

Chapter 4

Kiswahili Video Messaging on COVID-19 Awareness in Kenya: The Peaks and Valleys

Wendo Nabea

Laikipia University, Kenya

ABSTRACT

The first cases of Covid-19 in the world can be traced to 2019. However, in Kenya and a number of other East African countries, the first cases of the disease were documented in March 2020. As the day went on, the spread of the virus gained momentum causing panic in the country. Awareness messaging on Covid-19 led by the government and supported by health agencies became regular on the Kenyan media, especially on the radio, television, and mainstream newspapers. Messaging was mainly done in English, Kiswahili, and mother tongue with the earlier enjoying a skewed advantage. A portion of this messaging was done via video, composed locally and internationally. The objective of the study was to examine the strategies employed in this video communication to create awareness of Covid-19. The results demonstrate that in a substantial number of cases, the dissemination was hampered by wanting grammar, English to Kiswahili translational flaws, and unsuitable animatronics. The chapter contends that the Kiswahili video messaging mainly failed the test of communicative value.

In 2019, the world experienced the first cases of Covid-19. These were reported in Asian countries, followed by countries in Europe. The scourge was dreaded for the fact that it was said to be deadly while its spread was rapid, yet it did not have a cure. The disease was reported in African countries in early 2020, and for Kenya, the first case was confirmed on March 13, 2020. The pronouncement was received with ambivalence since many people did not have much information about the disease. Weeks later, there was a lockdown in the country whereby all public facilities such as schools, churches, mosques, sporting, wedding and burials involving many people were banned. There was also closure of entertainment places and eateries, while a dusk to dawn curfew was imposed in the country to check the robust nightlife especially in towns. The government also came up with protocols to observe as a measure to prevent further infections from the pandemic. Amid all this, the Kenyan government alongside other

DOI: 10.4018/979-8-3693-0624-6.ch004

agencies started releasing information on the pandemic especially on how to keep it a bay. This effort was in line with what many other governments were doing the world over (Ji and Liu 2022, Maarek 2022, Steinbuka 2022). In Kenya, various methods were used to carry out the dissemination. These included radio and television programmes and adverts, Covid-19 awareness posters, word of mouth and social media messaging.

However, it is Kenya's Ministry of Health daily to regular media briefings that became notable and memorable sites for Covid-19 updates in the country. The briefings were mainly done by the Health Minister, the Director General in the Ministry and the Cabinet Assistant Secretary of Health. The briefings entailed bringing the public update on the status of coronavirus in the country before the glare of television and radio channels, in a language of choice by the officials. This is because Kenya is a multilingual country and therefore there were videos in English, Kiswahili and mother tongue. English and Kiswahili are the official languages, while Kiswahili is the national language. This paper concentrated on Kiswahili video instruction on Covid-19 in three phases: Information on it, preventive measures and the treatment of those who had contracted the virus. Language alone cannot be used adequately in transmission of important information and it for this reason that other necessary devices are called into play as reinforcement (Martin 2014). Among these are semiotic configurations which are packaged in a variety of ways. However, semiotic signs ought to be used tactfully to remain in sync with the type of audience that semiology targets are.

Data was collected from Kiswahili video messaging on Covid-19. From a total of 29 videos, 8 videos were selected for analysis since they were in line with objectives of the study. The video messaging data was transcribed and coded in view of three themes of Covid-19 awareness campaign. These were; preventive measures, vaccination and management of the sick. Data was coded as follows: CAVPI would stand for Covid-19 Awareness Video on Prevention Number 1, while AVCT1 denotes Awareness Video on Covid-19 Testing Number 1, while CAVV2 represent Covid-19 Awareness Video on Vaccine Number 2. The data used in the paper was not edited for the purpose of language analysis in its natural manner.

AWARENESS ON PREVENTION OF COVID-19

Awareness of Covid-19 prevention was done using audio-visual materials. In CAVP1 there is a Kiswahili dissemination which is delivered in a form of drama. A well-known Kenyan medical doctor who was common in the media as a regular campaigner against the spread of the coronavirus is holding a dialogue with children who are seated outside a house. In the excerpt below, D stands for Doctor while C stands for Child as follows:

- D: *Sasa? Mjanua Corona ni nini?* Do you know what Corona is?
C1: *Mtu asichukue kitu ambacho kimekuwa kwa mdomo wa mtu mwingine.* Let nobody eat anything that has been another person's mouth
C2: *Usisalimiane kwa mguu.* Do not 'greet' people by the leg (laughter from Doctor as Child 3 refuses leg contact from him)
D: *Ni nini nyingine unajua kuhusu Corona?* What else do you know about Corona?
C3: *Usikule uchafu.* Do not ingest dirt.
D: *Ehe .. usikule uchafu? Nini nyingine?* Ehe, don't ingest dirt, what else do you know?
C2: *Ukishika mchanga, usinyonye mkono.* If you touch the soil, don't suck the hand [finger]

11 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/kiswahili-video-messaging-on-covid-19-awareness-in-kenya/345946

Related Content

Timing of the First Antenatal Care Visit and Associated Risk Factors in Rural Parts of Ethiopia

Lema Abate Adulo, Sali Suleman Hassenand Asrat Chernet (2022). *International Journal of Applied Research on Public Health Management* (pp. 1-12).

www.irma-international.org/article/timing-of-the-first-antenatal-care-visit-and-associated-risk-factors-in-rural-parts-of-ethiopia/282746

Encountering Incomplete Temporal Information in Clinical Data Warehouses

Georgia Garaniand Canan Eren Atay (2020). *International Journal of Applied Research on Public Health Management* (pp. 32-48).

www.irma-international.org/article/encountering-incomplete-temporal-information-in-clinical-data-warehouses/240754

A Study on Adoption of Employee Welfare Schemes in Industrial and Service Organisations: In Contrast with Public and Private Sectors

Chandra Sekhar Patro (2017). *Public Health and Welfare: Concepts, Methodologies, Tools, and Applications* (pp. 809-824).

www.irma-international.org/chapter/a-study-on-adoption-of-employee-welfare-schemes-in-industrial-and-service-organisations/165842

Use of Information and Communication Technology by Health Care Providers for Continuing Professional Development in Botswana

Wananani. B. Tshiamo, Mabedi Kgositauand Mabel Magowe (2017). *Health Information Systems and the Advancement of Medical Practice in Developing Countries* (pp. 181-192).

www.irma-international.org/chapter/use-of-information-and-communication-technology-by-health-care-providers-for-continuing-professional-development-in-botswana/178686

Socio-Technical Systems on the Move: Some Insights for Policy Activity

Sylvie Occelli (2017). *Public Health and Welfare: Concepts, Methodologies, Tools, and Applications* (pp. 471-494).

www.irma-international.org/chapter/socio-technical-systems-on-the-move/165826