local languages. They could not also do that adequately in English: a situation arising from the fact that 85% of them were not literate in English. 15% of them who were literate stopped at Senior Secondary School Class three and as a result lack satisfactory communicative proficiency in English.

In the orthodox medical sector, it is not questionable whether personnel exist, who are proficient in discussing their specialty in English. However, a question is on whether the personnel have such relative proficiency in the local languages. This is the crux of the matter: the masses they serve are mainly illiterate in English. The satisfactory delivery of their services is obviously hampered.

The picture captured in the foregoing demonstrates the precarious situation characterizing healthcare services (traditional or orthodox) in the country. Controlling the situation is obviously difficult because of the status of English as an official language: a factor initiating language shift and

constituting a threat to the life of the local languages. Already, the defeatist complex has set in. This is implicated in the words of Nwozuzu (2001), "The local African languages have limited vocabularies to express the ever expanding health/medical discoveries." Indeed the complex mounts astride the truism expressed by Katjavivi (1998), "Scientific discoveries have been made by people for hundreds even thousands of years without modern scientific language in which to express their discoveries. This is so in most African countries today."

Buying into Katjavivi supra, it is clear that the local languages are a great resource in handling health matters. The resource is yet to be utilized. The utilization will commence from language. Igbo, Hausa, and Yoruba are regional official languages, (cf. Wardhaugh, 2000:349), and other local languages are tolerated. With or without government interest in developing the languages, public-spirited individuals and groups are permitted by the understood moral support of the government (expressed in approving the three regional official languages and tolerating others) to develop the languages to equip them to function effectively in healthcare delivery. Below are suggestions in respect of developing the local languages for adequate health education in them.

2.0 Developing health register in the local languages

It is true that the general development of a language is necessary before its development for different purpose. The general development usually proceeds from codification if the language existed in spoken form or in an unusual writing system, (cf. Crystal, 1987:366). The major and main languages in the country have been codified. Only a few small area languages have received such attention. One of such is Koring, codification of which has been pioneered by Dr. P. N. Anagbogu, Department of Linguistics, Nnamdi Azikiwe University, Awka, Nigeria.

Modernization complements codification. It motivates introduction of foreign material via a consistent way of translation in such areas as science, medicine or the consumer society, (cf. Crystal). The translation produces coinages based on native roots. However, the material that violates the coinage facility is handled by the application of the theoretical loan principle.

In developing the health register in the local languages, modernization should not be pursued as if it is the only option. The resource of the local languages should be exploited. Katjavivi points out that before modern scientific language, scientific discoveries have been made. Certainly, the discoveries are represented in the local languages. The

implication here is that researchers should work with traditional medicine specialists in the local areas. The specialists, as it is widely believed, know what they are doing but cannot explain the theoretical basis of their discoveries. Indeed, Sofowara (1982), Metu (1985) and Iwu (1988) agree that the inability of the traditional medicine specialists to explain and put their discoveries into writing does not mean they are not working. Working with them therefore is rather tenable for productive realization of health terms.

Terms arising from the utilization of the resource of the local languages would be juxtaposed with the modern terms to determine their range of applicability. The ones that apply should be upheld while those that do not should be reconstructed to satisfy modern demands. Only cases which are not represented in the local languages should be accounted for from foreign material.

Illustration of the above has been drawn from Igbo. The following are illnesses in Igbo in juxtaposition with modern terms:

	Igbo	Modern term
1.	ịbà	malaria
2.	àhụọkụ	fever
3.	ọgbanjẹ	sickle cell anemia
4.	anwụ mmụọ	stroke

That 1 and 2 apply is not contestable. 3 and 4 show failure in application. This failure demands reconstruction of the terms and this is where linguists, translators, even medical doctors would come in to produce coinages based on native roots or settle for the loan principle.

Following considerable development of health terms, implementation of the use of the terms in healthcare services becomes a sine qua non. Medical and paramedical practitioners and traditional medicine specialists would have to use the terms in their practice. Health programmes on radio would be designed in which the terms would be used. Also, health workers for local areas would as a matter of obligation use the terms.

3.0 Implications of health education in the local languages

The mother tongue (MT) is the better language of communication. Support for this comes from the position of Okonkwo (2000). He comments that the child thinks and dreams in the language, which was used at the time he worked his way from the state of infancy to that of member of language community.

The local languages are the MTs of their users and would definitely be effective in the delivery of healthcare services to the users. That is, they are the best tools for the achievement of the aim of health education, which, in the opinion of Dike (1989:2), is to produce desirable health behaviour and health practice.

Moreover, health education in the local languages would provide the opportunity for wider participation. The orthodox and traditional practitioners as well as the local people would participate. It is in this that the position of WHO, as pointed out in Awake (2001, June 8), would be practical. It posits that the aim of health education is to help people to achieve health by their own actions and efforts. In fact, the body argues that health education begins with the interest of the people in improving their condition of living. This interest is well accounted for if the MT of the people is the linguistic medium employed.

Health education in the local languages may motivate unprecedented discoveries. VONSCOPE (1996) notes that the National Institute for Pharmaceutical Research and Development (NIPRD), set up to carry out researches for the development of orthodox and traditional medicine, has developed drugs for the treatment of sickle cell anemia, diabetes and ulcer. These are diseases that over the years defied modern scientific approach. However, with local resources they are no longer managed: they are treated. The local resources are embedded in the local languages; working with them (local languages) would give more results. Iloene (2006), in stressing the need to develop the local languages, expressed the possibility of the cure for HIV/AIDS being in his language.

Finally, health education in the local languages would contribute to the development of the languages, enriching their vocabularies to adequately compete with developed world languages in modern science.

4.0 Conclusion

This paper has provided evidence for the support of the use of the local languages in health education. To enable this, it proposes strategies for the development of adequate health register in the local languages. The strategies include exploiting the local languages for health terms. Areas of shortcoming, it has been suggested, should be represented as coinages on native roots or where the coinage facility fails, the loan principle could apply.

Besides, the implications of health education in the local languages have been highlighted. They include creating an opportunity for wider participation; motivating further discoveries in the health sector, and

developing the local languages for scientific purposes. All these are the panacea for adequate healthcare delivery.

References

Awake. 2001, June 8. *Better health: What choice are there?* pp.3-10.

Crystal, D. 1987. *The Cambridge encyclopedia of language.* Cambridge: Cambridge University Press.

Dike, D. O. and Ojobo, F. U. 1989. *Principles and method of teaching health education.* Enugu: Abia Books and Equipment.

Iloene, G. (personal communication). 2006. *The need for the development of local languages.* 25th CLAN, 19-25, Abuja.

Iwu, M. N. 1988. *African ethnomedicine.* Enugu: SNAPP Press.

Katjavivi, J. 1989. Producing science books in Africa. In *African Publishing Review: African Publishers Network*, p. 2.

Metu, E. K. 1985. *African traditional medicine and healing: A theological pastoral reappraisal.* Enugu: Lucerno Bigard Memorial Seminary.

Nwozuzu, G. I. 2001. Obstacles to achieving health for all in the first ten years of the twenty first century: Linguistic factors. *Nsukka Journal of African Languages and Linguistics, Vol. 2, No. 1*, 102-111.

Okonkwo, C. 2000. The language question in Nigerian education. *Journal of Nigerian Languages and Cultures, Vol. 1*, 85-95.

Wardhaugh, R. 2000. *An introduction to sociolinguistics.* Oxford: Blackwell Publishers.

VONSCOPE. 1996. Let's develop traditional medicine. *Voice of Nigeria Quarterly Magazine, Vol. 2, No. 2*, p.4.