



Photo: Translators Without Borders 2019

LSHTM | CDC

COMMUNICATION BRIEFING

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COMMUNICATION

Context:

In May 2021, Translators without Borders conducted sociolinguistic research on health communication on Ebola and COVID-19 in three districts in western Uganda - Hoima, Kasese, and Kisoro. We found that regular, clear, and thoughtful communication on diseases can reduce stigma and increase trust, and multilingual health communication is essential to ensure that everyone can understand how to keep themselves safe.

Operational Recommendations:

Vulnerable Groups Have Different Language and Communication Needs and Preferences

The districts included in the research lie along the border with the Democratic Republic of Congo, where cross-border trade and travel is common. Uganda also hosts refugees from the DRC and other nearby countries, such as South Sudan, Rwanda, and Burundi. This creates linguistically diverse communities where not everyone speaks the dominant language, making multilingual health communication essential. Migrants and refugees in particular face barriers in finding information in their first language, especially when local tensions compound fear about using their first language in public.

Though community members in all three districts preferred communication channels that enabled them to ask questions, such as community meetings, this is not effective for everyone. Door-to-door visits and megaphones should be used to ensure information reaches people with disabilities and others who find it difficult to attend meetings. Similarly, we found that women in urban areas were likely to have access to the radio, but in areas with poor radio coverage or a lack of programming in local languages, health workers should use door-to-door visits to ensure women receive the information they want and need.

****This document draws from research on building trust in epidemic response in the Uganda-DRC border region, focusing on experiences with Ebola (DRC epidemic) and COVID-19. Data were collected from 231 participants in Uganda's western border region, including Hoima, Kasese, and Kisoro districts in May 2021 primarily with Banyoro, Bakhonzo, and Bafumbira ethnic groups. Many recommendations apply to the current outbreak (20th September 2022, Ebola - Sudan strain), though we did not conduct research with the Baganda.****

As elsewhere in the Great Lakes region, Twa-speaking communities are often marginalized and have very low levels of literacy, which greatly impact their ability to access health information. COVID-19 restrictions have compounded this vulnerability. Health communicators should train Twa-speaking health workers and develop audio and visual materials in Twa to reduce these barriers.

Relying solely on written formats in the dominant language will exclude the majority of the population, putting people's health and lives at risk. Health communicators should prioritize verbal formats, and use multiple communication channels to reach vulnerable groups.

Mistranslation and Unfamiliar Terms Cause Confusion

In a health crisis, clear and transparent health information saves lives. Communicating in the wrong language, or using overly technical language and unfamiliar terms creates confusion, which could prevent someone from seeking vital medical help. Mistranslations can make people grossly misunderstand the risk, symptoms and prevention methods of a disease. For example, some communication about COVID-19 uses the Luganda word *senyiga*, referring to the virus as *senyiga korona*. *Senyiga* literally means "flu", which has given people the mistaken impression that COVID-19 is not a serious disease. This makes them less likely to take preventive action and seek medical care.

Often, technical words such as "quarantine", "social distancing" and "sanitizer" are difficult to translate accurately, increasing confusion and creating stigma. Where terms have no existing equivalents, testing terminology and developing topic-specific glossaries in all relevant local languages helps make health communication more accurate, accessible, acceptable and consistent.

Posters Help Overcome Communication Barriers, if Designed Appropriately

Posters can be a helpful health communication tool, especially for groups with low literacy or who do not have access to other information channels. However, even when posters are clear and easy to understand, people still prefer to have the content explained verbally to them as well. Health workers also found that illustrated posters helped overcome some of the language barriers faced when working in a multilingual community, but this did not replace people's preference for receiving information orally.

Poorly designed posters risk increasing confusion and transmitting misinformation. Images on the poster should be as precise as possible, and symptoms should be illustrated in a way that neither dramatizes nor trivializes their seriousness. For example, many posters on COVID-19 used a photo of a man sneezing into a handkerchief, which unintentionally reinforced the idea that COVID-19 is a harmless flu virus. To be most effective, posters should combine clear, specific and culturally appropriate visual material with short written explanations. Combined visual and audio formats will ensure that accurate information reaches as many people as possible.



Regular and Clear Information Counters Rumours

Health information that is hard to understand increases confusion and helps spread rumors. Community members and health professionals both reported that they did not receive enough information about Ebola and COVID-19. A lack of regular information can leave questions unanswered and create a false belief that a disease is no longer a threat. This puts people's health at risk and makes them less likely to take preventive action. Health communication strategies must disseminate clear information regularly to all groups in a community to keep everyone safe and well informed.

Trust is Essential For Effective Health Care

In all three districts, research participants said being able to use their first language with health workers made them feel more at ease. People are more likely to seek health care if they trust health workers and feel they are being listened to. Though village health teams (VHTs) can be useful, especially for disseminating health information in rural areas, they are not always trusted by community members. People expressed higher levels of trust towards VHTs who came from the community and spoke local languages.

Confidentiality was also an important concern. People fear that information they share with local health workers could reach the wider community, which means they travel outside the community to seek care, or refrain from seeking care altogether. People also hesitate to seek care for stigmatized conditions out of fear that they will be ostracized by the community. Access to confidential health consultations in a language that people understand, preferably their first language, is essential to increase trust in health workers and control outbreaks of infectious disease.

The brief was developed in response to a request from the Centre for Disease Control and Prevention (CDC) and UNICEF. It aims to provide actionable recommendations based on a realistic analysis of the available, local resources. It is one of a series of briefs focusing on Ebola preparedness efforts between DRC and Uganda. We would like to acknowledge the contributions made by research staff at Makerere University & David Kaawa-Mafigiri, research staff at Conservation Through Public Health, Alex Bowmer, Hannah Brindle & Shelley Lees at LSHTM, and Megan Schmidt-Sane at IDS.

