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The Role of Language in Combating the Prevalence of Malaria Fever in South-Western Part of Nigeria

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Abstract: Heavy forest in Nigeria, especially South-Western is characterised by heavy rainfall which inadvertently serves as breeding zone for anopheles mosquitoes, the carrier of malaria fever. Malaria is a disease of the blood transmitted to people by the bite of infected anopheles mosquitoes which feed on human blood. The disease could be caused by any one of the four species referred to as parasite called plasmodium. These four species are P.vivax, P. malariae, P .ovale, and P. falciparum. Malaria could also be contacted by blood transfusion, needles and syringes used for infected patients. Malaria is one of the oldest and most devastating parasitic diseases whose effects on Africans cannot be under estimated. Malaria s responsible for about three million annual mortality rates, with more than $12million USD lost each year to the scourge of malaria. The scourge of malaria fever is very prevalent in tropical and sub-tropical regions of the world notably Africa, South America, Indian sub-continent, South East Asia, among other areas of the globe. Languages do transfer meaning in a culturally disembodied form; meaning finds place in a world view, a total system in which values, symbols, attitudes and beliefs affect judgment and understanding. Language mirrors tastes and through learning and usage people adapt to these tastes and disposition. Once a language has been well learned and the symbolisms embedded in the language well adapted, it exercises not only an explanatory order on the mind of the users, but also a moral system with an emotional which, to a great extent, sanctions behaviour. Conclusion is therefore drawn from this study that in the African sub-region, especially the South- Western part - Lagos, Oyo, Ekiti, Ondo, Osun and Ogun States of Nigeria that majorly lack sanitation services which consequently serve as major places where mosquitoes, especially malaria-causing mosquitoes duel to multiply in millions. These states of the South-Western part of Nigeria are predominant breeding places of mosquitoes. Given the conclusion, it is recommended that in spite of the fact that the locale of this study is predominantly the breeding places for anopheles mosquitoes, sanitation facilities/services, health education services, stable electricity supply, provision of portable water and drainages among other essential facilities should be provided, among other recommendations.

Keywords: Language, prevalence of malaria fever, P. vivax, P. malariae, P. ovale, P. falciparum, South-West and Nigeria.

Introductions

Robinson and Alles (1984) in Bassey (2002:292) affirm that during the 1960s and 1970s, epidemiologic research began to unravel the intertwined and complicated causes of morbidity in Africa. Thereof, it became apparent that many contemporary illnesses could be linked to a person's life style. As such unhygienic life style in no small way invites the scourge of a mild, but devastating and dead parasitic disease known as malaria /məleəriə/. Malaria is one of the oldest and most devastating parasitic diseases whose effects on Africans cannot be under estimated. To this end, its eradication in the continent must be tackled if development in Africa is anything to go by. Bugaje (2017) and Bello and Omezia (2017) espouse that with about three million annual mortality rates, malaria is the largest disease burden and loss of productivity in Africa, and more than $12million USD lost each year is accrued to the scourge of malaria. Bugaje (2017) and Cuella (2023) affirm that malaria is a disease of the blood transmitted to people by the bite of infected anopheles mosquitoes which feed on human blood. The disease could be caused by any one of the four species referred to as parasite called plasmodium. These four species are *P.vivax, P. malariae, P .ovale,* and *P. falciparum.* Studies have shown that all the four species, it is only the P.falciparum specie that is very active across Sub-Saharan African, and it is the specie that is most severe. The time lag between anopheles mosquitoes' bite to the onset of malaria is usually seven to twenty-one (7-21) days or a little days longer. Usually, the disease is diagnosed by a blood test and, or which does manifest by fever, cycle of shivering and sweating, nausea, vomiting and in most cases accompanied by diarrhea. Its severity may degenerate to jaundice and anemia.

Bugaje (2017), Derakhshani and Shakki (2021) and Djordjevic, et al. (2023) contend that malaria could also be contacted by blood transfusion, needles and syringes used for infected patients. Bugaje argues further that complications could arise, particularly involving P. falciparum which could include kidney or liver failure, coma, and consequently death. The scourge of malaria fever is very prevalent in tropical and sub-tropical regions of the world notably Africa, South America, Indian sub-continent, South East Asia, among other areas of the globe. However, it is the tropical countries of the South of Sahara in African continent that are severely affected. Studies have shown that malaria does threaten the lives of over 40% of the world population and its impact in terms of mortality, morbidity, national growth and productivity, family health and sustainability. The figures below are the malaria transmission and plasmodium circles:

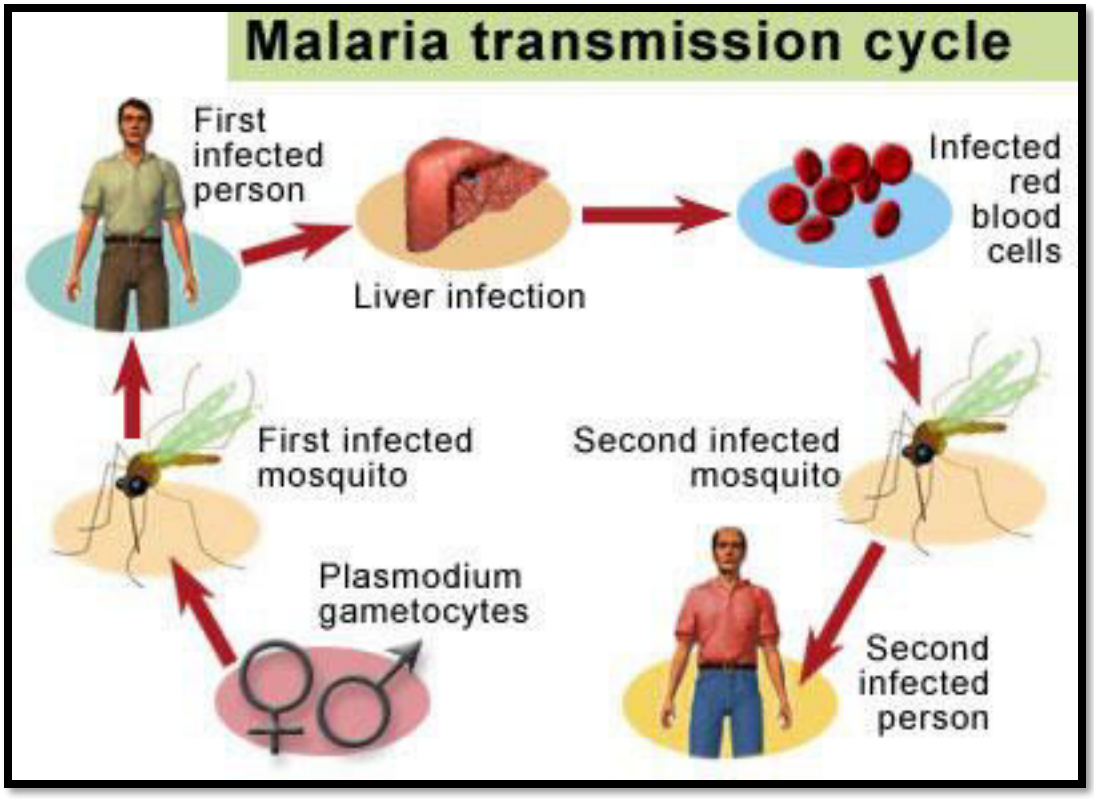

Fig: 1. Malaria transmission circle

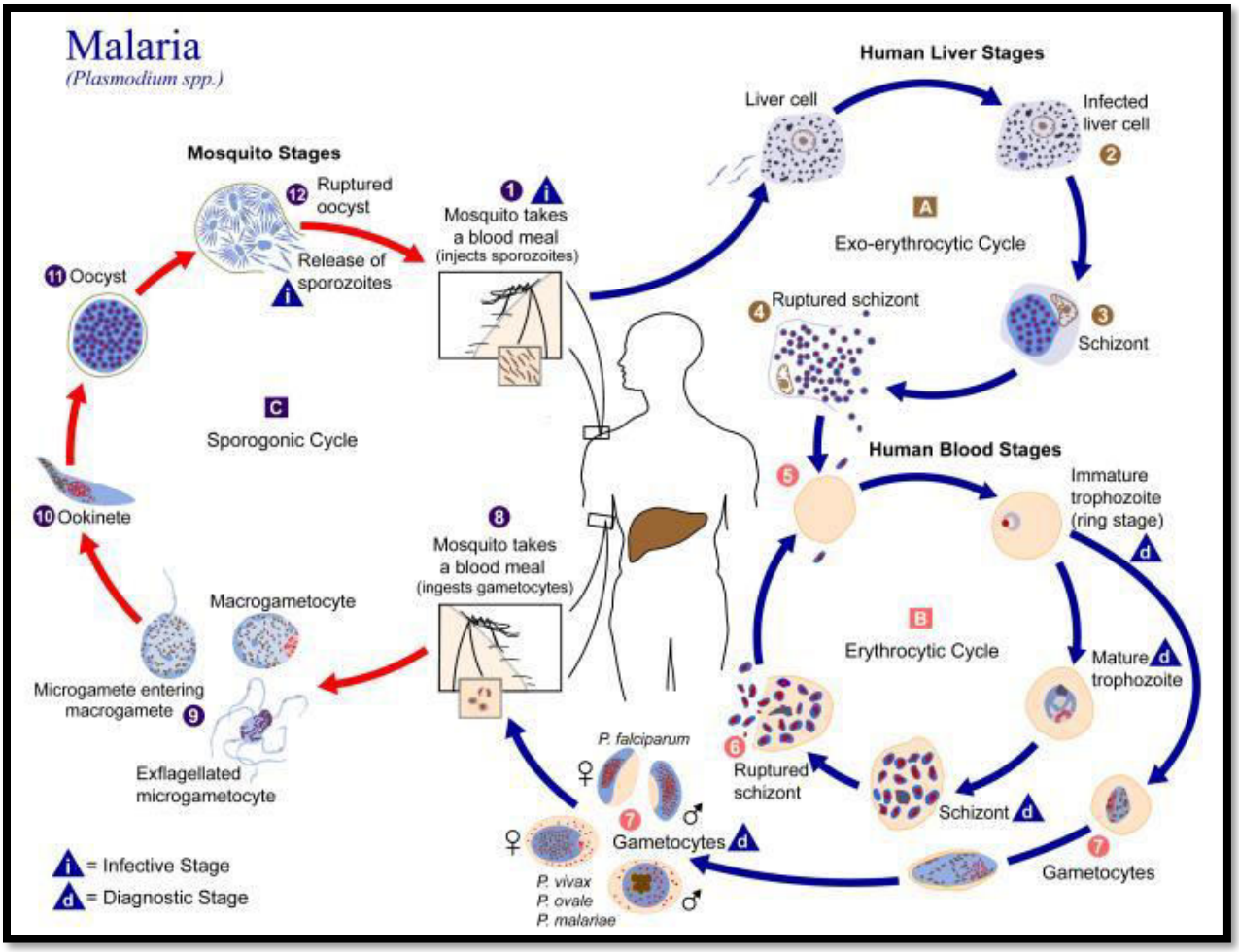

Fig: 2. Plasmodium life circle

The South Western part of Nigeria, the coverage area of this study is generally known for heavy forest that is characterised by heavy rainfall which inadvertently serves as breeding zone for anopheles mosquitoes. The recent alarm raised by the Nigerian Institute of Medical Research (NIMR), Yaba, Lagos over the increasing incidence of malaria resistance to long lasting insecticide nets (LLINs) in 18 states including the states in the South Western part of Nigeria, the locale of this study indicates the need for more work to keep malaria at bay. This is necessitated by the reason hat over 5 million Nigerians still test positive to malaria annually. Details of NIMR reports show that Lagos, Ogun and Niger states recorded high instances of malaria resistance cases. Other states are Jigawa, Katsina, Kebbi, Sokoto, Zamfara Benue, Kwara, Nasarawa, Plateau, Anambra, Enugu, Rivers, Ondo, Osun, and Oyo (18 out of 36 states). This problem has been identified as a major threat to the eradication of malaria in Nigeria by 2030. The lead researcher and Deputy Director and Head, Public Health Department of NIMR, Dr. Sam Awolola, asserts that since 2003, over 182 million LLINs have been distributed in the country. He states

further that the 16 % malaria reduction rate between 2008 and 2011 has not been sustained, and as such, stressing further that one of the consequences of the development is that more deaths resulting from malaria is imminent in the affected areas, and this therefore calls great concern. Dr. Sam. Awolola, based on this, blamed the resistance on use of some reagents on agricultural products.

Dr. Sam. Awolola avows that most of the insecticides used in public health programmes are also used in agriculture, which is a major source of resistance. He therefore call for strategic plans and policies to curb the wide spread resistance to LLINs. In his own contribution, the Director-General of NIMR, Prof. Babatunde Salako opines that the progress the country has made in combating malaria is under threat due to the spread of mosquito insecticide resistance. He therefore suggests that it was high time the country did away with "one-size-fits-all" approach and embraced multiple vector control interventions in the war against malaria that is popularly tagged WAM. Prof. Babatunde Salako suggests further that there is need to alternative non-chemical-based malaria control measure. Prof. Babatunde Salako affirms that available statistics show that malaria accounts for over 60% of hospital out-patient visits, 25% infant deaths, 30% of under-five years of age death and 11% of maternal mortality annually. Prof. Salako then concluded that current malaria prevalence in the country is 27%.

Coming to terms with the fact that malaria fever is a communicable disease that can be transferred one person to another person(s), a variety of techniques must be employed to achieve the stated goals of malaria prevention. Among these is health education, risk deduction programmes, environmental control, mass media presentations, activities that can promote healthy life style and use of language. Bassey (2002) and Erkulova (2021) are of the opinion that health promotion consists of all planned activities that have a positive influence on the health of individuals, communities and the nation. Bassey and Erkulova argue that health promotion is a process through which health and health-inducing practices and types of behaviour are made more rewarding for everyone in the enterprises. It is a broad subject and takes place in wide range of setting including schools, homes, work-sights, and care centres. Health education which is an aspect of health promotion helps people to make wise choices about their health and the quality of life in their community, but to be able to do this adequate information must be in an understandable form. Based on this, Bassey posits that there are two different ways to put across health messages. The first one according to her is the direct person-to-person method where the health worker is the principal communicator could be done using the local language for effective participation considering the audience. The second is the indirect method, in which the role of the health educator is to convey to local audience messages that originate elsewhere, for examples, radio and television programmes. This could be disseminated by using local languages alongside signs and symbols.

Language, to a layman, can mean the passing on of facts and information. Bello (2012) sees language as a creative systematic arbitrary vocal symbol through which members of a social group cooperate and interact. Similarly, the Concise Oxford Dictionary defines language as the method of human communication, whether spoken of written, consisting the use of words in agreed way. Going by these definitions, it is cleared that man is controlled in his thoughts and actions by the language he understands. It is however, pertinent to note that no two languages are identical, and it has been suggested that people with different mother tongues will have different responses to things based on their different languages.

The Role of Languages in Combating the Prevalence of Malaria Fever

Bassey (2002), Hanna and Richard (2019) and Ghaemi and Bayati (2022) are of the view that the role and place of languages in education and social development is likely to increasingly attract the interest of scholars, experts, society leaders, policy makers and planners of various kinds that are concerned and engaged with the problems of development in Africa in coming years. Similarly, Prah (1995), Khakzad, et al (2020) and Khodeir, et al. (2021) are of the opinion that if Africa is to move forward educationally and developmentally, the culture of the masses would need to be brought in from the cold. Education must reach the urban and rural populace in ways which culturally speak to them in forms which do not dismiss their historical and cultural heritage. If we can take knowledge and science to the masses in their own languages, then in all likelihood the developmental transformation of Africa will be well grasped. Language and the rest of culture, both material and non-material, form the basis of our elevation above other animals.

Languages do transfer meaning in a culturally disembodied form; meaning finds place in a world view, a total system in which values, symbols, attitudes, beliefs affect judgment and understanding. Language mirrors tastes and through learning and usage people adapt to these tastes and disposition. Once a language has been well learned and the symbolisms embedded in the language well adapted, it exercises not only an explanatory order on the mind of the user, but also a moral system with an emotional which, to a great extent, sanctions behaviour (Prah, 1995). This could be applied to the case of HIV/AIDS; the mere coinage names of this deadly incurable disease puts fear in the minds of people who now take appropriate precautionary health steps to avoid the disease. Knowledge of a language by a health educator or care-giver opens the door into the culture of its user. Those who speak the same language have an immense common bond, which also reaches back to a common store of social memories. Prah reiterates that in promoting heath, it is always easier to get to the grassroots if one uses the language of the people of the community, but if a third party is needed for interpretation, there will

be less accuracy and confidence in the programme no matter how lofty. In addition, knowledge of the local language also implies knowledge of the culture which the health educator must considered when educating or introducing health programmes. This implies that language dictates the reality of people's environment and mode of existence. It is easier to understand the way of life of people when one understands the language as certain words may connote abomination to the people in that case not to be mentioned at any circumstance, and similarly, there might be some words that might endear the health specialist to the care-receivers.

Prah (1995) and Mavrou (2020) and Odukoya, et al (2020) espouse that no society can develop in a sustained and democratic fashion on the basis of borrowed or colonial language, and that underdeveloped countries in Africa remained underdeveloped partly on account of the cultural alienation which is structured in the context in the use of colonial languages. The developing countries of the Pacific Rim and all of the old developed countries use their indigenous languages for education and development. A case at this point is the introduction of the traditional birth attendants who operated with their indigenous languages. Based on this, pregnant women could go to them, relaxed, felt at home because the use of medical jargons which did scare them was completely no longer there. This exercise encourages local women to make use of orthodox health facilities though at the lowest level of the primary health care, and by so doing, maternal mortality rate does reduce while maternal and child health is enhanced.

Similarly, Vryheid (1992) reports that cassette tapes on health education have been produced in the languages of hill tribes in Thailand for easy delivery of primary health care for the Thailand people. However, Vryheid argues that it is often difficult to convey health messages to people in areas where minority languages are spoken, yet, clear communication is necessary to persuade people to accept a wide range of services and to defend their own health to the greatest possible degree. In support of the above, Vryheid affirms that in 1985, the Thailand German Highland Development Programme (TG-HDP) and Royal Thailand Government's Malaria Region Centre for Northern Thailand cooperated to produce malaria education in 15 languages, and that about 400 tapes were issued to malaria workers for use in the villages with the result that many people increased their involvement in the prevention and treatment of the disease. This success led to the production by the TG-HDP of tapes in the six tribal languages on Family Planning, Maternal and Child Health, and Disease Prevention.

In a similar vein, Freemen (1994) contends that a culturally oriented, community based and community-controlled approach to health programme promotion has been put into effect in the Pitjantjatjara Homelands and elsewhere in Sub-Central Australia, and also traditional media, aboriginal local community health educators and videos were used at regional levels through focus groups involving a consortium of all the major health

services providing care to the community. In corroborating Freemen, Barnabas (1995) says that in discussing the use of local languages in health promotion, certain steps need to be put in place, and as such, he outlines the ways in which health messages have been given to agrarian communities in Tigray, Ethiopia. Special attention was used here not only in assessing people's knowledge base initially, but also in communicating with them at the most appropriate time and place and in the local language. Barnabas posits further that the process of health education was helped by the fact that the training of personnel at all levels from community health worker to field surgeons was done in local language of Tigrinya, despite some difficulties with the translation of technical terms.

In her endeavour to achieve the health-for-all strategy, the Government of Sierra Leone, according to Khodeir, et al (2021) claim that Sierra Leone confronts many formidable obstacles, among the greatest of which are illiteracy and poverty. Nevertheless, determined efforts are still being put in place to disseminate health messages to Sierra Leoneans. The Sierra Leone Broadcasting Services according to Khodeir, et al produce various health information programmes, and one particularly successful and popular radio programme which has a phone-in facility is called "what the doctor says". This programme allows very simple messages in the Kriol language and is delivered on a wide range of subjects such as diabetes, stroke, infertility, sickle cell anemia, oral hygiene, abortion and drug abuse. This depicts the fact that the provision of information for the grassroots is a vital part of any programme that is intended to improve the community health and this can be most effective when the local language is put to use. Studies have shown that clients are more comfortable and relaxed with care-givers when local language is used. For instance, an Amish client may be more comfortable consulting with each other in deitsche (their local language), so also the South-Western of Nigeria clients would be cleanliness more comfortable and relaxed when care-givers attend to them in their local language, but generally they do not intend to disrespect the care-givers who do not understand their (clients) mother tongue (Bello 2016 and Purnell and Paulanka 1998). In the light of this, it is believed that the use of local languages in health promotion makes it easier to use proverbs and idioms to express and buttress points as well as to stimulate the clients' interest who would want to hear and know further about such health issues. Similarly, the use of local languages would make some medical terminologies which were seen in abstract terms to be explained to the clients (layman) who would take appropriate steps to guide against such diseases or the recurrence of such diseases. For instance, ailments such as "*cholera*" is best explained in Yoruba local language as *arumonigbameji* i.e. an " ailment of two pots ", one pot for vomiting and the other pot for passing stool, since cholera is characterised by vomiting and passing stool almost simultaneously. Similarly, this piece of Yoruba song is best

understood and reacted to by every Yoruba person in maintaining cleanliness in their respective place of abode:

"Imatoto lo le bori arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: Cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can checkmate advent of diseases.
This connotes the wise saying "cleanliness is next to Godliness".

The South-Western part of Nigeria, the locale of this study is a typical of a third-world community that is generally characterised by underdevelopment. The very areas where the anopheles mosquitoes breed and strive look like slums\ghettos. A slum is a heavy populated urban informal settlement characterised by standard housing and squalor. While slums differ in size and other characteristics, most of them lack reliable sanitation services, supply of clean water, reliable electricity, law enforcement and other basic services. Slum residences vary from shanty house to professionally built dwellings that because of poor quality construction or provision of services have deteriorated into slum.

Slums were common in the 18th to early 20th centuries in the United States and Europe. More recently, slums have predominantly formed in urban regions of developing and undeveloped parts of the world, but they are also found in developed economics. Studies have shown that around 33% of the urban population in the developing world in 2012 or about 863 million people lived in slums. The proportion of urban population living in slums was highest in Sub-Saharan African (61.7%),followed by South Asia (35%), South-East Asia(31%), East Asia (28.2%), West Asia (24.6%), Oceania (24.1%), Latin America and the Caribbean (23.5%), and North Africa (13.3%). Among individual countries, the proportion of urban residents living in slum areas in 2009 was highest in the Central African Republic (95%). Slums form and grow in many different parts of the world for many different reasons. Some causes include rapid rural-to- urban migration, economic stagnation and depression, high unemployment, poverty, poor planning, politics, natural diseases and social conflicts. (http://enwikipedia/wiki/slum). The following are slum with their poor and unsanitised conditions of different kind which serve as the "den of anopheles mosquitoes":

Fig: 1. A Typical slum that lacks reliable sanitation facility that breeds mosquitoes

"Imatoto lo le segun arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: Cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can
checkmate advent of diseases.
This connotes the wise saying that "cleanliness is next to Godliness".

Fig: 2. A typical place of living that lacks clean drinkable water that that can as well breeds mosquitoes

"Omi egbin ati idoti ni ibugbe awon aisan ia fi ojuri gbogbo,
Ore mi se amojuto ayika re ki aisan ma baa fi ile re se ibugbe,
Ni tori wipe imatoto lo le segun arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: The place of abode for all agents of microscopic diseases is dirty water,
My dear friend, take care of your environment to give no room for diseases in your environment,
Because cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can checkmate advent of diseases.
This connotes the wise saying that "cleanliness is next to Godliness".

Fig: 3. Slum residences that vary from shanty houses to professional built dwellings where mosquitoes breeding strives

"Imatoto lo le segun arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: Cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can
checkmate advent of diseases.
This connotes the wise saying that "cleanliness is next to Godliness".

Fig: 4. Poor sanitation condition of some living places in Sub-Saharan Africa where breeding of mosquitoes strives

“Aisan buruku ti inu egbin la wa
Inu idoti ni ibugbe gbogbo egbin
Tun ayika re se daradara lati ja ajabo kuro ninu egbin ati aisan gbogbo
Imatoto lo le segun arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: All ailments emanate from filthy areas
The place of abode for ailments is filthy places
Take care of your environment so that you can be save from various ailments
Cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can checkmate advent of diseases.
This connotes the wise saying that “cleanliness is next to Godliness”.

Fig: 5. A typical undeveloped part of an Africa home that lacks drainage, ventilation and sanitation facilities that can breed mosquitoes

"Imatoto lo le segun arun gbogbo 2x
Imatoto oju, imatoto ara, imatoto adugbo lo le bori arun gbogbo

Gloss: Cleanliness is the only thing that can checkmate advent of all diseases 2x
Cleanliness of the eye, cleanliness of the entire body, cleanliness of our environment can
checkmate advent of diseases.
This connotes the wise saying that "cleanliness is next to Godliness".

Conclusion

It is concluded through this study that in the African sub-region, especially the South-Western part of Nigeria like Lagos, Oyo, Ekiti, Ondo, Osun and Ogun States majorly lack sanitation services which consequently serve as major places where mosquitoes, especially malaria-causing mosquitoes duel to multiply in millions, an indication that these States of the South-Western part of Nigeria are predominant breeding places of mosquitoes.

Recommendation

Based on the conclusion of this study, it is recommended that in spite that the locale of this study is predominantly the breeding places of anopheles mosquitoes, sanitation facilities\services, health education services, stable electricity supply, provision of portable water and drainages among other essential facilities should be taken into consideration. Also compact houses (slums) should be planned and spaced out. Bushes and stagnant waters are to be drained and cleared. Similarly, further efforts should be carried out about the even distribution of insecticide treated nets; free treatment of malaria related-fevers should be done free of change in Nigerian hospitals; more health personnel to be employed by local, state and federal governments to ease malaria-related cases; non-body resistant malaria drugs to be procured by Nigeria government; provision of more primary health care centres to be provided by the governments; individuals and non-governmental organisation should also help in procuring malaria drugs for the ever increasing Nigerian citizens, among several others. Finally, it is strongly recommended that World Health Organisation (WHO) should intensity research into malaria cases and produce vaccine that could put a total halt to the scourge of malaria fever.

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