



Is English Language Really the Appropriate Language for Health Mobilization in Calabar Metropolis?

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ABSTRACT

This paper explores the impact of the use of the English language for health mobilization in Calabar Town. It also aimed at establishing the effectiveness of the language used in health mobilization in the town. The study was carried out in Calabar Municipality and Calabar South Local Government Areas of Cross River State. The research instruments used for this work were questionnaire, interview and general observation. Since one of the targets of the Millennium Development Goals is the attainment of health for all by the year 2015, it is therefore important that health issues are communicated appropriately through the choice of a language that will be understood by the target population. From the findings of this research, it is believed that the English language alongside the Nigerian pidgin and Efik language help in sensitizing the residents of Calabar better, because Calabar is a melting pot of people from different linguistic backgrounds.

INTRODUCTION

There have been spates of advances and discoveries in technologies, but the place of language in the society has not changed. Language has continued to perform its major role, which is communication. Language has equally remained a relevant tool in the achievement of national integration and unity. Amuseghan (2007) states that, "language and communication have been identified as indispensable instruments of achieving national aims, goals, objectives and development," hence, the emphasis on the importance of language in the development of any society.

Within Nigeria in general and Cross River State in particular, the linguistic situation is rather complex. According to Okon 2008:64, "The linguistic situation in Cross River State is fairly complicated. There are about thirty-

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seven languages and a network of dialects in this state. The languages spoken here include English, the Nigerian Pidgin, Efik, Bekwarra, Ejagham, Bette, Lokaa, Ubang, Bokyi, Etung, Mbembe and so on. From the foregoing, with this number of languages, we wish to observe that Calabar can be said to represent the linguistic situation in Cross Rivers State. This is because it is the state capital and a centre which draws socio-economic activities from all parts of the state.

The purpose of this study is to explore the impact of the English Language as the language of Health Mobilization in Calabar Town. In order to achieve the much desired development in the sector of health in a rather complicated linguistic setting like Calabar, a suitable language for health mobilization and sensitization has to be considered. Based on this observation, this study hopes to ascertain the language which is considered the most effective by the speaking population of Calabar. It also measures the level of effectiveness of the language viewed as most appropriate for the attainment of health development in Calabar in particular and national development in general.

Purpose of the study

Considering the importance of healthy living in our society, it is therefore pertinent to appraise the language used for health mobilization in Calabar Town.

The specific objectives of the study are:

- (a) To find out the language(s) used for health mobilization in Calabar Town.
- (b) To determine the importance of the language of health mobilization in Calabar Town.
- (c) To investigate the effectiveness of the English language as the language of health mobilization.

The place of English language in Nigeria

Since the late 19th century, through trade and colonisation, the English Language found its way into Nigeria and has coexisted with the indigenous languages. Bamgbose 1995 (in Udofot 2003:133) observes that the English Language has undergone modifications in the Nigerian environment. It has been pidginized, nativised, acculturated and twisted to express unaccustomed concepts and modes of interaction". Brann 2006: 7 asserts that:

Nigeria's dominant role in Africa, and hence its influence on international affairs is in no small part due to its adoption of English which serves not only as an internal, Federal metalect, but also as a link with the world. Some have seen in English a

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precious inheritance of the past. Others would like to exchange it for one or several 'national' languages.

The heterogeneous and multilingual situation in Nigeria and the fear of marginalization of the less populous ethnic groups have favoured the preference for English language because of its neutrality. According to Udofot 2003:135, "English is in theory and practice the official language in Nigeria used in education, government, business, the mass media and literature... it has enjoyed a pride of place in the Nigerian society". To buttress this fact, Ndimele (2003:145) observes that today, "of all the languages in the world, English has become the most attractive. On the internet, information on major world events and discoveries in science and technology is available in English".

Judging from the above submissions, can one say that English is a global language? To respond to this question, Crystal's (1997:2) asserts: "A language achieves a genuinely global status when it develops a special role that is recognized in every country". His definition hinges on the special role, which he describes as serving as the native language of the majority (such as English does in the United States of America or Australia among others) serving as the official language, or achieving the status of the priority language. Cross River State is not an exception in the use of the English language. It is the language of business, technology, science, the internet, popular entertainment, and even sports here. This continuous spread of the English language calls for a clearer understanding of the impact of the use of this language as the language of health mobilization in Calabar town.

Health mobilization

The health sector is invariably one of the most important sectors when it comes to the total well being of a nation. It is therefore true that a nation which fails in the sector of health is not developing. In September 2000, about 149 World leaders adopted the United Nations Millennium Declaration, which listed a series of Millennium Development Goals (MDGs), of which three are concerned with health matters.

The declaration commits UN member states to achieve the Millennium Development Goals (MDGs) by 2015. If this submission is true, how much has Nigeria achieved in the area of health? According to Amuseghan, Ayenigbara and Tunde (2010:4).

In view of many impediments to healthy life, what Nigerians need is systematic health communication strategy with a view to re-orientating and conscientising them so that they could move with the tide of time and jettison their counter-productive age-long beliefs. Nigerians need to be guided to make decisions that would ensure their healthy living as individuals and members of a society.

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From the above view, it can be seen that systematic health communication can be of help in shaping the health situation in the nation, and among the populace. This should be done in a bid to change the mind set of the people, re-orientating and conscientising them. In a nutshell, one can see this act of sensitizing as Health Mobilization.

According to UNICEF:

Mobilization is a dynamic process that involves planned actions to reach, influence, enable, and involve key segments of the community in order to collectively create an environment that will affect positive behaviour and bring about desired social change.

Therefore, the whole essence of mobilization is to help the nation develop.

National development

Whatever policy is enunciated, whatever actions are implemented by the government, they must lead towards the solution of our health problems, a reduction in mortality rates, morbidity, and a prolongation of life. When this is achieved, such government can be said to have succeeded in terms of health development.

Development therefore, can be seen among other things as a broad participatory process of political, social and economic change in the society. It is intended to bring about socio-economic advancement. Such development as seen by Tuluhngwa and Bassiouni (1989) has three inter-related dimensions.

- (a) A quantitative dimension, concerned with increased production of material goods and services.
- (b) A qualitative dimension, concerned with change in the nature of social relations and goals, attitudes, values, etc. and in the distribution of material goods and services.
- (c) A political dimension, concerned with sensitization and orientation which create an environment conducive to the attainment of economic and social development.

From their submission, the dimensions to development are people oriented. They are concerned with a change that is geared towards the well being of the people. In the same vein, Young, as cited by Laninhun (2003:75), see it thus;

Development implies a change for the better:

the ordering of society, social and economic processes in such a way as to lead to the eradication of gross poverty, ill-health, and illiteracy and to rising standards of living and increased material comfort for all.

Development has to do with people, before its impact can really be felt. Therefore, it is people-centred. For the people to be liberated from ill-health, they have to be informed. This information has to do with where to get

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treatment, what to do to stay healthy, how to change their attitude toward health issues and so on. All these are encompassed in health mobilization and sensitization. For health mobilization to be achieved, the language used for this purpose must be considered, thus the assessment of the use of the English language as the language of health mobilization in Calabar Town.

RESEARCH METHOD

The effectiveness of the use of English language as the language of health mobilization in Calabar town was investigated through the use of questionnaire, which was administered to residents of Calabar South L.G.A and Calabar Municipality Interviews were also conducted on three public/community health workers. The consultants were drawn from the University of Calabar Teaching Hospital, Lawrence Memorial Hospital Calabar and Primary Health Care Centre, Diamond Hill, Calabar.

Population

The population of this study was made up of adults who live in Calabar Town, who receive health information. The population spans across Calabar South and Calabar Municipality.

The study population

The study population was made up of residents of Calabar South and Calabar Municipality. The study also included Public Health/ Community health workers in the University of Calabar Teaching Hospital, Lawrence Memorial Hospital, Calabar and Primary Health Care Centre, Diamond Hill, Calabar.

Sampling

For this work, the probability and non-probability sampling techniques were used. The technique for choosing respondents was that of purposive sampling.

Table 1: Categories and sizes of samples.

Category	Size
Public Health Officers	3
Respondents	200

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The table shows that three public health officers were interviewed for this work and two hundred copies of questionnaire were administered to the respondents.

Research instruments

Two research instruments were used for this study. They were the interview guide for public health workers and questionnaire for the respondents. Written notes were taken in conjunction with oral (audio) recording during the interviews. Observations were also made. After the interview, the information or responses were transcribed, analyzed, verified and reported.

Method of data collection

The researcher personally interviewed the public health officers. The interview was tape recorded and notes were taken. The questionnaire was administered by the researcher.

Method of data analysis

Quantitative and qualitative methods of data analysis were employed. The quantitative methods used frequency counts and percentage description. These were used, in analyzing the questionnaire. Qualitative analysis was employed in analyzing the interviews.

RESULTS AND DISCUSSION

Out of 200 copies of questionnaire administered on the respondents. 190 copies were duly filled and returned, representing 95% of the number distributed. These were used for the analysis.

Demographic data

Demographic data deals with the respondents' sex, age, marital status, and educational qualification.

Table 2: Sex of respondents.

Sex	Number	%
Males	85	44.74
Females	105	55.26
Total	190	100

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The table above shows the distribution of respondents by sex. It shows that 85 respondents representing 44.74% were males while 105 representing 55.26% were females. The reason for a greater number of females could be justified by the fact that females appear to be more concerned with the health of the children as well as that of the family.

Table 3: Marital status of respondents.

Status	Number	%
Single	126	66.3
Married	64	33.7
Total	190	100

The above table shows that 126 respondents representing 66.3% were single while 64 respondents representing 33.7% were married. The reason for the greater number of singles can be explained by the fact that following the fast spread of Hiv/AIDS and other sexually transmitted diseases, they are the main target for health mobilization in this area.

Table 4: Age of respondents.

Age	Number	%
18-30	133	70
31-50	51	26.8
51-62	4	2.1
63+	1	0.5
Total	190	100

The table above shows the age distribution of the respondents. This can further be classified into two groups. The young constitute the age bracket 18-50, and the old comprise 51 years and above. This is what is found in most societies

Table 5: Educational qualification of respondents.

Educational Qualification	Number	%
FSLC	13	6.8
SSCE/WAEC	48	25.3*
OND/NCE	24	12.6*
HND/First degree	98	51.6*
Higher degree	7	0.4
Total	190	100

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The above table shows the distribution of respondents according to educational qualification. Since the English language is a mandatory subject requirement for further education, politics and the mass media, the educational qualification of the asterisked group constitute more respondents in this study. This group constitutes 89.5% while the remaining is 7.2%.

Analysis of non-demographic data

Table 6: Languages used for health mobilization in Calabar and responses to their use.

Language	Number	%
English	145	70.4
Efik	28	13.6
Nigerian Pidgin	33	16.02
Total	206	100

From the table, 145 respondents say that English language gives them better understanding of health issues that are being communicated to them while 28 representing 13.6% say that Efik gives them better understanding. 33 respondents representing 16.02% prefer the Nigerian pidgin as the language of health mobilization because they say it is simple to understand.

Table 7: Measurement of the effectiveness of English for health mobilization in Calabar.

Option	Number	%
Yes	135	72.2
No	52	27.8
Total	187	100

From the table above, 135 respondents representing 72.2% say that the English language is more effective for health mobilization in Calabar, while 52 representing 27.8% of the population is of the opinion that it is not effective. Judging by the responses, one would assert that the use of the English language is more effective for health mobilization in Calabar.

Table 8: Responses of Calabar residents to sensitization on health issues.

Health Issues	Number	%
HIV/AIDS	105	46.1
Immunization	51	22.4
Family Planning	19	8.3
Environmental Health	51	22.4
Others	2	0.9
Total	228	100

The table above shows that 105 respondents representing 46.1% have been mobilized for or sensitized on HIV/AIDS in English language recently, while 51 respondents representing 22.4% have been sensitized on Immunization. 19 respondents representing 8.3% have been sensitized on Family Planning issues and 51 respondents representing on family planning issues and 51 respondents representing 22.4% have been sensitized on Environmental Health. Finally, 2 respondents representing 0.9% have been sensitized on other health issues. Since Calabar is the melting pot for people from different linguistic backgrounds, the use of English Language was found to be suitable for health mobilization and sensitization.

From the interview conducted, one of the consultants, Mrs Ogoko who is a public health worker said;

We are in charge of social mobilization and sensitization of the community mostly on immunization, like if we have a programme, like last month, we had IPD i.e. Immunization Plus Days, to immunize children 0-59 months the turnout made us to know that the message we are sending out is taken by them because almost everybody was aware of what we are talking about. We measure the effectiveness by the turnout...

Other consultants also observed that it is the people's responses that are used in measuring the effectiveness of the mobilization. From the findings, it could be seen that the English language has had a great and positive effect on health mobilization in Calabar Town. This could be attested to by the analysis of the respondents' and the interviewees' reports. This result goes a long way in helping to develop the nation in the area of health, because the language used in mobilization is very important.

Under item 9 of the questionnaire, most people said that they had responded to information on health mobilization in English language by going for Voluntary Counseling and HIV tests. Some said they had responded by going for regular medical check-ups, being health conscious and also sensitizing others. Others responded by going for Family Planning and also immunizing their children. Most of the respondents showed the impact of health mobilization on them by adhering to regular Environmental Sanitation routines. Most of the youth population sampled said they had been

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cautioned that abstinence is the best form of protection from STDs while others say they had learnt to use condoms or stick to one partner.

From the response of the people, it can be said that the use of the English language for health mobilization has had a great impact on significant percentage of people living in Calabar.

CONCLUSION

The results of this research have shown some of the effects of the English language as a language of health mobilization in Calabar Town. The study shows that the English language has helped in the development of the health sector in general and populace in particular. This is revealed by the respondents' attestation to how they have been sensitized for/mobilized on different health issues (cf table 6, 7, 8 and 9). The interviewees' responses also confirm this.

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