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COVID-19 crosslinguistic and multimodal public health communication strategies: Social justice or emergency political strategy?

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The current paper explores crosslinguistic and multimodal health communication strategies employed by the South African government during the COVID-19 pandemic in 2020-2022. Some governments used multiple languages, yet in most cases, English monolingualism was a predominant form of communication. This paper utilised a multimodal critical discourse analysis to explore public health communication by government officials in South Africa and by members of the National Coronavirus Command Council mandated to combat the spread of COVID-19 in South Africa. The paper interrogates how this language and messaging limited or enabled linguistic equity and social justice. The paper concludes that in a country such as South Africa, for any government's initiative to promote linguistic and social justice, it ought to be 'languaged' and messaged through the linguistic repertoires that the majority of its citizens understand; if not, it is doomed to fail as was the case with the South African government's COVID-19 communication strategies.

Keywords: COVID-19; Language Equity; Health Communication; Multimodal Communication; Social Justice; Vooma Campaign

1. Introduction

Current research indicates that during the COVID-19 pandemic, different governments worldwide had to utilize various means of communication to disseminate information about the spread of the coronavirus. Chiriboga et al. (2020) observe that during global crises like the COVID-19 pandemic, national leaders bear the responsibility of communicating effectively with citizens. In Montiel et al.'s (2021) view, how leaders address their followers (a) sets the stage for how major problems are understood, (b) strengthens the public's

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confidence in government competence, and (c) elicits behavioural change aligned to key policy measures.

During the COVID-19 pandemic, the South African government's slogan was, *saving lives first and livelihoods second*. This posed challenges of "misinformation, disinformation, and malinformation" (Baines & Elliott, 2020, p. 3) resulting from how language was used to disseminate information to curb the spread of the coronavirus. In South Africa, Rudwick et al. (2021) argue that while political members increasingly relied on multilingual resources, thus suggesting a shift away from the monolingual English *lingua franca* discourse, this was in sharp contrast with the tightly scripted monolingual addresses of President Cyril Ramaphosa. Overall, the SA government's response to the pandemic was characterised by human rights and social justice initiatives designed to curb the spread of the virus. This was seen in prioritising saving lives and providing social security, and relief programmes by both NGOs and government institutions. The languages that were used also had to be adjusted in order to convey the desired messages.

In this connection, Quinto et al. (2022), explore how language choice in official information materials on COVID-19 impeded a language justice agenda in the Philippines; the way people use language in health communication can limit equitable participation in social life, and the distribution of opportunities and resources in society. Recently, some scholars have looked towards technology to reduce inequality and promote social justice and language activism. There are views that digital communication encourages social justice and equitable multilingualism as well as southern multilingualisms (Ndlangamandla, 2022). Despite a proliferation of theoretical concepts, very little progress has been attained in terms of linguistic equity and social justice (cf. De Korne, 2021). Needless to say, a comprehensive understanding of linguistic justice requires interdisciplinary research that can draw on health, economics, education, philosophy, politics, and sociolinguistics.

The role of the state (i.e., political governance) in addressing the pandemic has come under the spotlight (Bohle et al., 2022; Rudwick et al., 2021). A few countries in Africa exercised brute force and deployed security, policing, and military power. Parker et al. (2020) describe the skewed and biased use of force to the detriment of livelihoods, and the rights of black people in Uganda and South Africa. The extreme use of lethal force and the military resulted in the deaths of poor, and vulnerable people. Trippe (2020) observes that urban poor townships in SA were harshly policed compared to affluent suburbs. As language scholars, we propose language and social justice rather than the use of force, and dictatorial tactics. We contend that crosslinguistic, multimodal, and multilingual communication could have promoted social justice in health services, and mitigated the effects of the pandemic.

A special journal issue entitled 'Linguistic Diversity in a Time of Crisis' for *Multilingua, Journal of Cross-Cultural and Interlanguage Communication*, guest edited by Piller et al. (2020), places the challenges of communication in minority and indigenous communities squarely at the centre. This matter has been a recurrent topic in the online blog called *Language on the Move* (2020) and a research focus for the team. In one of the blog posts, the stark contrast in communication breakdown is revealed, entitled "The information gap between urban Australia and rural Indonesia." For example, the official government website in Indonesia disregards multilingual communication. Therefore, the low levels of education and proficiency in the Indonesian language exclude many people. Chen (2020) proposes the oral method of communication as a solution. She explains that oral communication in indigenous languages can utilize the loudspeakers of mosques and temples that are available in villages, regardless of literacy levels and internet access. Chen (2020) indicates that there were very few top-down public health messages in indigenous languages during the pandemic.

It appears that multilingualism occurs during crisis moments in South Africa, such as the recent pandemic, while monolingualism remains hegemonic. This research, therefore, addresses the following questions:

1. What crosslinguistic strategies did the government use to communicate public health information during COVID-19 lockdown and what strategies were used to combat mis- or dis-information?
2. How can health communication promote language equity and social justice?

2. Background

In times of pandemic crises, government public communication strategies rank as one of the main differentiators in managing and controlling a run-away spread of a pandemic. COVID-19 is one public health pandemic that stretched world governments' public communication skills, especially during its initial stages. It required governments to be pro-active in communicating critical information about the pandemic itself, about containing its spread through such measures as physical distancing, lockdown, and quarantining, and—later—COVID-19 vaccines (Aelst & Blumler, 2021; Chaka, 2020; Davis & Lohm, 2020; Hyland-Wood et al., 2021; John et al., 2022; Mandl & Reis, 2022; Ranney & Friedhoff, 2022). In fact, in such public health crisis moments, not only do public government communication strategies serve as communication nerve centres, but communication intelligence of governments is put to the test as well. Elsewhere, Luoma-aho and Canel (2020) argue that public sector institutions should develop and nurture communication intelligence whenever

they engage their respective publics. This particular argument holds even more weight for the pandemic crisis that was posed by COVID-19. Again, this argument is crucial as communication directed to publics is, by its nature, mass communication since publics comprise differentiated masses of people. In addition to governments developing communicative intelligence and their having to be in control during pandemic crises, there is a need for governments to mediate the mediatisation of specific information disseminated to their publics in times of such crises. Mediasation entails how society is incrementally subjected to and dependent on the media and the media logic (Frostenson & Grafström, 2022; also see Väliverronen, 2021). The era of the internet and social media technologies, and the advent of the fourth industrial revolution could not have heralded the ever-rising need of mediation and mediatisation due to how media content has to be efficiently produced and circulated by governments to their publics as was the case with the public health crisis. Moreover, while mediation can be seen to be the lifeline of government public communication in any country, mediatisation can be regarded as the bedrock of government public communication. As such, if mediatisation is not properly handled, it is likely to have negative ramifications on the public communication process as a whole.

Given the points highlighted above, crosslinguistic strategies within the COVID-19 pandemic refer to strategies relayed using diverse languages spoken in a given country to communicate with its publics during the pandemic period. Those strategies are embedded in the varied languages existing in a country and in the cultures used to express those repertoires. Any government that boasts different national languages, but which employs a non-crosslinguistic or a monolingual communication strategy to convey its public health pandemic messages is likely to miss sections of its public that speak other languages. Hyland-Wood et al. (2021) contend that there cannot be a one-size-fits-all communication strategy to convey information to the public in situations of protracted human pandemics. This paper contends that there cannot be one-size-fits-all language approach in a multilingual country. With this in mind, there are certain shortcomings that Sandman (2021) argues communicators and, analogously, communicators of public health pandemics, fell prey to during the COVID-19 pandemic. Among the relevant ones for this paper are:

- over-reassuring the public or overconfidence and failure to proclaim uncertainty;
- panicking and overreacting;
- risk communication seesaw (when the government presents a worst-case scenario about the COVID-19 pandemic, certain sections of the public embrace the best-case scenario, or vice versa);
- prioritising health over other values;

- prioritising health over truth;
- failure to own mistakes;
- failure to address misinformation in a credible and convincing way; and
- politicisation of COVID-19.

In terms of varied languages and cultures, scholars such as Grills and Butcher (2020) have pointed out that communities with linguistic and cultural diversity were affected more by COVID-19 than those communities that happen to share a common language. This particular view provides an entry point into South Africa as an example. South Africa has eleven official languages (see Table 1).

Table 1
Speakers and Percentages of South Africa's 11 Official Languages (Taken from South Africa Gateway, 2022)

Names of languages	Number of speakers (in millions)	Percentages
Afrikaans	6.9	13.5%
English	4.9	9.6%
isiNdebele	1.1	2.1%
isiXhosa	8.1	16%
isiZulu	11.6	22.7%
Sesotho	3.8	7.6%
Sepedi	4.6	9.1%
Setswana	4.1	8%
siSwati	1.3	2.5%
Tshivenda	1.2	2.4%
Xitsonga	2.3	4.5%
Total	49.9	98.0%

According to the census that was conducted in 2011, of the 49.9 million speakers[1] of the eleven South African official languages, 38.1 million of them are African language speakers (South Africa Gateway, 2022) whose percentage break-downs are displayed in Table 1. Altogether, African language speakers constitute 74.9% of the speakers of the eleven official languages. Crucially, these 49.9 million speakers do not include indigenous minority languages such as San and Khoi languages, which can be regarded as the missing indigenous minoritised languages in the South African language landscape. The picture painted here about South Africa's languages is important as regards the South African government's approach to communicating and messaging its public health information about COVID-19 to the South African public in 2020.

3. Method

3.1. Our observations

This research explores the use of crosslinguistic and multimodal communication strategies during the COVID-19 pandemic, and how health communication can enhance 'language equity' and 'social justice'.[2] We take the viewpoint that social justice requires crosslinguistic and multimodal communication during situations of disaster management such as pandemics. This stance is in spite of the fact that the government adopted a commanding and authoritarian style of communication. Our observations are that multilingualism and multimodality were pervasive through adverts, speeches, campaigns, and regular news briefings and updates during the COVID-19 pandemic. The government conducted weekly and monthly updates through mass communication—for example, television, radio, official government websites to manage and control the pandemic. The Department of Health was the main driver of the entire South African government's communication on health during the pandemic.

3.2. Theoretical framework

Hoffman (2018) explains that the multimodal theory of communication is based on how people use multimodal communication to interact, by concentrating on the "representation and interaction of communicative practices and the use of semiotic resources rather than static entities" (p. 183). 'Multimodality' is used during mass campaigns and persuasive communication through social awareness campaigns, and advertising (Ndlangamandla, 2005). Multimodal communication is influenced by theories of language as social semiotics (Kress & van Leeuwen, 2006; Ndlangamandla, 2005; see also Häggström, 2020; Svensson, 2020). Social semiotics is about sign-making with all modes available within a culture (cf. Salmani Nodoushan, 2013, 2016, 2019, 2021a, 2022). Examples of modes of communication include writing, sound, speech, gestures, and so forth. Therefore, "multimodality is the assumption that representation draws on multiple modes to contribute to meaning-making" (Kress & van Leeuwen, 2006; as cited in Hoffman, 2018, p. 182). On the other hand, critical discourse analysis is about the critique of unequal power relations in the dual relationship between society and discourse (Ndlangamandla, 2015; Wodak & Meyer, 2016), including the relationship between society and multimodal discourses.[3] Brought together, these two approaches have converged in the creation of a specific approach to discourse analysis known as multimodal critical discourse analysis (MCDA).

There is a plethora of studies that employ MCDA. MCDA helps to ". . . better understand how language and other types of semiotic signs are used together to construct, express, and challenge social power" (Carter, 2011, p. 61; see also

Kilby & Lennon, 2021). Kress and van Leeuwen (2006) explain that multimodal analysis involves consideration of features such as narratives (represented participants, their relations and actions); concepts (relations between languages and images); interaction (relations between the audience and the image); interpretation (based on the modality markers of the image and its relation to 'reality'); and finally, meaning (linking textual functions, coherence and rhetoric) (see also Salmani Nodoushan, 2022). We are not going to use all the possible features in the analysis of texts selected for this paper. However, we are guided by our research questions stated above.

In our view, two MCDA analytical concepts sufficiently address our research questions: (1) narrations (represented participants), and (2) meanings. Images, including those used in health communication, represent social interactions and social relations. In this connection, Kress and van Leeuwen (2006) suggest two types of participants that must be considered when analysing texts. These are *represented participants* (RP's) referring to people, objects, and places depicted in the text, and *interactive participants* (IP's) referring to producers and viewers of the discourse. Producers and viewers may share a direct relationship, (e.g., exchanging goods), or no direct relationship (e.g., imagined audiences). Imagined audiences are more common with mass communication texts, and adverts, for instance, in this study, the Department of Health is communicating with the entire population, which is over 50 million people living in South Africa.

According to Kress and van Leeuwen (2006, p. 116), 'represented participants' entails the fact that:

> whether or not we [the viewers] identify with that [given] position will depend on other factors—on our real relation to the producer or the institution he or she represents, and on our real relation to the others who form part of the context of reception. All the same, whether or not we identify with the way we are addressed, we do understand how we are addressed.

Likewise, our approach to MCDA goes towards (but not solely) represented participants that are featured in the data; we are:

> . . . exploring what meaning potentials they afford in the broader social, cultural, historical and political context in which the given discourse operates. Moreover, we place a particular emphasis on evaluating how certain social relations, identities and ideologies are elevated whilst others are obscured or downplayed. (Kilby & Lennon, 2021, p. 5)

The second part of our analysis is meaning-oriented and we describe it as a socio-pragmatic analytical approach. Here we combine both social semiotics and pragmatics. Kilby and Lennon (2021, p. 6) prefer terms such as ambiguity, liminality, and *gestalt* holism. They assert that "the engagement of multiple semiotic modes and the intersection and interaction between those differing modes readily fosters ambiguity and opens up a liminal space where a range of meaning potentials, often existing in stark contrast with one another" is available to the viewer (cf. Kilby & Lennon, 2021). 'Affordances', à la Salman Nodoushan (2021b), of multimodality—the ability to narrate processes—can generate ambiguities and liminal spaces. In short, MCDA uses a combination of represented participants (Kress, and van Leeuwen, 2006), and pragmatics (e.g., Kilby & Lennon, 2021).

3.3. Data collection

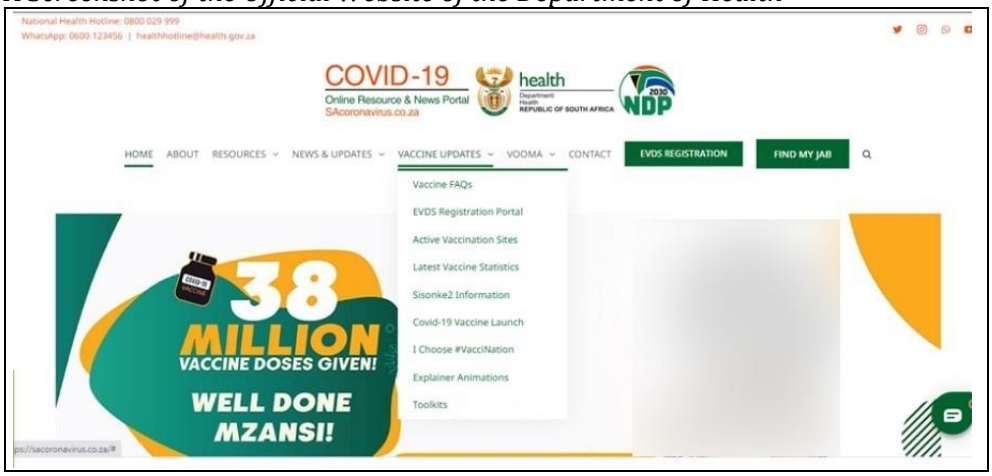
Data were collected from the main website of the Department of Health (DoH), Republic of South Africa.[4] This website hosted the various campaigns, speeches, media briefings, strategies, announcements, statistics, and updates that were delivered by the National Coronavirus Command Council (NCCC) task team. The media briefings consisted of frequent episodes rendered by the DoH, and the NCCC specialist task team.

The South African president, Cyril Ramaphosa (henceforth, the president), played a major role in shaping and formulating the responses to the COVID-19 pandemic. The president first declared the National State of Disaster on 27 March 2020. When the nation was wondering over this declaration, he then introduced various lockdown levels. The strictest level was Level 5, while the most lenient level was Level 1, which allowed citizens some civil liberties and freedom of movement. The presidency created the National Coronavirus Command Council (NCCC) to coordinate communication. This body consisted of ministers, the president, top scientists, police generals, and army generals. This top-down control structure had never been witnessed in the Republic of South Africa before. The president appeared in regular national address speeches. These were not predictable but were always prompted by the emergency of the COVID-19 pandemic status assailing the country at varying periods. Some of these speeches occurred during the outbreaks of the first, second, and third waves, and in between these waves, as the nation was grappling to maintain order, and indeed live up to its own national slogan, *saving lives first and livelihoods second*. The president appeared on national broadcasting channels, mostly on Sunday evenings. Perhaps, Sunday evenings were the most suitable or convenient for addressing the whole nation, but the president rendered all his speeches in English.

One of these speeches was rendered on 28 November 2021, during the outbreak of the Omicron variant of COVID-19. His speeches were rendered from a typical presidential office, with brown, polished furniture and the national flags hanging in the background. Unlike the previous three variants, the Omicron variant shifted the entire focus to Africa because each discovery was done by top scientists in Africa. During this speech, the president mentioned that the Omicron variant was discovered in Botswana. He paid respect and tribute to *our scientists [for] genome surveillance*. He said that the Omicron variant was able to mutate much more compared to the previous Delta and Beta variants. He cited epidemiologists and disease modellers for this. He repeated similar emphasis (intertextually) on *flattening the curve*, stopping the spread, the need for vaccination, and population immunity. This is the type of jargon that was in English and never translated into other national languages during his speeches.

The ministers of health were primarily responsible for the operational decisions of the NCCC, and they used the departmental websites for meetings, public announcements, campaigns, and press briefings. The website functioned as a portal, an archive, and a platform for interacting with the public. A screenshot of the website is shown below:

Figure 1.
A Screenshot of the Official Website of the Department of Health



The following selection criteria were considered in selecting the data from the above-mentioned website. Data:

a. Should be a COVID-19 information material consisting of preventative measures, procedures, or updates about the COVID-19 pandemic;

b. Must be posted and published from the DoH official website under the *Vooma* campaign;
c. Must have been posted from October 2021 to April 2022 only; and
d. Should have multimodal texts.

4. Results: The *Vooma* campaign

This was South Africa's COVID-19 campaign conducted over several weekends. It was called the *Vooma* vaccination weekend. The *Vooma* campaign (Figure 2) uses video clips, multimodality and multilingualism to encourage people to vaccinate. The video clips feature prominent South African figures speaking in all 11 official languages. The title on the main page is *Vooma Before You Vacay! Vaccination Message from SA Leaders*. *Vooma*'s commencement date was 4 December 2021. There is a total of 16 videos. For the purpose of this paper, we conducted an overview of the 16 videos and only proffered a detailed analysis of six videos.

According to the press release, there were four national *Vooma* Vaccination weekends. All of them mobilised the population to get vaccinated. In terms of branding the campaign, *Vooma* is a South Africanism derived from the Afrikaans word *woema* meaning *energy and speed*. It also resembles the Nguni word *vuma* meaning *agree*. *Vacay* is a coinage and a pun for words like *vacation* and *vacate*. These words are ambiguous because vacating here means dying, or departure, while vacation makes it sound as if vaccination is a gateway to holidays and joining crowds of people on vacation.

Figure 2.
COVID-19 Vooma Vaccination Video Clip

The six *Vooma* video clip transcriptions below, together with their respective COVID-19 vaccination campaign advertisements, are related to the four main weekends: 1-3 October 2021, 12-14 November 2021, 3-10 December 2021, and 8-10 April 2022. The video clip transcriptions are approximately 30-second-long each, and are presented as transcriptions (below) for the purpose of data analysis.

> Transcription 1:
>
> Hi. it's SO (name of a private health insurance company). Just reaching out to urge you to get vaccinated. The vaccine is safe, it's powerful, it's effective. We have vaccinated over a million people, not one vaccine related death. The people are safe from Covid, our data shows clearly, that if you are unvaccinated, you have a 20 times greater chance of being hospitalized or dying from Covid. We are coming into December; this is an important holiday period. Our country needs to emerge out of Covid. Please get vaccinated for your safety, and for the sake of the country.

The advert in the video clip transcription 1 displays the information pertaining to SO (anonymised name). SO is the current highest-ranking official of one of the biggest private health insurance companies in South Africa. During the pandemic, there was a public-private partnership that saw private medical schemes rendering vaccinations for free to non-medical scheme members, and at a reduced fee to existing members. His message relies on expertise and expert opinion. Medical insurance companies provide superb private health care to those who can afford it. The government's coronavirus control structure had a fair representation from scientific communities, including universities, medical hospitals, and public health institutions. However, this representation was biased towards Western medication than towards Indigenous or spiritual methods of dealing with health-related issues. SO's message includes statistics, facts and rhetorical strategies of persuasion. For example, he asserts, that *the people are safe from covid*. Safety from COVID-19 is an ambiguous statement. If they are safe, why do they need to vaccinate? However, this statement is made in the context of the stated figures of those who have already been vaccinated and did not die from vaccine-related side effects. He reveals that those who have not been vaccinated are 20 times more likely to be hospitalised. His message also serves as a myth buster through appealing to the COVID-19 vaccination data. The private health insurance company that he represents as a health institution keeps records of COVID-19 vaccination statistics. These figures were only revealed in the English version, and were not mentioned in the other South African official languages. This practice of releasing the crucial information about the COVID-19 pandemic through one dominant language, to the exclusion of Indigenous languages,

perpetuates a linguistic stereotype that associates English with elites, intellectuals, and those who are educated. As a result, a linguistic social injustice is being perpetrated against speakers whose languages are excluded in this COVID-19 Vooma vaccination campaign advert.

> Transcription 2:
>
> Greetings. I am KK provincial gender activist for one of the biggest union federations in one of the provinces in South Africa, Provincial chairperson labour sector CSF. So far you and I have survived Covid, but we have lost too many family and friends. I got vaccinated to protect myself and my community and I ask you to do too. Go this Vooma weekend, especially if you're over 50. Let's crush this 4th wave. Save our summer. Get vaccinated this Vooma Weekend.

The above message is delivered by a younger political activist who uses repetition as a persuasive device, encouraging listeners to go and vaccinate during the *Vooma* Weekend. What stands out is how he juxtaposes the loss of family and friends in close proximity to him with being vaccinated, forming a stark reality of two scenarios: being vaccinated against the death and not being vaccinated against the death.

Figure 3.
#VaccinateToSaveSouthAfrica #COVID19

The speaker's use of 'exhortation' as a linguistic device is also noticeable in that he asks the listeners to vaccinate, while mobilising them to 'crush' the fourth wave. While he emphasises the need for those over 50 years of age to get vaccinated, the conclusion of his message suggests that he is also targeting the younger listeners by referring to the slogan, '*Save our Summer*', which is used to mean that if people vaccinate, they will have a summer. In other words, they will be able to have the fun that is associated with summer, such as parties and going to the beach. This slogan was used in various media and platforms, such as the two Twitter hashtags in Figure 3 (above), to appeal to young people.

> Transcription 3:
>
> Greetings. My name is Archbishop, the head of one of biggest churches in Southern Africa. So far, you and I have survived COVID-19, but we have lost too many family and friends. I got vaccinated to protect myself and my community, and I ask you to do so too. Go this Vooma weekend, especially if you are over 50 to get vaccinated. Let us crush the 4th wave. Save lives and save our community.

Archbishop adds weight to the COVID-19 vaccination debate by bringing the voice of the church into the mix. It is quite significant that he encouraged the campaign in the midst of objections from many spiritual leaders. He also refers to the loss of family members and friends, while emphasising the protection against COVID-19 that is offered by being vaccinated. In the first instance, he highlights protecting the community and he concludes his speech by drawing attention to how vaccinating *saves lives and saves our community*.

> Transcription 4:
>
> Lotshani, nginguMamsi. OsiSazi kwezamaphilo, Laphana emitholapilo yeKunjani. Bekube nje, mina nawe sisindile kuCovid. Kodwana silahlekelwe malunga amanengi womndeni nabangani. Ngijovile-ke mina, Ukuthi ngizivikele kunye nomphakathi wekhethu, Begodu ngibawa ukuthi nawe wenze njalo, Khamba ngeVooma weekend le, Khulukhulu na ungaphezu kweminyaka yobudala emasumi amahlanu, Jova ngeVooma weekend le. [Greetings. I am Sisi, a health expert here at the Unjani Clinic. Thus far, you and I have survived Covid, but we lost many family members and friends. Well, I am vaccinated, so I have protected myself and our community, and I request that you also do the same. Go during this Vooma weekend, especially if you are older than 50 years. Get vaccinated this Vooma weekend.]

It is quite telling that the health expert does not introduce herself in full; there is no title or designation, and there is no surname. All the listeners are told is

that this is a health expert at the Unjani Clinic. It should be noted that Unjani Clinic is a franchise of private clinics offering primary healthcare services in certain provinces in South Africa. With 30 seconds to deliver a campaign for vaccination, the speaker omits personal details while repeating others, seemingly deemed important for the purposes of the text. The words, '*jova'* (vaccinate) and *Vooma weekend le* (this Vooma weekend), are repeated for emphasis so that listeners know what they have to do and when to do it. It is evident that the speaker starts by a declarative statement, informing listeners that she has vaccinated. She transitions to a request for listeners to do as she has done. This is ambiguous as it could mean listeners should vaccinate as she has or should save themselves and communities as she has done through being vaccinated. She ends the video clip by using an imperative, telling the listeners to go and get vaccinated. She identifies with the listeners in the loss of friends and family members by saying, *you and I lost . . .,* and she brings in the community when she states that, I can protect myself and our community.

> Transcription 5:
>
> Fellow South Africans. I am PS. I represent business for South Africa. The past 18 Covid months have been the most challenging in our lifetime. We haven't been able to enjoy the most basic things like going out to a restaurant for a meal with friends. We can change all of that. Vaccines have proven over many decades, in fact, centuries to be the safest and most effective way of preventing disease. The same applies now for Covid. Go out and get vaccinated. If like myself, you are already vaccinated, encourage all of those around you to get vaccinated so we can return to normality.

The above presentation is quite telling of the different realities of the various facets of South Africa. PS begins the presentation by establishing a connection with the listeners by calling them *fellow South Africans.* He, then, promptly indicates the group he is representing. This group identification is an important device as it creates rapport with the listeners, as if to say they are in the same boat. The speaker then presents a fascinating glimpse into the lives of some of the *fellow* citizens where the *most challenging* months are exemplified by the inability to enjoy activities, here referred to as basic, such as going out for meals. Restaurants were closed during the COVID-19 lockdown period. The speaker then audaciously declares that vaccinating can change the state of affairs. He uses historical evidence as a persuasion device when he refers to the long history of the proven safety and efficacy of vaccines. One notices the generalisation that is used to persuade the listeners such as *vaccines* being the *safest* and *most effective*. Because this is a one-directional communication modality, listeners are not able to ask if all vaccines are truly

the safest and if the efficacy of this vaccine has indeed been proven, particularly since information was being discovered on a daily basis. What cannot be ignored is the speaker's clarion call to others not to be content with only being vaccinated, but to encourage *all* acquaintances to be vaccinated as well. This is important because the speaker extends the influence of the vaccination campaign to those beyond the listeners. One is reminded of the African value of *Ubuntu*, whose pivotal mantra is, *I am because we are*, and whose similar phrasing can be detected in the statement, *I am safe because you are safe*.

Figure 4.
#keready

The audience for the COVID-19 vaccination campaign in Figure 4, which when translated in its English version reads as *#Iamready*, is the youth. In South Africa, the youth is defined as the age group between 13 to 35 years old. This advert shows the shift in strategies that the Department of Health (DoH) embarked on as it directed the COVID-19 vaccination campaign to those below 50 years of age. Although, this study does not compare the various age groups that are represented by official statistics, it is important to explore the multimodal strategies that were used for young people, in order to emphasise the uniqueness of the Vooma vaccination campaign targeted at people who are

50 years and older. At the bottom of this advert, there are several government departments that are partnering with DoH. These are the Department of Higher Education and Training, Gauteng Province, Higher Health, and Tshwane South TVET College. An overview of the video clip transcriptions provided above can be divided into three categories: (1) the representation of various categories, (2) the structure of the presentation, and (3) the persuasive devices used. These are presented in Appendix A.

5. Discussion

The concern about health communication strategies and the extent to which they failed or succeeded to promote language and social justice during the Covid-19 pandemic has been a subject of scrutiny in South Africa and the global world. A similar concern has been observed in other previous disease outbreaks like HIV and AIDS, Ebola, and SARS flu, to name a few. In all these instances, the importance of language and saving people's lives becomes paramount in determining how governments relay information about a life-threatening pandemic outbreak. This can be made possible by, among other things, disseminating information to community members in a language that they are comfortable speaking. Researchers like Garcia (2022) and Getahun (2021) have emphasised the importance of language access during health emergencies like the COVID-19 pandemic. If one looks at how different governments worldwide relayed information to their citizens, it is observed that in the case of COVID-19 pandemic, as it happened with all health-related crises, issues of language accessibility impact marginalised communities at alarming rates, particularly Black, indigenous, and people of colour who rely on accessible information to attain services and healthcare in already oppressive systems (Cuevas & Gonzales, 2022). Put in another way, failure to provide information in a language that everyone understands may be discriminatory and result in catastrophe for the marginalised groups. To echo this sentiment, Cuevas and Gonzales (2022) caution that lack of language access forms an added layer of oppression that makes indigenous communities more vulnerable to the disease than other communities. The notion of saving lives may not be realised if a certain section of the population does not have access to the information related to Covid-19 prevention and treatment in their own language. This may be detrimental to the whole population at large, considering how infectious this disease is. Ding et al. (2016) correctly caution that when emerging epidemics sweep across countries, epidemic control measures become deeply intertwined with human dynamics such as economic, political, and cultural forces. In their view, this often results in politics taking precedence over public health considerations.

As such, there is a pressing need for a justice-based approach to multilingual, multicultural and multimodal communication strategies in times of public

health crises. The campaign adverts analysed above were meant to appeal through promoting both equity in health communication and social justice. Pragmatically, as we demonstrate through MCDA, these adverts are different from the authoritarian, monolingual discourses of the president's Sunday evening addresses and of some of the media briefings conducted by top scientists based at public health institutions and universities, such as the National Centre for Communicable Diseases, the University of Kwazulu Natal, and the University of the Witwatersrand. All of the five video clips are downloadable from the DoH website and have been shared/posted on other social media sites such as Facebook and YouTube. They all make use of audiovisual semiotic signs. The visuals play a significant function of meaning making and not just anchoring the verbal signs as traditionally understood by those who pay more attention to only the verbal signs. Each of the five transcriptions gives the official logo of both the COVID-19 coronavirus task team, under DoH and the National Development Plan (NDP). The NDP is partnering with DoH. Its presence here is unclear; it may not be directly related to the pandemic, but as a national planning commission, its mandate is to support any government entity through strategic planning. As this was a pandemic situation, we can surmise that the NDP was used symbolically by the government to give a political clout to planning and executing its COVID-19 vaccination campaign. There is an image of the speaker, which has been blurred in each of the five transcriptions for ethical consideration. The faces of the five speakers and the respective private or public organisations that they represent are publicly known in South Africa. Suffice it to say as indicated in Appendix A that they come from a variety of private and public institutions. On the top right-hand corner is the logo of the official/government for the Republic of South Africa. The left-hand side has the logo of the Department of Health. Both logos correspond with the given and new information structure of the campaign advert (cf. Kress & van Leeuwen, 2006).

The five transcriptions were in all the eleven official languages. This means that this campaign was a successful multilingual, language-equity-driven COVID-19 vaccination campaign. However, the content of each of the transcripts has some contradictions and ambiguities, and therefore has nuances that could lead either to more injustices to health communication or to the lack of language equity in health. Transcription 1 is interesting because it starts of by giving facts and statistical figures of the total number of people who have been vaccinated, as one million. However, in terms of the liminality between fact and fiction, truth and lies, it then fabricates an unscientific exaggeration which is perhaps self-defeating for the government and private institutions that were mandated to vaccinate people. This is evident in the assertion: *if you are unvaccinated, you have a 20 times greater chance of being hospitalized or dying from Covid*. This assertion is untrue, unfounded, and could as well be a

misinformation—i.e., knowingly spreading false information. Such untrue statements when falling on the ears of the anti-vaccination masses, were taken literally and may have led to some people deciding to resist and reject vaccination, or to believing the anti-vaccination counter narratives that proliferated on social media. It is not clear who wrote and edited such scripts, as they seem to also present half-truths and mistruths. On the other hand, it is commendable as a social justice initiative to get private sector companies and civic organisations to support the vaccination campaign, notwithstanding the contradictory and ambiguous messages (Kilby & Lennon, 2021).

As mentioned above, the visuals remained similar in all of the five transcriptions but the characters, represented participants, came from diverse and multisectoral organisations. This represented a unanimous and collective voice from these organisations. For instance, in transcription 2, the purpose of vaccination appears to be *crushing the 4th wave.* This is another controversial point of citing statistical modelling for public health communication purposes and associating statistical modelling with the virus genomic mutations. This type of public health communication was never quite understood by those who are not educated. The rapid spread of the virus in the population was cited as a reason for the harsh lockdown enforcement measures, which were carried out by government officials. Moreover, those who have always been skeptical of any statistical data—whether it was related to the economy or food security, or whether it pertained to the spread of diseases—saw more reasons for agitating against vaccination.

A stark contrast to the public health communication strategy targeting 50-year-olds and above is shown in some of the youth advertisements or youth vaccination campaigns that were conducted on the same website. For example, Figure 4, which is written in English, is an advert on the DoH targeting the youth. In South Africa, this pertains to the age bracket between 18- and 35-year-olds according to the national coronavirus task team. This advert covers a broader narrative than the monological strategy of targeting people above 50 years of age to get vaccinated, as seen in the five transcriptions. It mainly uses official symbols and signs that were standardised by the World Health Organisation (WHO) in all countries to represent vaccine, masks, washing hands, and social distancing, and to allow air circulation by meeting outside where there is adequate ventilation. The drop-down menu on the advert draws intertextually on language varieties from youth languaging. For example, in its original website form, this advert had a drop-down menu item, Ichoose#vacciNation; this is a pun that is appealing to the national identity. The idea of the hashtag is to make the advert trend and sharable on social media sites such as Twitter, Instagram, and Facebook.

Transcription 3 is a recorded message of an archbishop of a mega church in South Africa. His message is brief and maintains facts. He does not mention religion, despite him being a man of faith. In addition, his audiovisual video clip was presented in Sepedi and English. Perhaps this is intended to draw on his own multilingual competence and ability to render messages in both Sepedi and English. This is an indication that multilingual competences vary, and it is, therefore, not fair to expect similar multilingual proficiency in all languages.

Transcription 4 brings a communal and inclusivity aspect of social justice where the speaker is not named but actually speaks for the group of semi-private clinics (Unjani Clinics) that have been launched to support the ailing public health system in areas dominated by Black residents. In Transcription 5, the viewpoint of small and medium enterprises (SMEs) or entrepreneurial business establishments is projected. There is an appeal to the communal African values of Ubuntu. Ubuntu has been popularised in many social justice agendas, including those from the business sectors.

6. Conclusion

From the discussion presented above, it has been highlighted that there were efforts to promote equity and social justice in the public health communication strategies that were employed by representatives of private and public institutions during the COVID-19 pandemic. However, there were noticeable contradictions and ambiguities in some of the communication strategies used; although the top brass (the president, ministers, and top scientists) that led the COVID-19 public health communication response employed strategies that were predominantly monolingual, there was a noticeable multicultural, multilingual and multimodal communication strategy espoused by societal representatives such as the head of a private health insurance company, the archbishop of a mega church, the official of a labour union, the professional health practitioner, and the youth representative. The monolingual and multilingual language strategies between the NCCC and the people who were mobilised through the *Vooma* campaign adverts continued to display inequity in public health communication. By extension, this tends to compromise any social justice initiative that the vaccines could have promoted. In addition, the discourse types that were projected by the various transcriptions through the private and public sector representatives are fascinating because they reveal a discourse disjuncture and public health communication inequity. An overview of the discursive strategies and the discourse types per language shows divergences and differences. These divergences and differences were fodder for vaccine skeptics, anti-vaccination, misinformation, and myths.

Crosslinguistic public health communication is a long overdue area for multilingual research in South Africa. However, there are also broader unequal

discourses from various organisations. On the other hand, the youth posters are directly from the global public health standards, especially from the WHO public health communication standards. This irony alienates young people from their crosslinguistic and multilingual heritage, but sells a globally hashtagged national identity that universalises the values that young people should aspire to. We recommend that the DoH should create an entirely 'indigenous languages' website in all the official languages and then translate its content into English to reflect a multicultural and multilingual *nation*.

Notes:

1. This number excludes speakers of languages that are not official languages such as San and Khoi, which are indigenous minoritised languages that tend to be marginalised in South Africa. This is why the total percentage is 98% and not 100%.
2. For more detailed discussion of these and other related topics, see Balosa (2024), Chaka (2024), Giannakou and Fasoula (2024), Huang (2024). Kruger-Marais (2024), Mapuya (2024), Motaung (2024), Ndlangamandla (2024), Nkhi and Shange (2024), Salmani Nodoushan (2024), Xu and Fang (2024).
3. For more works addressing topics within critical discourse analysis, see Battista (2022), D'Avanzo (2022), David et al. (2022), Padley (2022) Raffone (2022), Russo & Grasso (2022), and Zollo (2022).
4. https://sacoronavirus.co.za

Authors' Statement

Sibusiso Ndlangamandla conceived the paper and worked on section one together with Thembeka Shange. He also worked on sections three, four and five in conjunction with Thuli Shandu-Phetla. Chaka Chaka, contributed to section two and helped fine-tune sections three and four. Section six was a joint effort by all the authors.

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Appendix A: Three categories into which the five video clip transcriptions can be divided.

MCDA category	Sub-category	Examples
1. Represented participants	Socio-economic representation	Religious groups Teacher unions Labour unions Business sector Traditional leaders
	Geographic representation	Rural/ urban Various provinces Various cities Municipalities
	Language	Nguni groups Sotho groups English Afrikaans Tsonga Venda
2. Structure of the presentation	Introduction	Name, credentials and organisation This may be done to create rapport with the listeners, but also to add credibility.
	Body	Providing reasons for vaccination/ persuasion through: - facts - historical overview - fear - nostalgia - encouragement
	Conclusion	Call to action through: - thanking listeners - - mobilising through a slogan - warning - repeating invitation - encouragement - inviting listeners to encourage others
3. Discursive strategy	Repetition	*Save our community*
	Persuasion	*We can change this*
	Proximity	*we have lost too many family and friends. I got vaccinated to protect myself and my community*
	Imagery	*Let us crush this fourth wave*
	Slogans	*Save our summer*