



# COVID-19 OR KONORA?

## Communicating on the “disease that strangles” in the eastern Democratic Republic of Congo

People need information on COVID-19 transmission and prevention in clear, accurate, and accessible language.

In crises like the COVID-19 pandemic it is essential to communicate in language that is clear, accurate, and accessible. Only information in a language that people understand can save lives.

To guide that communication, TWB conducted a rapid focus group discussion with six linguists working in Congolese Swahili, Nande, Lingala, and French in eastern DRC. The group discussed popular perceptions related to COVID-19 terminology in these languages. This brief provides an overview to inform humanitarian communication on COVID-19.

### Several words exist for “virus”

Health literacy levels are low in eastern DRC, but most Congolese have a basic understanding of the medical concept of a virus and viral infections. This is due to

previous disease outbreaks, in particular the current outbreak of Ebola virus disease.

When talking about viruses, speakers of Congolese Swahili, Nande, and Lingala usually use a generic term that means virus, bacteria, germ, microbe, or any disease-causing organism. In Nande, the term used is *ekihuka*, meaning virus, bacteria, or insect. Lingala speakers use the term *nyama*, which translates to virus, parasite, or bacteria. The Lingala word *bokono*, meaning illness, is also used when talking about viruses. Urban Lingala speakers commonly use the word *microbi* (microbes). Speakers of Congolese Swahili say *kilulu* to refer to viruses, bacteria, or disease-causing insects. *Virusi*, the Swahili translation of “virus”, is also used but not everyone understands it.

COVID-19 is not covered by these generic terms. When talking of COVID-19, people in

eastern DRC refer specifically to the coronavirus.

## COVID-19 terminology varies

Speakers of Congolese Swahili, Nande, and Lingala commonly refer to COVID-19 as “corona” or “coronavirus”. They understand the term “COVID-19” as well, but as a more scientific word used mostly by health professionals and in administrative communication. Most people use “corona” to refer to the virus as well as the disease, and don’t use the name SARS-CoV-2. We can prevent confusion by using the terms most people will recognize.

The spelling of “corona” and “coronavirus” varies by language. Nande uses a “K” to produce the sound of a hard “C.” Nande speakers commonly refer to both the virus and the disease as *ekorona*. Lingala and Congolese Swahili speakers commonly say *corona* to refer to the virus and the disease.

The table below gives examples of several terms from our COVID-19 glossary. Humanitarians should use these terms to ensure clear and consistent communication on COVID-19.

## The word “virus” stresses the severity of a disease

In popular language use, several metaphorical terms that highlight the seriousness of COVID-19 have evolved. Nande speakers use the terms *enziwu* or *enzighu*, which translate as “enemy” and “misfortune”, to talk about the virus. Kinyarwanda speakers in North Kivu nicknamed the virus *konora*, literally meaning “to strangle”, in reference to the impact the virus has on both the respiratory system and social and economic life.

People generally perceive the word “virus” to indicate that a particular disease is more

serious than others. This is the case for diseases that carry the word “virus” in their name, like human immunodeficiency virus (HIV) or Ebola virus disease. Using the word “virus” in relation to COVID-19, as in *virusi ya corona* in Swahili or *ekihuka kye korona* in Nande, can increase awareness of the severity of the disease.

## The terms used to describe symptoms cause confusion

There is confusion about the differences between COVID-19 and other respiratory diseases like flu or asthma and how to distinguish between them.

The symptom “dry cough” is usually not understood and people confuse it with other kinds of coughing. Descriptive translations and explanations like “cough which doesn’t produce liquids” help people to better understand and distinguish the symptoms specific to COVID-19. The term “asymptomatic” has no direct translation and needs to be explained. A helpful descriptive phrase is “someone who has the disease but doesn’t develop any symptoms”.

The technical term “severe acute respiratory infection” also causes confusion. In Swahili “severe” and “acute” are translated using the same word. Congolese Swahili speakers say *maambukizi ya magumu ya sana ya kupuma*, which translates as “serious infection of breathing”. In Lingala, the common translation of “severe acute respiratory infection” is *bokona ya kopema*, literally meaning respiratory disease. Lingala speakers also say *pema pasi*, meaning breathing difficulty. The Nande translation, *obukoni bwa mahuha*, also means respiratory disease. To stress the severity of COVID-19, Nande speakers sometimes use the word *eribekúbéku*, which signifies bronchitis.

These translations make it difficult to

distinguish COVID-19 from other respiratory diseases and can cause confusion. This creates a risk that COVID-19 is seen as just one disease among many. To address this confusion, people need detailed medical information in clear and accessible language to understand COVID-19 specifically. Explanations that lack detail risk downplaying the severity of COVID-19 and can lead to misconceptions.

## “Social distancing” is not understood

People don't clearly understand the concept of [“social distancing”](#) and literal translations of the term create confusion. People in the former hotspots of the tenth Ebola outbreak, like Beni or Butembo, are familiar with keeping a physical distance from others. But they are unsure about the required distance to prevent transmission of COVID-19. In Goma many don't support the idea of keeping a distance, feeling it's impractical and not culturally acceptable. This suggests that the fact that COVID-19 is an airborne disease, unlike Ebola, is not yet widely understood.

It is important to use contextualized translations of “social distancing” to ensure that the concept is conveyed correctly. The more accurate term “physical distancing” can help people better understand how to protect themselves and others from COVID-19.

In Nande, “physical distancing” is explained as *ekika ky'eribya hali oko ghundi*, which literally translates as “the required distance to stay a little away from others.” In Swahili it is translated as *tusi jongoleane*, meaning “let's not be close to each other”. A more precise translation used in Swahili is *kuwa ku metre moja namiye*, meaning keep one meter apart. In Lingala the precise translation is *zala musika tika distance ya un metre*, which translates as “keep one meter apart”.

## People need information, not just instructions

People understand basic information on the symptoms of COVID-19, handwashing, and keeping a physical distance. But they often lack the detail and practical guidance to understand why COVID-19 is different from other respiratory diseases and from Ebola or how they can practice physical distancing.

People need to know why and how they are supposed to follow prevention guidance. Clear, accurate, and accessible information is critical for effective health messaging. Detailed information in plain language will be essential to control the transmission of COVID-19.

## What we have learned from the Ebola outbreak

People don't understand disease-related key concepts and seemingly simple terms in French and standard Swahili. In [Goma](#), women over the age of 35 and men over 51 had greatest difficulty understanding Ebola messaging in these languages. In [Beni](#), Swahili is best understood in the version local to Beni, while women and older people in the Beni area need information in localized Nande. Military personnel and their families need information in Lingala.

Some disease-related terms are socially and culturally unacceptable. People consider those words harsh and offensive, especially words they associate with death. Health communicators replace these words with their own euphemistic explanations. These alternatives can be inconsistent and vague, potentially leading to misunderstandings.

A term like *cas suspect* (“suspected case”) refers to a person who has symptoms similar to the disease and whose diagnosis is not yet

confirmed. Lacking knowledge of French, people understand the French word *cas* as the Nande diminutive *ka*. The French word *suspect* is interpreted in the criminal sense as a bandit, thief or troublemaker. Instead of “suspected case”, people understand the literal meaning of *cas suspect* to be “little criminal”. In the local understanding, response teams thus verbally reduce someone to a bad person with little worth.

People want complex and transparent information in a language and style that is familiar to them. They want in-depth explanations that relate to the latest developments. Yet health communicators often lack communication tools and training adapted to these developments, and struggle to provide clear and consistent answers. The resulting misunderstandings and contradictions confuse people, and the lack of detailed explanations creates further doubt and frustration.

People place more trust in information they receive in face-to-face communication. These give people the possibility to ask questions. Women in particular prefer to receive information from someone they know and trust. Local health communicators who are aware of cultural sensitivities can relay information more effectively.

Language affects whether a message and the messenger are trusted and believed. In crisis-affected eastern DRC, risk communication in a language that is not accurately understood prompts immediate distrust and fear. Women in particular described not seeking professional health care for Ebola, for fear of misunderstandings that could result in a false diagnosis. Yet women are the main caretakers when a family member is sick, and usually accompany them to the health center.

## What this means for your

## program

Organizations involved in the COVID-19 response can increase their impact with three practical actions:

**Base risk communication on language data.** TWB has produced [language maps](#) for DRC, North Kivu and Ituri covering more than 30 languages. To identify the most effective languages, formats, and channels for communicating on COVID-19, organizations should include [four language questions](#) in needs assessments and surveys.

**Use glossaries to ensure consistent and accurate communication.** TWB has developed a [COVID-19 glossary](#). It includes more than 150 terms related to COVID-19 in Congolese Swahili, Nande, French, and English. We are regularly updating the glossary and adding further languages.

**Apply plain-language principles.** Plain language will enable people to better use the information they receive. Information in plain and accessible language reduces confusion and has the potential to prevent rumors. TWB has produced [plain-language guidance](#) for humanitarian organizations working in the COVID-19 response.

## Do you speak COVID-19?

For further information on the importance of language in the response to the pandemic see our [policy brief](#) and visit TWB’s [COVID-19 webpage](#).

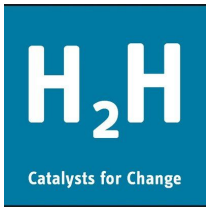
TWB is developing a chatbot in local languages to disseminate information on COVID-19 from partners, answer frequently asked questions, and gather data to tailor future communication.

For more information on TWB’s language support to the COVID-19 response, contact [corona@translatorswithoutborders.org](mailto:corona@translatorswithoutborders.org).

## COVID-19 related terminology

Term	Congolese Swahili	Nande	Lingala
COVID-19/coronavirus *	<i>corona, virusi ya corona</i>	<i>ekorona, ekihuka kye korona</i>	<i>corona, coronavirus</i>
virus	<i>kilulu, virusi</i>	<i>ekihuka</i>	<i>nyama, bokono, microbi</i>
severe acute respiratory infection*	<i>maambukizi ya magumu ya sana ya kupumua</i>	<i>obukoni bwa mahuha</i>	<i>bokono ya pema</i>
fever	<i>kupandisha moto, homa</i>	<i>erihuhana</i>	<i>nzoto moto</i>
dry cough	<i>kigohozi ya kuwasha ku shingo</i>	<i>akakoholo</i>	<i>koso koso</i>
cough that doesn't produce liquids*	<i>kigohozi yenyi haitoshe matoni</i>	<i>akakoholo akethe lusy'ebíghóla</i>	<i>koso koso ezanga crachat</i>
pneumonia	<i>ugonjwa ya mafafa</i>	<i>obukoni vw'evihaha</i>	<i>bokono ya ba panzi</i>
breathing difficulty	<i>kukosewa na pumzi</i>	<i>eribul'omuka</i>	<i>pema ekomi na suka</i>
muscle pain	<i>maumivu ya minofu</i>	<i>eminyoku eri luma</i>	<i>pasi na misisa</i>
asymptomatic*	<i>yenyi haioneshe ata alama moja ya magonjwa</i>	<i>ekitawit'ebiminyikalo by'obukoni</i>	<i>bilembo nanu emonisami te</i>
physical distancing	<i>tusi jongeleane</i>	<i>ekika ky'eribya hali oko ghundi</i>	<i>tika distance</i>
keeping one meter apart*	<i>kuwa ku mètre moja namiye</i>	<i>eribya hali oko ghundi omobuli bwe metere nguma</i>	<i>zala musika tika distance ya un metre</i>
handwashing	<i>kunawa mikono</i>	<i>erinab'okobyala</i>	<i>sokola maboko</i>

Source: TWB global COVID-19 glossary, except terms marked with \*, supplied by focus group participants



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