ESI Preprints **Not Peer-reviewed**

The Exclusion of Minority Languages in Communicating COVID-19 Information in a Multilingual Context: A Case Study of Five Towns in the Far North and Adamawa Regions in Cameroon

James N. Tasah
The University of Maroua, Cameroon

Approved: 08 July 2026
Posted: 10 July 2026

Cite As:
Tasah, J.N. (2026). *The Exclusion of Minority Languages in Communicating COVID-19 Information in a Multilingual Context: A Case Study of Five Towns in the Far North and Adamawa Regions in Cameroon*. ESI Preprints.
https://doi.org/10.19044/esipreprint.7.2026.p160

Abstract

Although Cameroon is a multilingual nation, the majority of its citizens were sensitized exclusively in official languages when the COVID-19 crisis broke out in the country in March 2020. The advent of COVID-19 clearly confirmed the government's inability to provide information to all citizens in their respective minority languages. This study seeks to find out if the use of official languages was effective in the sensitization of the population of Mokolo, Maroua, Meiganga, Ngaoundere and Yagoua, both in the Far North and Adamawa regions, against the pandemic. The study uses Chumbow's (2012) Social Engineering theory. Data were obtained from participant observation, focus group discussions, and questionnaire administration to 250 respondents. The findings revealed that the majority, 123(49.2%), of the respondents preferred information on COVID-19 in Fulfulde and 99(39.6%) in their respective minority languages, while only a minority, 25(10%), were comfortable with the information in French and 3 (1.2%) in English.

Keywords: COVID-19, translation, information, multilingualism, sensitization

Introduction

In most African countries, communication between the governed and those who govern is supposed to be carried out through an imported official language. Communication on the COVID-19 pandemic globally was characterized by a large-scale exclusion of linguistic minorities from timely high-quality information. Although Cameroon is one of the multilingual nations with about 279 languages Eberhard, Gary & Fennig, 2019), the mastery of the two official languages, especially English and French, is a prerequisite for socio-economic development and individual advancement but excludes the rural population. It is well recognized that colonial powers imposed their language in each territory they governed as the language of administration, commerce, and education. The fact that such a mode of communication excludes the majority of the governed is a strong reason for empowering Cameroonian languages for official purposes. Chiatoh and Akumbu (2013) maintain that more than 50 years after reunification of the two Cameroons in 1961**,** Cameroon still operates an exoglossic language policy that allows only the use of French and English in education and other domains. Arguments about multiplicity of languages, cost, and language development status will inevitably be invoked in support of the alternative of an imported official language.

The situation could be reversed if minority languages are also employed across all domains of the formal economy and if there is increased participation and productivity among the population in all regions of the country. This is buttressed by Akumbu (2020, p. 193), who notes that one unfortunate outcome of using these two official languages is that the intended sensitization information and call to action reach only 40 to 85% of literate Cameroonians. The importance of reaching out to the illiterate masses in their Mother Tongues MT can be demonstrated from Beban Sammy Chumbow's anecdote during the 2019 2nd National Symposium on Cameroonian Languages (NASCAL) at the University of Dschang, where he revealed as follows:

When there was a cholera outbreak in the Far North region some years ago, many illiterate people were not informed, and as a result, many people were contaminated, and it was only when Fulfulde was used in the sensitization that the population's attitudes and behaviour changed and the epidemic finally stopped.

If Fulfulde was used to reverse the negative impact of cholera that was ravaging the illiterate masses in the Far North region, then the government should have employed the same method by using official languages in tandem with Fulfulde and other Cameroonian languages during the COVID-19 pandemic. Fulfulde could have been one of the best languages alongside French and English to an extent in both regions because,

according to Tasah (2025), Fulfulde is the most geographically successful language in terms of spread in the region and in Cameroon.

According to Akumbu (2020), SIL International embarked on the translation and distribution of relevant COVID-19-related information into lesser-known local languages around the world. As the pandemic continued to threaten communities worldwide, various actions were taken to stop the spread and save lives. Individuals were able to take actions to protect themselves and families based on access to clear and relevant information and preventive measures. Unfortunately, SIL International estimated that 30% of people everywhere could not find basic health information in their first language to protect themselves and their communities from the pandemic.

Since the outbreak of the COVID-19 pandemic, various Non-Governmental Organizations (NGOs) around the world expressed the need to communicate relevant information to people in their MT, which, in many countries, were minority languages. The Minister of Public Health, in Article 3 of the Ministerial Decree No 0824 of 9th April 2020, issued a series of protective measures to limit the spread of the pandemic, and urged the population to strictly abide by the barrier measures recommended by the World Health Organization (WHO). It included, but was not limited to, the regular washing of hands, social distancing, avoiding shaking hands, avoiding crowded areas, avoiding travelling through public transport, and the confinement measures that led to the shutdown of schools (Ministry of Public Health, 2020). Although the government promotes multilingualism following the presidential decree No: 2017/013 of the 23rd January 2017, which created the National Commission for Bilingualism and Multiculturalism (NCBM), local languages are still largely relegated to the background since only those who were literate in official languages could understand COVID-19 sensitization messages.

To sensitize the excluded masses to the pandemic, ~~the~~ COVID-19 brochures were translated into some 65 Cameroonian languages under the supervision of Cameroon Association for Bible Translation and Literacy (CABTAL) following the government's policy in the sensitization of the population exclusively in imported official languages. According to Akumbu and Di Carlo (2022, CABTAL produced a booklet entitled 'What you need to know about the Coronavirus or COVID-19'. The booklet, which was based on information from the WHO, was meant to highlight preventive measures and attitudes that people needed to adopt. The CABTAL Director stated in an interview with the Cameroon Radio and Television (CRTV) on April 14, 2020, that the book summarized basic ideas about COVID-19, defined some key words, and answered questions such as: What is coronavirus?, Which categories of persons are vulnerable?, What are the

symptoms?, What are the channels of transmission?, How can someone be protected?, What can someone do if they are infected?. By April 14, 2020, some of the booklets were translated into 21 languages, and work was ongoing until the translation into 44 other languages, bringing the total to 65.

Responding to the question of how the message got to the masses, the Director pointed to three channels. First, he indicated that printed materials were distributed by mother tongue literacy teachers. Secondly, CABTAL used various social media platforms to share the messages, which were also found on its website https://www.cabtal.org/en/welcome. CABTAL and thirdly, some community radios participated in sharing the information during dedicated slots. He justified the organization's action by stating that such efforts enabled most of the illiterates in the suburbs with no mastery of official languages to understand the information on the preventive measures and how to combat the deadly COVID-19. According to him, since the official languages were not always understood by people in the grassroots, CABTAL specialized in working with local communities to translate relevant messages into their languages. The CABTAL Director concluded that the translated booklet in some of the selected languages was their own contribution to fighting COVID-19.

Research Problem

Cameroon government's inability to provide life-saving information during the COVID-19 pandemic through the different Cameroonian languages revealed the ineffectiveness of a policy that lacks political will to implement an aspect of Article 1(3) of the revised January 1996 Constitution. It states that "the official languages of the Republic of Cameroon shall be English and French; both languages shall guarantee the promotion of bilingualism throughout the country; it shall endeavour to protect and promote national languages". Despite this constitutional provision to promote and protect the country's national languages, largely imported official languages have overshadowed them since all information, particularly in the domain of health among others, is communicated to the citizens through English and French. Chumbow (2013) maintains that at least 60 % of the population in most African countries are not literate in the official languages such as English and French and are, therefore, marginalized and excluded from knowledge on health and development. He points out that even the knowledge they need to reduce infant and maternal mortality, hunger, etc. is available but not accessible to the majority because it is hoarded in the minority official language. The majority of the population therefore lives in ignorance despite the availability of knowledge (p.41-42). The effect of this practice is the exclusion of the majority of the country's population, especially those of the Far North and Adamawa regions, and a

negation of the democratic principle of mass participation. Exceptions to this are occasional mobilization for voting during political campaigns and the fight against some diseases like malaria, the dreaded disease, and HIV/AIDS. In this regard, sensitization messages by the Head of State, the Prime Minister, Minister of Public Health, Governors of Regions, and Regional Delegates of Health were only delivered in French and/or English. One of the unfortunate outcomes of the use of these two official languages is that the intended sensitization information and call to action directly reached only 40 per cent to 85 per cent literate Cameroonians. Access to information and participation is the essence of a citizen's right in national life. Without a language that makes this possible, a citizen is virtually excluded from national life. It has been suggested that "Healthy democracies are composed of individuals who can communicate with fellow citizens and use their linguistic skills to participate actively in, for instance, associations, movements, cultural groups and political parties" (Starkey 2002:9).

The Objective of the Study

A critical look at government's policy in sensitizing citizens during some health-related diseases such as Cholera, infant mortality, maternal health, HIV/AIDS prevention education, and the COVID-19 pandemic clearly indicates that official languages dominate in most, if not all, information dissemination. The dominance of imported languages largely excludes the majority of the illiterate population who understand information only in their respective languages. For effective communication and information dissemination to reach out to the whole population, all the Cameroonian languages or the dominant lingua fracas like Fulfulde and Pidgin languages could be used alongside colonial languages, and the information translated into some minority languages and used progressively.

According to Batibo (2005:47), speakers of minority languages in most African countries are excluded or marginalised with respect to national participation because of the use, by the ruling elite, of an ex-colonial language or of a dominant indigenous language, which may be used as a lingua franca while not understood by certain groups within the nation. Speakers of minority languages are thereby denied direct participation in public interaction, meaningful audiences with government authorities, and contact with other groups, or active contribution at public rallies. The exclusion of minority language speakers for these reasons is very common in Africa, as most countries either assume that all can follow discourse in those languages or insist that all official communication be made through these languages, whatever the social cost. The immediate consequence is that nationalism, which is an economic necessity that can only be achieved by a

communication that is capable of reaching all members of society in the economic process, is not achieved. This study therefore sets out:

a) To find out the effectiveness of the government's language policy in communicating COVID-19 information in the selected towns of the Far North region of Cameroon.
b) To find out if French and English posed any problem(s) in the sensitization of the population of the selected towns of the Far North region about the COVID-19 pandemic.

Theoretical Framework

Social Engineering

According to Chumbow (2012), Social Engineering (SE) is the application of principles, techniques, methods and findings of social sciences to the solution of identified social problems, especially with respect to effecting change. Thus, SE concerns, for example, the application of Karl Popper's 1945 methods of 'critical rationalism' in science to the problems of the 'open society'. He observes that the UN and governments, together with NGOs, spent huge amounts of resources on awareness campaigns with varying results. In some cases, there is no commensurate measurable impact to justify the enormous resources spent on awareness campaigns.

To Chumbow (2010), appropriation as a concept should be understood better since it can be useful in the understanding of the COVID-19 pandemic in the context of this paper, and other development initiatives crucially relevant to the process of social and economic transformation in the enterprise of national development. It is for this reason that he underscores the need to institute a culture of the effective use of innovations in development endeavours in terms of appropriation or adoption of new and innovative ideas, that appropriation or adoption constitute solutions to identified problems. He also maintains that a new technology or idea is not an event. It is a process that proposes a model for the process of innovation appropriation, made up of stages and matching progress indicators as presented below, which include understanding, knowledge, judgment (spontaneous embrace), acceptance (or rejection), and, finally, appropriation and adoption.

Chumbow and Simo Boda (1996) further note **that** ignorance is a disease which only knowledge can cure. They opine that if what is involved in appropriation is understood, to the extent that one can exploit that knowledge to enhance appropriation of new ideas, new knowledge in science and technology by impoverished populations~~,~~ the latter will be able to shake off the shackles of ignorance and gain access to a better quality of life with their newfound knowledge. This is so because knowledge is power and knowledge empowers.

The first stage is that of awareness, which can be gauged by various awareness indicators Chumbow (2010). The key issues in the implementation of a policy that entails adoption of an innovation are encapsulated. It is for this reason that innovation can be conveyed to the masses of the rural population. Comprehension of the innovation, its consequences and impact also needs to be ensured, and it has to take root in the minds, hearts and lives of the people. This implies that change is the process effect of attitude, behaviour and/ or change of mindset.

Chumbow (2010) contends that the language factor is the missing link, and that monitoring is also lacking. To him, advocacy is often linked merely to awareness campaigns that create awareness that cannot take the population far. The appropriation or adoption of a new technology or a new idea is not an event but a process. He proposes a model for the process of innovation appropriation, made up of stages and matching progress indicators. The first stage is that of awareness, which can be gauged by various awareness indicators. The stages that follow are: understanding, knowledge, judgment (spontaneous embrace), acceptance (or rejection), and, finally, appropriation and adoption as presented below.

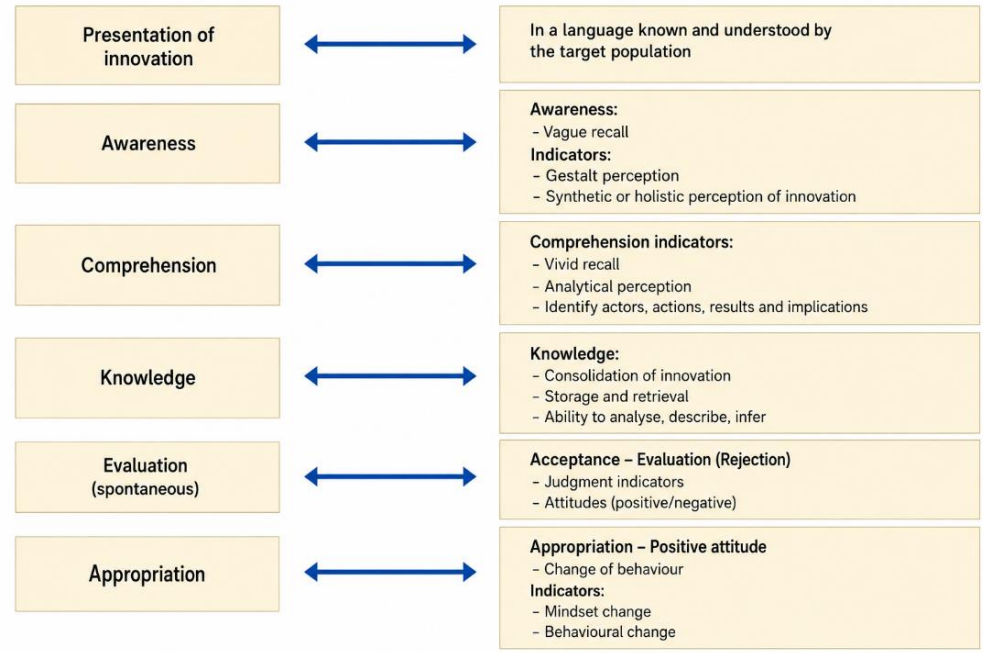

Figure 1: A model of the appropriation process (adapted from Chumbow 2012)

The second stage, the input-intake relation in comprehension and understanding, draws on the work of Stephen Krashen, amongst others. Awareness of the innovation enables comprehensible input, which passes through the (individual's) affective filter before becoming intake and,

consequently, comprehension or understanding of the innovation. The problem with limiting action to awareness campaigns is that not every input becomes intake. Input must be comprehensible to be understood Chumbow (2010). If Chumbow's model is applied to the COVID-19 pandemic, it will be realized that the language of communication was crucial for the understanding and the implementation of the sensitization messages. Without a clear understanding of what was to be done in case of contamination, either in Fulfulde or any of the participants' minority languages, the concerned person was likely to be contaminated and eventually die.

The indispensable role of language in understanding and applying information in any domain is also illustrated by Chumbow (2010:10) when he notes that in Cameroon, a new resilient type of maize was introduced; but the innovation did not take off as expected as the information was packaged in English and French only. The cocoa reinvigoration project in Côte d'Ivoire suffered a similar fate; again, the packaging was in French only. The low rate of implementation of the reduction of infant and maternal MDGs in most countries of Africa can be explained by the fact that well-packaged information is not accessible to the rural community in a language they can understand. In this connection, it can be established that some of the people in the towns of the two regions under study, in particular, and Cameroon in general might not have understood the barrier measures just because the government's communication as well as telephone operators like MTN and ORANGE only sensitized the population through English and French.

It has been shown that beyond glaring economic factors responsible for this state of affairs in part, the implementation of innovations in the enterprise of national development is hampered by socio-cultural and language and communication factors which negatively influence the rate and especially the degree of appropriation of innovations (See Bodomo1997, Chumbow 2010). It was because of the predominance of official languages and the seeming ignorance of the population that Chumbow (2010) thinks that language policies in sub-Saharan Africa still favour the exoglossic languages. Several decades after independence, only an estimated 20–40% of people know the former colonial languages that have official status in their country. Thus, 60–80% of people remain marginalized, with no access to knowledge.

The second stage, the input-intake relation in comprehension and understanding, draws on the work of Stephen Krashen, amongst others. Awareness of the innovation enables comprehensible input, which passes through the (individual's) affective filter before becoming intake and, consequently, comprehension or understanding of the innovation. The problem with limiting action to awareness campaigns is that not every input becomes intake. Input must be comprehensible to be understood.

As already pointed out, the more life-saving information is transmitted through the Mother Tongue, the better citizens will be informed to make informed choices and greater participation, sharing of knowledge, feedback, and the acquisition of skills in any domain. None of these activities can be achieved without language**.** As an alternative to the neglect of language as a factor in development, the other approach is recognition that language does matter, but the language must necessarily be an imported official language such as English or French in Cameroon.

Literature Review

Chia (2001) notes that in health care, there are serious linguistic obstacles to overcome given that only 60 % of the doctors (mostly Anglophones), were forced by the circumstances to communicate in a language which was their third best while 92 % of the doctors indicated that the patients could not describe their conditions well enough to be understood by the doctors because they had to use a language which was only second or third best to them. His study also revealed that 76 % of the patients did not understand the doctors when they spoke or asked questions, while 10 % of the patients could not speak either of the official languages, French and English. Even in Yaounde, where one finds the highest concentration of French-speaking Cameroonians in the country, not everybody spoke and understood French. Echu (2003b), citing Adegbija, says that parents want their children to be introduced to European languages as early as possible.

Phubon & Atoh (2021) address the effects of the language barrier, resulting from the use of the two official languages (English and French), on the health sector in multilingual Cameroon, where over 289 languages, including Pidgin English, exist (Eberhard, Gary & Fennig 2019). In Cameroon, communication is very difficult in public sectors such as hospitals, where doctors meet patients from various linguistic backgrounds who cannot express themselves in English, French, or Pidgin English. They investigate the problems caused by such communication breakdown and propose a remedy to this language barrier. Their data were drawn from instruments such as interviews, questionnaires, and participant observation. Data for this study were collected from fifty (50) less educated and uneducated patients and ten (10) educated medical doctors from two hospitals. They employed both the quantitative and qualitative approaches; the data were analysed using two models and one theory, which include the Transactional Model, the Interactionist Sociolinguistics Theory, and the Cultural Competency Model. Their findings revealed that the language barrier clearly exists in the hospitals found in both the rural and urban areas in the North West Region of Cameroon. Their findings concluded that understanding imbalances between languages can help address

communication challenges across the Cameroonian health care sector and would reduce the number of deaths.

Kayum's work (2012) is important to this study because her findings indicted that in the implementation of the Health MDGs, sensitization or awareness campaigns of those who comprehended the messages was (presented in a language they understood well), appropriated more (evidenced by such indicators as 'change of attitude', 'change of behaviour') than those who did not understand the message well. In fact, it has been shown by empirical evidence that the slow rate of implementation of some millennium development goals (MDGs) in the rural communities in Cameroon, especially the health millennium goals (such as reduction of infant and maternal mortality, etc.), was due in part to the absence of effective participative communication (Chumbow 2012 and Kayum 2012). When, for instance, communication on best practices in prenatal care and care of neonates is effected (to would- be mothers) in the foreign official languages (English and French, etc) with occasional translation instead of the direct use of the language of the villagers, there is no interactive communication. Therefore, comprehension is not guaranteed, and consequently appropriation of the life- saving innovative message communicated cannot be expected because comprehension is a sine qua non condition for the appropriation of new ideas, new knowledge (Chumbow 2010). The results of non-participative interactive communication of this useful knowledge are ultimately a stagnant or slow rate of reduction of infant mortality and/or maternal mortality.

The relevance of Tasah's work (2021) to this paper is based on his argument that combating health epidemics is more effective through the use of image-associated sensitization posters written in minority languages than through sensitization messages transmitted through official languages. He argues that posters written in indigenous languages were not only culturally relevant and well accepted by community members, but also enhanced and facilitated respondents' understanding of health issues. His findings revealed that the percentages of the illiterate respondents who understood image-based posters in the MT were significantly higher than those who claimed to understand image-based posters in French.

Akumbu and Di Carlo (2022) note that Cameroon operates an official bilingual policy in exoglossic, formerly colonial languages, i.e., English and French, as enshrined in its 1996 constitution. They indicate that the two official languages are used to transmit crucial health information to Cameroonians at all times, including during major disease outbreaks such as cholera and measles. They argue that such practice deprives those Cameroonians who are not literate in any of the official languages of access to relevant firsthand health information. To Akumbu and Di Carlo (2022),

psycholinguistic research, in their opinion, suggests that even bilinguals may receive messages in their native language more positively than messages in a language they have learnt later in life. Some of the works reviewed show the relevance of transmitting vital health information at all times, particularly during disease outbreaks in Cameroon languages or, at best, in the Fulfulde that is widespread and widely used.

Methodology

Description of Participants

Data were collected through informal participant observation just to obtain useful information for the design of the questionnaire. The target sample consisted of 250 respondents from some selected towns of the Far North region. The sample consisted of different categories of adults of both ages who were relatively literate in French and a few in English. They were selected from different linguistic backgrounds based on their relative proficiency both in their respective languages and in Fulfulde.

The Research Instruments

Participant observation was used to collect information on the languages that were used for the sensitization of respondents, and a Focus Group Discussion (FGD) was used to elicit the participants' opinions about the languages through which they obtained COVID-19 sensitization information. A questionnaire was also administered to 250 sampled respondents from the selected towns under study in order to find out, among other things, not only the languages that were used during the sensitization of the COVID-19 pandemic, but also whether they were comfortable.

The Survey Items

To address the study's objective, participant observation, FGD, and questionnaires were used to obtain data for the study.

Participant Observation

Data from participant observation revealed that the population of the selected towns under study predominantly used Fulfulde and respective languages to sensitize their friends and relatives about the dreaded pandemic. Thus, the majority of the population still obtained the information about the preventive measures not necessarily in French or English but in Fulfulde and their MTs.

Focus Group Discussion

Data were also collected from FGD in the selected towns under study, and the analysis revealed that most of the participants from Mokolo,

Maroua, Meiganga, Ngaoundere and Yagoua towns largely preferred the government's sensitization to have been carried out in Mafa, Fulfulde, Massa, Mussey, Mudang, Kapsiki, Mufu, Baya languages instead of the exclusive use of French and English. Their preference was not only for the possibility for the largest number of the population to understand and apply the sensitization message in their respective languages as discussed above, but also for better comprehension and practice of the COVID-19 barrier measures. Although some of them could relatively understand COVID-19 information in French, the analysis showed that the majority of the respondents would have been more comfortable if such sensitization information was delivered in their respective minority languages.

Data Analysis

The data collected from the questionnaire items were analyzed using descriptive statistics. Results are presented with the use of tables, and the interpretation of the results is provided for each table. To determine which respondents' language preference to communicate information about COVID-19, one of the questions was asked to that effect, and the results are presented in the following table.

Table 1: The Language that should have been used to communicate COVID -19

Languages	**Respondents**	**Percentage**
French	49	19.6%
English	3	1.2%
Fulfulde	124	49.6%
Mother Tongue	74	29.6%
Total	**250**	**100%**

As presented in this table, the majority, 124 (49.6%), of the respondents thought that Fulfulde should have been used; 74(29.6%) preferred the respective MTs, while 49(19.6%) preferred French, and only 3(1.2%) were for English. These results portray the situation of most communities in the Far North and Adamawa regions, where Fulfulde is predominantly used in most urban areas by the majority of the population, followed by MTs and French. English is the least preferred language since French is the First official language and medium of instruction in all schools in both regions.

Table 2: Respondents' comfort with information communicated in French over Radio and TV

Degree of Comfort	**Respondents**	**Percentage**
Uncomfortable	127	50.80%
Comfortable	85	34.00%
Very comfortable	38	15.20%
Total	**250**	**100%**

The table above indicates that most of the respondents, 127 (50.80%), were uncomfortable with information communicated in French, while 85(34%) were comfortable, but 38(15.20%) were very comfortable with information communicated in French.

Table 3: Respondents' comfort with information communicated in French

Degree of Comfort	Respondents	Percentage
Uncomfortable	176	70.4%
Comfortable	74	29.6%
Total	**250**	**100%**

This table shows that out of 250 informants, 176 (70.4%) did not have a good degree of understanding of French, while 74 (29.6%) claimed to have a good knowledge of French. This percentage of respondents was probably among those who had obtained Probatoire GCE 'O' levels, or Baccalaureate (GCE A levels) upwards and/or a First Degree in any discipline.

Table 4: Respondents' comfort with information that should have been communicated in MT over the radio or TV

Degree of Comfort	Respondents	Percentage
Uncomfortable	9	2.40%
Comfortable	71	28.40%
Very comfortable	173	69.20%
Total	**250**	**100%**

As presented in the table above, the majority of the informants, 173(69.20%), would have been very comfortable with health-related issues and COVID-19 information in their MTs; 71(28.40%) were comfortable, while only 6 (2.40%) were uncomfortable. From the analysis, it is evident that most of the respondents were very comfortable in their heart language since it is the language through which they express emotions, dream, and communicate with others naturally. As a matter of fact, the importance of using Minority languages on radio and television cannot be overstated, as they can provide important channels through which health-related information can be disseminated to the population easily.

Table 5: Respondents' preferred language(s) use for health-related information problems

Languages	Respondents	Percentage
French	28	11.2%
English	22	8.8%
Fulfulde	123	49.2%
Mother Tongue	77	30.8%
Total	**250**	**100%**

This table shows that 123(49.2% of the respondents, 77 (30.8%) indicated their respective MTs, 28(11.2%) preferred French, while 22 (8.8%) preferred English as the language for health-related information for transmission.

Table 6: Respondents' preferred language used in obtaining COVID-19 information

Languages	Respondents	Percentage
French	25	12%
English	3	1.2%
Fulfulde	123	49.2%
Mother Tongue	99	38.6%
Total	**250**	**100%**

As presented in the taAs shown above, 123(49.2%) of the respondents preferred Fulfulde, preceded by the respective MTs, 99(39.6%), while 25(10%) preferred French, and 3(1.2%) English for COVID-19 information.

Table 7: Respondents' most suitable language(s) in communicating COVID-19 information

Languages	Respondents	Percentage
French	28	11.2%
English	25	10%
Fulfulde	73	29.2%
Mother Tongue	124	49.6%
Total	**250**	**100%**

Table 7 shows that the majority, 124 (49.6%), of respondents considered the MTs as the most suitable language for COVID-19 in the dissemination of health-related information, followed by 73(29.2%) Fulfulde. Although the transmission of information in foreign languages was understood only by a minority, 28 (11.2%) of the respondents in French, while 25 (10%) considered English, respectively, the government's media and Telephone operators (MTN and Orange) used only French and English during the COVID-19 pandemic despite the multiplicity of contexts of both regions in particular and Cameroon in general.

Table 8: Translators for COVID-19 information dissemination

Responses	Respondents	Percentage
Yes	246	98.4%
No	4	1.6%
Total	**250**	**100%**

The above table indicates that most of the respondents, 246 (98.4%), considered the importance of translators, while only 4(1.6%) did not see the need for translation agents for better sensitization of the population. If 246 (98.4%) acknowledged the importance of translators for information

dissemination, then all basic relevant health-related materials should be translated and disseminated to all language communities in Cameroon. Thus, communicating health information that the population of both regions can understand and trust information and also act positively on it when it is in their respective languages or Fulfulde.

Findings and Discussion

The findings with regard to FGD generally revealed that some of the indigenous illiterate populations were sensitized thanks to ~~the~~ translated messages in their respective languages, while others obtained the information clearly through some community radios. The results also indicate that the translated COVID-19 brochures into some of the Cameroonian languages were sent to the Android phones of some of the respective speakers, while others were sensitized through ~~the~~ churches, village meetings, as well as death celebrations.

The analysis of data generally revealed that the majority, 124 (49.6%), of the respondents would have preferred Fulfulde and their respective MTs to have been used rather than French or English in sensitizing populations. That the majority 123(49.2%) of the respondents preferred Fulfulde and 77 (30.8%) preferred their MTs than 28(11.2%) French or 22 (8.8%) the English language for health-related information is buttressed by Tasah's (2025) findings which indicate that the majority 170 (79%) of the respondents preferred Fulfulde to be elevated as a regional language in the region because it links different tribes and ethnic groups; and is the most geographically successful language in terms of spread in the region and in Cameroon. Their preference can be explained by the fact that the majority of the population use Fulfulde in most domains, including health, and a healthy population is critically important for the development of any community or nation.

The analysis of data also revealed that 123(49.2%) of the respondents preferred to receive COVID-19 information in their 99 (39.6%) MTs rather than through the use of French 25(10%) or English 3(1.2%), as was the case. This implies that the more health information is communicated in Fulfulde or through the respective minority languages, the better it is assimilated and applied, as in the context of the COVID-19 pandemic. Granted that the percentages of respondents who were comfortable with MT-based sensitization were significantly higher than those who claimed to understand COVID-19 information in French or English, the following implications can be drawn from the findings:

There were linguistic limitations in the government's provision of public health information on the COVID-19 pandemic to the linguistically

diverse population of the towns of both regions under study following the use of French and English.

The government should truly promote multilingualism following the National Commission for Bilingualism and Multiculturalism (NCBM), as stated in the 2017/013 of the 23rd January 2017.

(In) accessibility of public health information to most citizens of both regions under study in particular and Cameroon in general because of the use of colonial languages, since statistics from 2018 revealed that up to 15 per cent of Cameroonians aged 15-24, 23 per cent aged 25-65, and 60 per cent above 65 years are illiterate.

The government's top-down language policy approach largely excludes the majority of the population not only in urban towns, but also in rural areas where the majority are largely illiterate.

The important role of CABTAL, which translated ~~the~~ COVID-19 brochures into some Cameroonian languages in order to facilitate and assist the government's efforts in the sensitization of the population about the barrier measures, among other things, in case of contamination.

The need for existing Community radios to intensify their education and sensitization of the population through Fulfulde and the respective minority languages on different issues, particularly during future health crises daily.

The need for local community workshops or training to be organized regularly to bring together translation experts so that they can be involved in terminology development in all health-related domains, among others, for the sensitization and education of the population whenever the need arises.

As multilingual crisis communication was a challenge during the COVID-19 pandemic in most African countries in general, this paper has examined Cameroon's situation with an analysis of data obtained from selected towns of the Far North and Adamawa regions. The findings generally revealed that health communication was characterized by the use of imported official languages that largely excluded some citizens who might have been contaminated if the COVID-19 Brochure was not translated by CABTAL and disseminated to the population in Fulfulde and some minority languages in the selected towns under study. The ineffectiveness of Cameroon's language policy in sensitizing the target population in the selected towns against the COVID-19 pandemic in particular and Cameroon in general is demonstrated by the majority, 176 (70.4%), who were not comfortable with the languages used, while 74 (29.6%) claimed to have been comfortable with COVID-19 sensitization information in French.

Since information dissemination is critically important to the cultivation of an informed society, all avenues, both traditional and modern, can be explored to make health-related information available in all

Cameroonian languages or those spoken by the majority of the illiterate population. It is also important for journalists to be trained on how to broadcast effectively in the different Cameroonian languages that are already used in some community radios in order to communicate and transmit information in all domains daily, particularly on health issues for awareness creation and preventive measures.

Conclusion

Granted that crises or pandemics may strike in the future just like COVID-19, Cameroon's language policy needs to be more inclusive than exclusive in information dissemination. Sociolinguists should strive to include local knowledge and grassroots practices as objects of their investigation to diversify their knowledge base and academic voices. Based on the findings, government and Non-Governmental Organizations (NGOs) are strongly encouraged to ensure that all important health-related information is translated into some dominant languages like Pidgin, Fulfulde, among others, and their audio or video versions are also made available and disseminated to the population. Translation of vital information in all minority languages for the sensitization of the population, particularly in times of health crises, is crucial for the healthy maintenance of lifestyles, and should be considered; and something done about it and not just abandoned because of the cost. There may be some natural difficulties, but these are not insurmountable. Lives must be saved in emergencies. In this connection, all challenges can be identified and appropriate solutions provided 'no matter the sacrifices to be conceded, for 'no valuable cause has ever been achieved without a cost' (Chumbow 1987).

Acknowledgments

I acknowledge the contribution of Simon Woudami, my MA student, who assisted in the collection of data for this paper.

Conflict of Interest: The author reported no conflict of interest.

Data Availability: All data are included in the content of the paper.

Funding Statement: The author did not obtain any funding for this research.

References:

1. Akumbu, P. W. (2020). Legitimizing the development and use of Cameroon's national languages: Lessons from COVID-19. In *Revue de l'académie des Sciences du Cameroun,* Vol. 15 No. 3 (June 2020):193-206.

2. Akumbu, P. W. Pierpaolo Di Carlo (2022). Multilingualism: The language of health in Cameroon. Germo Nzweundji. Responding to disease outbreak in Cameroon: Lessons from COVID-19., *Rüdiger Köppe Verlag*, pp.1-17, 2021, 978-3-89645-855-1. Hal-03691704.
3. Bamgbose, A. (2000). *Language and Exclusion*. Münster-Hamburg-London: LIT VERLAG.
4. Batibo, H. M. (2005). Language Decline and Death in Africa: Courses, Consequences. Multilingual Matters.
5. Bodomo, B.A. 1997. Linguistics, Education and Politics: Interplay on the Study of Ghanaian Languages. I*n Africa linguistics at the crossroads. 1st World Congress of African Linguistics,* Swaziland 18-22, Rüdiger Köppe Verlag, Köln, 1997.
6. Chia, Emmanuel. 2001. Doctor-Patient Communication in a Multilingual Setting. African Journal of Applied Linguistics. No. 02 April, Yaoundé: CLA (Centre ANACLAC de linguistique appliquée)
7. Chumbow, B.S. (2013). Mother tongue-based multilingual education: Empirical foundations, implementation and recommendations for new nations. *Multilingual education in Africa: lessons from the Juba Language in Education Conference*. Hamish McIlwraith, British Council 2013. www.britishcouncil.org.
8. Chumbow, B.S (2012). Social Engineering Theory: A Model for the Appropriation of Innovations. In Lopez-Varela, A 2012 (ed) *Social Sciences and Humanities: Applications and Theories. Vol.2*, INTECH Publications, Rijeka, Croatia.
9. Chumbow, B. S (2010b) *The Language Factor in the Attainment of the Millennium Development Goals*. University of Cape Town Lecture.
10. Chumbow, Beban Sammy and Augustin Simo Bobda. 1996. The Life Cycle of Post-Imperial English in Cameroon. In: Fishman J. et al. (eds.) *Post-Imperial English. Status Change in Former British and American Colonies*, 1940- 1990. Berlin: Mouton de Gruyter.
11. Chumbow, B. S. 1987. Towards a Language Planning Model for Africa. *JWAL XXII*. SIL International. Constitution of the Republic of Cameroon (1996). Article 1(3).
12. Decree created by decree No: 2017/013 of the 23rd January 2017, the National Commission for Bilingualism and Multilingualism (NCBM).
13. Eberhard, D. M., Gary F. S., & D. Fennig (eds.). (2019). *Ethnologue: Languages of the World.* Twenty-third edition. Dallas, Texas: SIL International. Online version: http://www.ethnologue.com.

14. Echu, G. (2003b). Multilingualism as a Resource: The Lexical Appropriation of Cameroon Indigenous Languages by English and French. *TRA0S. Kulturwissenschaften.*No.13/2003.
15. Kayum, C. 2012. *Language use and Communication in the Appropriation of the Health Millennium Development Goals in Cameroon.* MA Thesis, University of Yaounde I.
16. Phubon & Atoh (2021).Challenges of Language Barrier on the Health Services in Multilingual Cameroon: The Case of the North West Region. In *the International Journal of African Language and Media Studi*es (IJALMS).
17. Starkey, Hugh (2002). *Democratic Citizenship, Language Diversity and Human Rights. Language Policy Division Monographs*. Strasbourg: Council of Europe.
18. Tasah N. James. (2025). Prospects of Fulfulde as a Regional Language in a Socioculturally Heterogeneous Region in Cameroon. In *Interdisciplinary Themes of Sociolinguistic Studies-Language Learning, Technology, and Identity in the Age of AI and Globalization*
19. Tasah N. James. (2021). The Role of Posters written in Local Languages in Disseminating Health-Awareness Information within the Far North Region of Cameroon. In *European Scientific Journal*, ESJ, https://doi.org/10.19044/esj.2021.v17n33p18.pp 181- 197.