Unravelling Sociological Tenets as Semantic Constructs in Health Related Communication: A Sociolinguistics Perspective

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ABSTRACT

The very nature of communication as a reflection of a sociological embodiment in the expression of overt and covert meaning is tightly woven to the thought patterns of that specific linguistic community. This interrelation makes social communication more engaging and even more complex when socio-cultural nuances related to health issues as concerns African countries south of the Sahara are addressed. With deep insights from the works of Jerry & al. (2015), the paper sets out to establish that the psychological mapping of linguistic utterances constitute a dual track semantic analysis when such discourses are in connection with personal health-related matters. The paper stresses on the point that the lexicology of health related communication somehow unravels sociological underpinnings of language in addressing specific health-related concepts within a linguistic community. While dissecting normative construction of health stereotypes as a distributive semantic function, the paper demonstrates the subtle universality of disease apprehensions and communication within the global health systems. From this perspective, the paper establishes the necessity of culturally referencing and demonstrates its semantics potency in influencing paradigm shifts within the global discourse on health communication.

Key words: communication, health perceptions, sociocultural, community, disease, behavior.

INTRODUCTION

It is not far-fetched to allude to the fact that a discussion on language in its sociocultural context is a discourse on the ramifications of language in use in a specific communities in terms of organization, sequencing and acceptability. Picturing language from such a standpoint gives insights into why language phenomena vary with different cultural settings. This variance constitutes the relevance in adopting a sociolinguistic approach in analyzing communication patterns within the different cross-sections of human society and especially the health domain with articulations on concepts of case and care. Behavioral health concerns over the years have systematically stood out as one of the most important considerations in discussing development axes with respect to Sub Saharan African perspectives, in view of finetuning such concepts to reflect local realities. Therefore, understanding health-related concepts as a pluri-dimensional entity obtains all its sense when the concept of health and healthcare is discussed beyond biomedical limits to encompass social and psychological variables which are peculiar to specific communities. As pointed out by Jerry & al. (2015), focusing on social determinants of health as a way to mitigate the impact of health disparities could be considered a viable alternative to bio-medical paradigms that focus excessively on genetic and clinical factors. This inevitably encourages a type of discussion that swings away from traditional understandings of health and related concepts as essentially biological concepts, to accounts for the social and psychological variants that could impact the understanding of community health within deglobalized specific communities. In addition, if the concepts of health-related behaviors and community health perceptions have been deemed worthy of discourse on a global note, it only justifies its centrality in the framing of the socio-semantic context as meaning determinant within a prolific cultural diversity. This raises the problem of postulating a universal discourse on health-related

behaviours for African societies, especially African countries south of the Sahara. What is posited here is a universal approach to health communication targeting both African and western societies will fail to hit the highest level of semantic agreement given the diversity observed in different cultural underpinnings; a situation which does not always produce optimal results especially when integrating approaches like Communication for Change (C4C) or Communication for Development (C4D).

In this article, focus is geared towards developing an understanding of how adopting a communicational pattern that encompasses the socio-demographic variables of target communities accounts for a more holistic apprehension of community health. What is discussed here is how communicational schemes interact with cultural and social realities to inform differential approaches to research and related policies that transcend the bio-medical approach to health-related concepts. It goes further to postulate an intrinsic link between social communication and health-related behaviors; tagging this link as community-specific and individual dependent in terms of attitudes and choices, weather they are people targeted by certain health conditions or choices of health service providers. This line of thought relates to a contextualization of behavioral predictions that, though not repudiating the capital nature of bio-medical perspectives to health communication, denies an overlooking of the social variables which greatly account for disease understanding, health-related behaviors and a holistic understanding of community health within specific communities.

Co-relating health conditions and socio-cultural structures

Health communication is a significant concept that has gained ground within multiple communities owing to the fact that it systematically impacts behavioral schemes in terms of health-related behaviors within communities differently. This is the ground on which the present entry posits an approach to discussing health-related concepts from a sociolinguistic perspective can only be made possible through a prior understanding of the cultural underpinnings responsible for the creation, establishment, and protection of social norms that govern the society.

Ojua & al (2013) argues out that the cultural practices of a people do not only affect their health conditions, but eventually all aspects of their lives including social relationships, their contribution to social functioning, and disease conditioning. The focus here is on the socio-cultural impacts of disease within a target community which stems from the fact that irrespective of race, every society holds specific beliefs about health conditions, beliefs which in turn command a societal respond to particular health conditions. The work focused on the Nigerian society, presenting it as a typical African society marked by multiple ethnic groups, thaat all bring different cultural practices to the table when discussing health-related concepts. The sociocultural implications of health-seeking behaviors here are understood to reside in the fact that within all sub Saharan African societies, the quest for health has its roots into issues of morality, which generally transcend the scientific dimension of diseases, opening up concepts of disease causation and subsequent health-seeking behaviors to more dynamic socio-cultural entities which are apprehended specifically by varying societies.

This line of thought is joined by Onah and Eyong (2018) in their positioning of African Traditional religion and medicine as the very essence that aliments an understanding of human health and wholeness in an African setting. How African religions and medicine have been able to resist the impact of western influence can only be attributed to the fact that they constitute a source of meaning which highlights the concept of wholeness in discussing health-related behaviors from an African perspective. The bio-psycho-socio-ecological model is what is put forth as an informative approach to understanding the sociology of medicine within African contexts. This is because it is believed to not just transcend a traditionalist biological approach to discussing health conditions and societal understanding of it, but also societal response to the said conditions given they account for symbolic structures irrespective of the society wherein they are attested.

From this perspective, a disease or health condition shifts from a simplistic biological anomality to an entity which cannot be discussed out of its socio-cultural context due to the fact that not only is it culturally charged, but it plays a social role both for the individual under the condition and his society at large. To this effect, a discussion targeting an understanding of community health perception from an African perspective has to exceed establishing a rationale between a health condition and a social response to the said condition while nonetheless taking it as a base that permits further discussion.

Linking social determinants to health-related behaviors

While the term Social Determinants of Health (SDOH) have long been recognized in mainstream medicine, a pinpointing of how they interact with specific environments or an exhaustive list of them still remains to be achieved making a cross-cutting definition of the term trickier, it explains why a categorization rather than an exhaustive listing of them is resorted to in most studies. The most commonly accepted definition of the concept is that which relates to the conditions in which people are born, grow, live, work, and age. Health-related concepts then, as discussed by Susan (2015) undoubtedly shape the perception of wellbeing in individuals and populations continuously. An individual's health and health behaviors as such could be most easily discussed as a reflection of the experiences and circumstances that have unfolded over time, within a distinct social, and physical context. The emphasis laid on the distinctiveness of the social and physical contexts involved here goes to highlight the fact that a specific association of a social determinant to a resultant behavior is more of a speculative than an exact assertion.

Going contextually, as pointed out by Susan (ibid), a social determinant approach to understanding health-related behaviours inevitably goes through a projection of how the word shapes people's health. Traditional projections on the factors impacting health fell short of a pinpoint presentation of what can and cannot impact health in view of the multitude of factors that intertwine and are considered in discussing health practices; from causative agents, to experience of disease, and choice of health service provider. Arguably, the dilemma here lies at the level of understanding that even though the demographic variables are the most impactful when discussing health behaviours, they are equally understood to be the most dynamic and highly subjective. To this effect, the formulation of a universal hypothesis explaining to which extent they affect individuals' choices with regards to health seeking behaviours becomes a delicate task when confronted to the very nature of the said demographic variables.

The above paragraphs justify the link between health conditions and socio-cultural structures, and an even more subtle link between health determiners and health-related behaviours. The present article hereon focuses on the links attested above to justify a rationale to discussing communicational patterns within social setups as instrumental organisers of health behaviours. How they impact community health perception becomes most observable when confronted to socio-cultural structures, yet, they retain the specificity of being unique to particular cultures and contexts tilting the debate towards a discussion from an African perspective which does not always align with western approaches and expectancies.

METHODOLOGY

The present study targeted three different towns from three regions of Cameroon; Dschang, Bamenda and Douala. These towns have their sockets in different cultural practices that account for diverging behavioral norms and understanding of holistic health concepts by the different society members. By prioritizing an ethnographic approach to this research, the study aimed to decipher how universal concepts of holistic health care as brough about by the presence of health infrastructures interact with social norms in forging a collective sense of disease understanding.

It is worth highlighting here that the study carefully chose a traditional French-speaking community (Dschang), a traditional English-speaking community (Bamenda), and what could be considered a melting pot of cultures (Douala), so as to give the study representational grounds on which to argue its findings. By such a proceeding, the study could observe specific behavioural pathways peculiar to specific communities, and prevailing behavioral pathways in more culturally inclusive settings.

The survey yielded a total of 457 responses for a return rate of 91.4% in total. Random online surveys were also used to corroborate the qualitative analysis of the study but did not account for a major data collection method. The interviews conducted at the end of the questionnaire administering were what accounted for the qualitative side of the data collection. The return rates were distributed as 96% for the town of Dschang, 80% for the town of Bamenda, and 96% for the town of Douala. This gives a rationale to the findings uncovered in the study as the respondents are understood to have been unconsciously or instrumentally impacted by the norms guiding communication and health-related behaviors in the communities under study.

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DISCUSSION

In this section the discussion is geared towards x-raying the findings uncovered in the course of the study. What is first highlighted is the variability that comes with disease communication as well as their intrinsic link to cultural values and individual appreciations. The concept of disease understanding and its ramification on health-related behaviors operates with a varying subjectivity both at the micro levels and at the macro levels. This is rightly ascribed to the fact that the understanding of disease is impacted by social variables and perceived norms of which are peculiar to specific communities. The second point highlighted is the ideological dimension of social conflict (unarmed conflict) is anchored in linguistic patterns attested in social setups. These linguistic patterns which account for the social communication englobing diseases and health communication within particular groups impact health perception from a communal standpoint in three major ways; disease experience, attitudes towards those infected or affected by disease, and choice of health service provider in times of ill-health.

Intertwining Social Communication and Disease experiences

Health-related concepts in general and disease experiences in particular are highly impacted by multiple factors that fuse in erecting society as a whole. As such, picturing society as an amalgamation of multiple cultural and sociological manifestations entangles the discussion of the impact of communication on disease without a prior consideration of the sociological status of the said disease. This standpoint justifies the need of integrating considerations targeting how sources of information, as molded by norms and values within social setups account for social acceptance or rejection of particular health conditions.

The notion of contextual culture becomes particularly salient in discussing why African societies have a different approach to health communication from western cultures then, and as such a different experience of particular health conditions, one being a high-context culture and the other a low-context culture. The foundation here is laid to specifically highlight the fact that while the concepts of disease experience and social communication are world-wide known processes, their understandings and experiences are hardly as generalizable as they could sound simply owing to the fact that different societies employ different means to arrive at collectively shared meanings.

By disregarding language as a neutral medium for the formation of meanings and understandings about independent world objects, cultural studies understand language to be contextually relevant and socially imbued. This contextual relevance and social charges carried by linguistic or para-linguistic signs and symbols, will advertently evolve with cultural norms and collective consciousness within the communities wherein they operate.

From such contextual perspectives, it could be convincingly argued out as illustrated by Brown (1995), that one of the cardinal principles of the sociology of health and illness is that social factors are integral to health status. Consequently, causation and subsequently linguistic habits developed by social members be they infected or affected by disease are understood to encompass three categories. First of all, the underlying social causes, such as social structural elements of the society (class, race, sex, and other variables). Next, the proximate social causes, such as neighborhood structure, migration, environmental and work place hazards. Finally, the mediating social causes such as social supports, social networks, marital and family status. To this effect, it is worth noting that while a universal explanation of social causation of health and illness might be accepted, a similar approach to understanding the person's experience of illness, the professional role in defining problems, and issues of service delivery amongst others, might not be accepted with similar magnitude.

As concerns the present study, with regards to informants responds from the different communities hosting the study, linguistic habits that come up as attitudinal behaviors in disease experience are understood not to be the result of a haphazard occurrence, but a carefully planned process taking into consideration the entirety of sociological underpinnings of disease. Integrating such considerations into a discussion on language as a social determinant of disease from an African perspective can effectively be exploited to explain why the experience of chronic diseases like HIV and Cancer, which relate to sexuality and death respectively will not match universal expectations. This does not only limit itself to the experience of the patient, but extends to a more general impact

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on society's readiness to communicate on certain health conditions, impacting lay knowledge on health conditions. This data collected in the process of the study attests to the finding.

Figure 1: Ease of communication with regards to health conditions

		Dschang				Bamenda				Douala				Total
		Total entries	**Male**	**Female**	**Total in %**	**Total entries**	**Male**	**Female**	**Total in %**	**Total entries**	**Male**	**Female**	**Total in %**	**Avg. In %**
How comfortable do you feel talking about HIV/AIDS and other Sexually transmittable diseases?	Very Comfortable	20	16	04	10.41 %	10	09	01	08.30 %	24	16	08	16.55 %	**11.75 %**
	Comfortable	65	52	13	33.85 %	15	10	05	12.50 %	47	28	19	32.41 %	**26.25 %**
	Neutral	38	17	21	19.80 %	42	27	15	35.00 %	22	13	09	15.18 %	**23.33 %**
	Uncomfortable	57	22	35	29.68 %	33	14	19	27.50 %	42	17	25	28.97 %	**28.72 %**
	Very uncomfortable	12	05	07	06.26 %	20	10	10	16.70 %	10	06	04	06.89 %	**09.95 %**
	Total entries	192	112	80	**100.00 %**	120	70	50	**100.00 %**	145	80	65	**100.00 %**	**100.00 %**
To what extent do you think society stigmatises people with STIs/STDs?	To great extents	87	49	38	45.31 %	64	42	22	53.33 %	56	21	35	38.62 %	**45.75 %**
	To lesser extents	57	36	21	29.68 %	26	07	19	21.66 %	58	38	20	40.00 %	**30.44 %**
	I don't think so	39	24	15	20.31 %	23	17	06	19.17 %	24	15	09	16.55 %	**18.68 %**
	Not at all	09	03	06	04.70 %	7	04	03	05.84 %	07	06	01	04.83 %	**05.13 %**
	Total entries	192	112	80	**100.00 %**	120	70	50	**100.00 %**	145	80	65	**100.00 %**	**100.00 %**

The focus was placed on health conditions underscoring aspects of sexuality because the study observed sexuality and death have a different way of impacting communication on health conditions within the communities targeted within this study. As such what the study argues out is, indeed, three types of languages are attested when talking about disease(s) and disease conditioning in the communities under study; the subjective (peculiar to the patients and individuals), the objective (international scientific communities) and the figurative language (peculiar to the traditional or western health scientists).

Palpably, it could be observed that disease nomenclature amongst other linguistic habits in the communities under study as evident in the mother-tongue nomenclature of most diseases, is developed from three main angles; happenings linked to the disease (the case of polio for example), the leaf/leaves used in treatment (dysentery, phileria…) or based on the part of the body affected (syphilis, cardiovascular diseases, mumps). As such, the metalinguistic connotations directly impact both disease nomenclature, health condition and health seeking practices in these communities, an assertion corroborated by an analysis of the various ideologies emanating from discourses on disease conditioning and conception within the target communities. The formulation of a relationship between social communication and disease experience, could be presented as such:

Impact of linguistic practices on disease experience and community health perception

As illustrated in the figure above, the impact of linguistic habits on disease experience and subsequently community health perception becomes particularly outstanding when due consideration is given to its ability to influence the social communication born from a collective understanding of a disease. What should be highlighted here is lay knowledge or social construct on disease doesn't always differ from scientific presentation of disease, meaning it could be realistic or idealistic. The focus here resides in understanding how this social construct of disease impacts linguistic habits within diverse communities; understanding why jargon varies with disease and how it matters. The discourse around a number of diseases like HIV, Syphilis and other chronic diseases also proved to be charged with the ability to deposit societal scars which directly impact the decision making of the patient(s), disease experience and communicative readiness on the malaise in question.

Linking disease communication to taboo dimensioning

The fact that disease experience within African setups is best understood through patient narratives in times of ill-health, going beyond the "acceptability" of a sick person within a community, the experience of a health condition is greatly impacted by the norms governing a society which are corroborated through verbal and non-verbal signa and symbols.

The opinion here is human cultures are laid down and transmitted generationally through myths and narratives, an assertion which justifies the fact that while these cultures could possess the characteristic of being culturally relevant, their rationality could only be investigated by juxtaposition with other deemed "objective" positionings.

Within the present study, how communication impacts the flexibility of taboo subjects is tantamount to understanding how taboo reshapes communication within a multicultural community given it goes on the assumption that cultural differences shape every aspect of global communication. Here the distinction is made between two types of communication; low context communication peculiar to Western communities and high context communication peculiar to African societies.

With low context cultures, the messages conveyed are expected to be explicit with as much detail as possible so as to exclude the possibility of a multitude of interpretations by the audience. Here the communication is more straightforward and more or less confrontational given it employs directness in the enunciations. In such cultures, the speaker is central to the communication while giving a blind eye to the social and occupational positions of the actors involved in the exchange.

High-context cultures on the other hand, denote a communicational proceeding wherein 0what is easily perceptible is the indirect manner of formulation and expression of thoughts; politeness strategies. What is pruned in such cultures besides spoken language is a consideration of the body language, social position and knowledge about mutual relationships. Here, meaning is non extracted essentially from what is said, but also from an integration of non-verbal communication aspects. As expected, this kind of cultural approach to communication leaves room for multiple interpretations of messages given they are not tailored to be explicit and unambiguous.

Nonetheless, it is important to mention, that it is not possible to classify all cultures in terms of low and high context culture. There are some countries which are described as the middle cultural context. These countries have characteristics of low and high context culture, for example the countries of Central Europe. Their inhabitants are people who do not like silence but they like to focus in small groups, are full of vigour, have rich body language and retain formal social relations (Brett, 2001, p.33-35).

Contextualizing, going from the responses gotten in the course of the study the understanding is studying what type of cultural tagging the communities find themselves in is of little relevance to the present study if a link to how they impact communication at a social level cannot be drawn. The differentiation between high and low context cultures permitted an assertion of the fact that the common denominator between the societies under study resided in the fact that they were all communities within which the context played huge roles in deciphering meaning as in the case with a majority of African societies.

In each community, taboo is comprehended in a similar manner but can refer to completely different things. Things that are normal for some, for others can be forbidden. Subjects such as sexuality and death are some of the numerous examples which could be used to illustrate this thinking.

In most African societies similarly to those under study, sex education and discussions relating to sexuality are still considered taboo topics. To this effect, talking about them too explicitly results in an affected social identity. Given this, sexually related diseases like HIV become particularly complex to discuss given they relate to a breach of a certain code of conduct which is punishable by social rejection or revaluation of social identity. In all the taboos' definitions and explanations, it was clear that traditionally, taboos' effect lay in the following factors; deception, age, fear, hope, illiteracy, immaturity and the need for peace in society and never any truths. Taboos, according to the explanations, were simply society's means of regulating people's behavior which in turn gave rise to a social reality and a consequent behavioral intention.

Revisiting social stand on concepts such as sex education could inform health institutions amongst other community health workers and bring valuable aid in diffusing the correct information so as to permit a social discussion on the subject of taboo. What is deplored here is the fact that as a categorization of sexuality and death as taboo subjects within the societies under study, willingness to share disease experience is greatly impacted by cultural taboos within each and every community.

CONCLUSION

The present entry sought a Sub Saharan African perspective contextualized language pattern as a social determinant of health. The discussion as such was geared toward x-raying the impact of social communication on health-related concepts notably in terms of its impact on disease experience and the dimensioning of taboos within the targeted communities. The role of language in dictating health-related behaviors especially in terms of health-related communication is depicted to be a crucial one, whose input can only be effectively discussed if attached to its socio-cultural context. This justifies the need for an integration of identarian perspectives for specific communities in terms of health communication and acknowledging that sub Saharan African communities health practices are deeply rooted in their sociocultural construct.

REFERENCES

1. Ajima, O. G., & Ubana, E. U. (2018). The Concept of Health and Wholeness in Traditional African Religion and Social Medicine. Arts and Social Sciences Journal, 09(04).
2. Artiga, S., & Hinton, E. (2018). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.
3. Asu, O. T. (2013). African Cultural Practices and Health Implications for Nigeria Rural Development. International.
4. C-Change. "Social and Behavior Change Communication (SBCC): Capacity Assessment Tool for Use with Individuals." Washington, DC: C-CHange/FHI 360. Accessed April 22, 2020. https://toolkits.knowledgesuccess. org/toolkits/injectables/social-and-behavior-change-communication-sbcc-capacity-assessment-tool
5. Health Communication Capacity Collaborative. "The SBCC Capacity EcoSystem™ A Model for Social and Behaviour Change Communication Capacity Strengthening." Baltimore, MD: Johns Hopkins Center for Communication Programs, 2016. http://etoolkits.dghs.gov.bd/sites/default/files/capacityecosystempublic6-132.pdf
6. Short, S. E., & Mollborn, S. (2015). Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances. Current Opinion in Psychology, 5, 78–84.
7. Social Conflict: Escalation, Stalemate and Settlement, Dean G. Pruitt and Jeffrey Z. Rubin, (New York: Random House, 1986).
8. Spiegel, J. M., Breilh, J., & Yassi, A. (2015). Why language matters: Insights and challenges in applying a social determination of health approach in a North-South collaborative research program. Globalization and Health, 11(1), 9.