COVID-19, kovhidhi, dzihwamupengo: Language use, language change, and pandemic perceptions among Shona-speakers in Gweru, Zimbabwe

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Abstract
Through an examination of the linguistic practices encountered and used by Shona language-speakers in the Zimbabwean city of Gweru, this study explores intersections between language use, language change, and perceptions of the COVID pandemic—as caused by the virus referred to by Gweru’s Shona-speakers as, variously, “COVID-19” in its English-language representation or “kovhidhi” or “dzihwamupengo” in its two most common Shona-language representations. The study is anchored in conceptions of the impacts that natural disasters and pandemics have on language and on communication needs, and in theories of semiotics and language change. The research finds that the predominant terms used by Gweru’s Shona-speakers in relation to the pandemic carry connotations that, in the Zimbabwean socio-cultural context, potentially undermine optimal responses to the pandemic. The article concludes by emphasising the importance of careful management of language as a critical resource in the fight against natural disasters and pandemics.

Keywords
language, communication, semiotics, language change, pandemics, natural disasters, COVID-19, Shona, English, Gweru, Zimbabwe

DOI: https://doi.org/10.23962/ajic.i31.13995

Recommended citation

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1. Introduction
The COVID-19 virus has, since its first detection in Zimbabwe in March 2020, generated the emergence of several new and altered terminologies in response to the pandemic. This evolving vocabulary is the result of universal and natural phenomena of language use and language change—dynamic processes through which language adapts and evolves to meet emergent communication realities and requirements. This study sought to establish the intersections between language use, language change, and perceptions of the COVID-19 pandemic among Shona-speakers in the city of Gweru, the capital of Zimbabwe’s Midlands Province. Through qualitative analysis of data from traditional and social media content, from observation of public behaviours, and from semi-structured interviews, a picture emerged wherein language use and change were potentially militating against effective public responses to the pandemic.

Section 2 discusses the impact of natural disasters and pandemics on language change, and section 3 examines the role of communication in the reduction of risk and vulnerability in disaster and pandemic situations. Section 4 sets out the study’s theoretical frameworks (semiotics and language change); section 5 describes the research design; section 6 provides findings and discussion; and section 7 sets out conclusions and recommendations.

2. Impact of natural disasters and pandemics on language change
In general terms, language is a system of communication. However, more technically, “[l]anguage is a system of arbitrary vocal symbols, which permit all people in a given culture, or other people who have learned the system of that culture to communicate or to interact” (Finocchiaro, 1964, p. 8). Language plays a critical role in the management of human activities, and one of its enduring features is its dynamism as it responds to changes in social circumstances. As stated by Paton (2020), “great social change brings great linguistic change”. Such language change is a universal phenomenon that affects all languages at different times and to different degrees.

Language change is generally perceived as the evolution of a language’s phonology, morphology, syntax, and semantics owing to various internal and external factors. As a system of signs and symbols generated culturally, language is dynamic and responsive to social changes. The internal factors relate to particular changes linked to the structure or articulation of certain vowels or consonants in a language. Internal changes can, for instance, occur as speakers exercise economy in communication, resulting in certain structures being omitted. In Zimbabwe’s Shona language, for example, the word mwanakomana (a male child) is rather long and speakers would rather use mukomana. Similarly, the traditional Shona word murandakadzi (a woman) has been largely eclipsed by mukadzi, even though murandakadzi still exists in the language.
External language change can be occasioned by several factors, including, for instance, the arrival of speakers of another language in a community. Migration is, evidently, one of the key factors behind language change. Also, there is no doubt that in Africa, owing to colonisation, most Indigenous languages have been affected in varying degrees by exposure to European languages (English, in the case of Zimbabwe). As of today, Indigenous languages such as Shona have several words whose etymology is traceable to English. For example, *chipunu* is derived from the English word “spoon”.

Also, Indigenous African languages have been seen to influence each other mutually, particularly in areas where these languages exist within the same (often colonially decided) national borders. Khumalo (2004), for example, identifies the contact between the Shona and Ndebele languages in Zimbabwe in Zimbabwe’s south-western regions where the Ndebele people settled upon arrival from Zululand (in today’s South Africa). The then-Ndebele King, Mzilikazi, conquered local Shona chiefs, known as *MadziMambo* (*Mambo* singular), and their subjects. These subjects were previously known as *VekwaMambo* in Shona, and the Ndebele borrowed the term and generated a new Ndebele word, *AbakaMambo* (Khumalo, 2004, p. 107). Other Ndebele words which emerged as a result of contact with Shona are *umuntu umile* (standing person), which came from the Shona phrase *munhu amire*, the Ndebele word *samukele* (welcome) derived from the Shona *tigamuchire/tigashire*, and the Ndebele word *hambisa* (hurry) derived from the Shona *fambisa* (Khumalo, 2004).

As is discussed later in this article, the conceptual framework that has come to be applied to this kind of language change is known as “lexical borrowing”.

Another set of key drivers of language change are natural disasters and pandemics. Natural disasters, according to IASC (2006, p. 8), are “the consequences of events triggered by natural hazards that overwhelm local response capacity and seriously affect the social and economic development of a region”. A pandemic is a disease that affects many people in many different countries (WebMD, n.d.). As Popiolek (2020) states, “[h]istorically, major events like natural disasters and war have proven to have big impacts on language”. Disasters and pandemics unleash unprecedented social activities that necessitate the emergence of new vocabulary and, sometimes, the reconfiguration of existing vocabulary (Chmutina & von Meding, 2019; Chmutina et al., 2019).

Natural disasters and pandemics can render certain habitable places uninhabitable and, therefore, encourage migration, resulting in the mingling and mixing of speakers of different languages. On another level, pandemics and natural disasters contribute to some of the most widely used vocabulary items globally. The Spanish influenza of 1918, for instance, still has its footprints in Shona as *furwwenza*. Also, poliomyelitis, a viral disease that causes paralysis of the legs and which emerged first in 1878 but worsened after World War II, is a permanent feature of both English and Shona. In English it is known as polio. In Shona, it is often translated as *mbetamakumbo*, which
is used to refer to both the disease and a victim of the disease. It is also transliterated as *poriyo*, drawing directly on the sounds of the English word. This word *poriyo* has ceased to be solely the name of a virus and is now used to refer to post-natal visits in general, with women who have babies colloquially saying “*tiri kuinda kuporiyo*” (“we are going to polio”) when taking the baby to a medical facility.

Disasters and pandemics can also cause semantic shifts. Semantic shift is the change in the meaning of a word or phrase. For example, the Japanese word *tsunami*, once an expression used only to describe destructive tidal waves, has gathered new meanings as it has spread globally due to the global media coverage of the 2004 *tsunami* off the coast of Indonesia and the 2011 *tsunami* off the coast of Japan. In some cases, it is now used to refer to drastic organisational changes. And, in Zimbabwe, there is a herbal medicine available on the informal market that is called Tsunami (Moyo, 2017). This medicine is believed to be able to cure all ailments, akin to the manner in which a *tsunami* wave can wash away any item, big or small, in its path.

More recently, in the context of the coronavirus pandemic, the term “COVID-19” has gained global use (Paton, 2020). Also, the phrase “social distancing”, which was previously seldom used and typically would have been understood as referring to a lack of interest in engaging with others, has, in the context of COVID, gained a new meaning, now referring to the avoidance of physical proximity. As new terminologies emerge, we need to examine the degree to which the new vocabulary mitigates or aggravates the impact of a natural disaster or pandemic. The following section deals with the importance of communication in such situations.

3. Role of communication in responding to natural disasters and pandemics

The way in which information is disseminated can have a profound effect on the success or failure of mitigatory interventions during natural disasters and pandemics. Writing about the role of communication in combating Ebola in the Democratic Republic of the Congo (DRC), Kemp (2020) argues that “effective communication with communities at risk is essential to containing disease outbreaks”. Kemp (2020) further notes that the use of militaristic language is counterproductive as it engenders feelings of fear and might discourage affected people from seeking medical attention. Wise (2020) contends that military metaphors make a “desperate appeal to the necessity of chaos” and justify the abandonment of the rule of law, contrary to the standard practice of medicine which is underpinned by paying particular heed to procedure and practice. However, militaristic jargon in medicine has a long history and is used widely. The relationship between the development of medicine historically and the military is very intimate, and, accordingly, narratives of ill-health and recovery are often similar to narratives of vulnerability and defence in military discourse.
Chmutina et al. (2019) argue that the use of certain words and phrases has created erroneous perceptions about pandemics and diseases. These authors find that the very term “natural disaster” is a misnomer that blames nature and ignores the roles of people and entities that create disaster risk. According to Chmutina and Von Meding (2019, p. 284), “disasters result from the combination of natural hazards and social and human vulnerability, including development activities that are ignorant of local hazardous conditions”. Yet the use of language can dissemble the truth by diverting attention from the issues of politics, planning, governance and media, among other key aspects that determine whether or not a hazard becomes a disaster.

Cardona (2004, p. 37) defines vulnerability as something that originates in human experience and “represents the physical, economic, political, and social susceptibility or predisposition of a community to damage in the case [of] a destabilizing phenomenon of natural or anthropogenic origin”. As a result, disasters do not impact communities equally. This is why Brandt and Botelho (2020, p. 1494) argue that “[e]pidemics are not simply natural events: they are also the result of human actions, in both their emergence and containment”. The use of inaccurate terminology is an important example of how language diverts attention and potentially aggravates the situation by increasing confusion and vulnerability.

Brandt and Botelho (2020) observe that COVID-19 has been described in the mainstream media as “a perfect storm”—a phrase that implies an anomalous and unpredictable “worst possible” storm—and yet there are several political and social factors that encourage its spread. According to Sontag (2001), as cited in Brandt and Botelho (2020), the metaphors used to describe pandemics profoundly shape people’s experience of an illness. The cultural discourses on diseases such as cancer and AIDS, for instance, produce fear and stigma that potentially marginalise patients and hinder proper care. Therefore, the (often inadvertent) use of counterproductive language in disaster and pandemic situations undermines potentially helpful interventions. Kemp (2020) notes, for example, that the use of the word “isolation” generates fear in people. Similarly, the use of technical terms can be counterproductive, as they are often not understood by many citizens, particularly those who do not have formal education.

In the management and mitigation of natural disasters, ReliefWeb (2020) identifies risk communication and community engagement as priority areas, and therefore “all responders [need] to communicate effectively with communities, counter misinformation, and make sure people can hold them accountable”. ReliefWeb (2020) further observes that communicating disaster information in non-vernacular international languages makes marginalised and often illiterate people more vulnerable.
4. Theoretical frameworks
This study is anchored in two theoretical frameworks: semiotics and language change.

_Semiotics_
Sebeok (2001, p. 3) defines semiotics as “how messages are, successively, generated, encoded, transmitted, decoded, and interpreted, and how this entire transaction (semiosis) is worked upon the context”. The main early proponents of semiotics were Swiss linguist Saussure (1857–1913) and American philosopher Peirce (1839–1914) (Peirce, 1965; Saussure, 1966). A critical component of semiotics is the sign. Scollon and Scollon (2003, p. 3) define a sign as “any material object that indicates or refers to something other than itself”. Semiotics studies how the use of signs in communication affects the intended outcome.

The semiotics theory consists of three main concepts—sign, context, and meaning—as illustrated in the Figure below. According to Saussure (1966), as cited in Riera (2021), a sign is composed of both the form it takes in physical reality and how it is conceived or interpreted by its receiver. The sign can be vocal, visual, or action. Language is a vocal system of communication that could be spoken or written, and its context involves both the physical and social aspects that make the receiver of the information understand it. The effective use of signs is context-determined. Meaning in semiotics pertains to the interplay between the message and the prior knowledge of the receiver. Effective communication is thus relative to the prior knowledge that the receiver has of the information.

**Figure 1: A model of semiotic theory (adapted from Riera, 2021)**

In terms of information on pandemics, effective dissemination depends on the capacity of the receivers to understand the language used, together with all the technical aspects, such as the names of the disease. In the case of COVID-19, this process can depend, for example, on whether the listener or reader has prior knowledge of technical and scientific communication. Effective communication happens when
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the sign is used appropriately in a context to convey the intended message of the sender. The level of precision in the choice of signs, and the interplay with context and meaning, determine the effectiveness of communication. The use of unique, unfamiliar, and confusing signs affects the process of semiosis by creating barriers to communication. Therefore, language as a sign system should be handled with care to ensure mutual understanding, between the sender and the receiver of the information, particularly when the receiver is expected to take a certain action or set of actions following receipt of the information.

Language change

Language change is a sociolinguistic phenomenon that explains how language changes both synchronically (at one point in time) and diachronically (over time). In simple terms, language change theories seek to explain the continual and dynamic changes that languages undergo as they are used for communication (Hickey, 2001; Lass, 1997; Matsumoto, 2019). The theorisations examine the factors behind language change and the forms of the change. The changes that affect language affect the phonology, morphology, syntax, and semantics of a particular language. Because of the breadth of conceptualisations of language change, this study—guided by the orientation of semiotic theory—used an approach (as explained in Hickey, 2001) that focuses on how language change is occasioned by a mix of morphological (internal) and semantic (external) factors.

Internal changes are caused by, among other elements, the need to achieve simplicity in a language. For example, as speakers of a particular language use it, there is an intuitive inclination to shorten and simplify words that appear long and difficult to articulate. Internal changes can also result from the over-generalisation of a linguistic rule in a particular language. For example, the use of the past tense morpheme -ed on words such as catch, run, and eat by some Zimbabwean speakers of English might eventually lead to the wider use of “catched”, “runned”, and “eated” in Zimbabwean English. External changes mostly affect a language at the semantic level. These semantic changes can be categorised into metonymy and metaphorical changes. Metonymy occurs when the “meanings arise from something closely related to another meaning present in the discourse” (Hickey, 2001, p. 15). Metaphorical change, according to Hickey (2001, p. 15), occurs when “a figurative meaning of a word develops alongside a more literal one”.

As seen above in the work of Khumalo (2004) on contact between the Shona and Ndebele languages, language change can also occur on a lexical level as a result of contact between two or more languages. The core conceptual framework that has been developed to account for such language changes is “lexical borrowing”. According to Miller et al. (2020, p. 1), lexical borrowing refers to “[t]he transfer of words from one language to another” to meet the lexical needs of the speakers. Grant (2015, p. 431) states that lexical borrowing “constitutes the commonest form of contact-induced
linguistic change”. The borrowed terms are then adapted to the phonology of the recipient language (Kiparsky, 2014).

In designing the study on which this article is based, I determined that the two theoretical frameworks just outlined—semiotics and language change (including lexical borrowing)—could be effective for exploring how COVID-19-related communication may have consequences for the management of the pandemic among Shona-speakers in the Zimbabwean city of Gweru.

5. Research design

Study objective and research questions
The study sought to establish the potential impact of language use on efforts to address the COVID-19 pandemic in Gweru. It was specifically guided by two research questions:

- What is the conceptualisation of COVID-19 among Shona-speakers in Gweru?
- How has language change and/or use mitigated or aggravated the risk of COVID-19 among Shona-speakers in Gweru?

Methodology
The research was a case study of COVID-19 communication in the city of Gweru. This city was selected because of its close proximity to my workplace and because of the presence of many people in the central business district (CBD). Such a choice of a case is acceptable in qualitative studies (Guest et al., 2006; Patton, 2002; Yin, 2009).

Media content (including social media), observation, and semi-structured in-depth interviews were the sources of primary data. The data was collected from August to October 2021. The scrutiny of media content focused on digital, print, and online media stories on COVID-19, with a particular focus on identifying new terminologies (and any potential insinuations) linked to the disease. Observation focused on observing the behaviour of the general public in relation to the government’s stipulations and protocols on COVID-19 prevention. I took notes while observing behaviour in the Gweru CBD, e.g., in queues at banks, supermarkets, and bus stations. Media data sources consisted of COVID-related content produced by National FM radio and two Gweru-based radio stations, 95.9 Central Radio and 98.4 Midlands; COVID-related reports by *The Herald* newspaper; international news reports focused on COVID in Zimbabwe; and COVID-related videos posted by Zimbabweans on YouTube.

The interviews, conducted in a mix of Shona and English and guided by a semi-structured interview protocol, were carried out with 10 adult participants from the delimited area. Since the study intended to establish the impact of language use, the
sampling had to cater to a cross-section of people. Accordingly, the 10 participants, selected through purposive sampling, had the following characteristics: a 50:50 gender ratio; ages ranging from 22 to 65 years; and a wide range of educational levels: one person with a PhD degree, two with Master’s degrees, four with post-secondary diploma qualifications, two with primary-level education, and one with no formal education. The participants were recruited at Midlands State University Gweru City Library, known informally as “Hellenics”; at stores in the Gweru CBD; and outside the Gweru long-distance bus terminus, known as Kudzanai. The bus terminus has several market stalls operated by vendors with little or no formal education.

The interview protocol was composed of questions about: knowledge of the meaning of the term COVID-19; sources of information about COVID-19; whether the interviewee had all the necessary information about COVID-19; measures to protect oneself from COVID-19; experiences with the loss of relatives, friends, or neighbours to COVID-19; perceptions of quarantine and isolation measures; vaccination status and attitudes towards vaccination; and perceptions of the effectiveness of communication on COVID-19 by the media and the Ministry of Health and Child Care. The questions were asked mainly in Shona, with frequent code-switching to English where necessary. Follow-up questions were asked based on initial responses given by the interviewee. Ethical considerations, including informed consent and voluntary participation, were given due regard, following the guidance of Guest et al. (2006), Creswell (2014), Patton (2002), and Yin (2009). The participants provided informed consent and were free to withdraw from the study at any time if they wished.

The analysis of the generated data was guided by semiotics and language change as the theoretical foundations of the study.

6. Findings and discussion
This section discusses the terminologies (a mix of Shona and English words) that have emerged, and/or gained altered meanings/significance, among Shona-speakers in Gweru as a result of the COVID-19 pandemic, and examines the terms through the theoretical lenses of semiotics and language change. The following terms are discussed:

- **COVID-19, kovhidhi**
- **dzihwamupengo**
- **kuzvitsaura wakagara uri kumba** (quarantine, isolation, social distance)
- **korona** (corona, crown)
- **furuwenza** (COVID-19 pandemic)
- **zhing-zhong** (low-cost and low-quality Chinese products)
COVID-19, kovhidhi

The English term “COVID-19” and its “Shonalised” representation “kovhidhi” were found to be the most frequently used terms for the disease among the Shona-speaking study participants in Gweru. And it was found in the interviews that the term struck the majority of the interviewees as referring to a mysterious disease—one that was incomprehensible. One interviewee stated that “hatitombozivi kuti chii (“we don’t even know what it is”) (interviewee 8, 2021).

While the meaning of the term COVID-19/kovhidhi was found to be reasonably well understood by the better-educated participants (i.e., those with a post-secondary degree or diploma), even they seemed at the same time to be confused by the term’s origins. To such citizens, using the term COVID-19/kovhidhi was apparently like using the chemical formula for water, H\textsubscript{2}O, instead of simply calling it water—and they felt that it was not realistic to refer to the disease in scientific terms and expect the majority of citizens to comprehend it. All interviewees concurred that the name COVID-19/kovhidhi had, therefore, not assisted in the control of the disease because it had deepened fear and confusion and made some people indifferent to vaccination and medication.

This shows how the use of language can achieve negative outcomes if it is not properly aligned to the needs and abilities of the citizens. Accordingly, in pandemic situations, health professionals should be supported to immediately translate key terminology into vernacular languages, before seeking to enlist community buy-in. Naming pandemics in the idioms of the communities is not new—as seen earlier in the example of polio. In this study, it was found that the cryptic term COVID-19/kovhidhi was reverberating on a daily basis in Gweru, and in Zimbabwean media, as some kind of incomprehensible bringer of death that the citizens had to anxiously await.

It also emerged from the observations and interviews that the government’s communication on how to combat the disease had apparently not succeeded in making citizens fully understand their role. The observed behaviours and interactions of people in places such as supermarkets, bus termini, and on public transport showed general disregard for advice from the Ministry of Health and Child Care on the wearing of masks, social distancing, and avoidance of shaking hands. I frequently observed masks being worn strapped around the chin with the mouth and nose uncovered; people shaking hands; and non-adherence to social distancing.

According to one interviewee: “hatitombozivi kuti tinosanira kudii kuti tirwise chirwere ichi. Kuwara muromo nokyenge maoko tiri kuita asi vanhu vari kungofa.” (“We don’t even know what we should do to fight this disease. We are trying to cover our mouths and wash our hands, but people are just dying”) (interviewee 4, 2021). One likely contributor to the confusion had been statements by leading political
figures in Zimbabwe, reported in the media in the early stages of the outbreak, which presumably complicated the citizens’ appreciation of the seriousness of COVID-19. For example, Oppah Muchinguri, Zimbabwe’s Minister of Defence, was quoted in the media as saying:

This coronavirus that has come [is a form of] sanctions against the countries that have imposed sanctions on us. God is punishing them now and they are staying indoors now while their economy is screaming like what they did to ours by imposing sanctions on us. (as quoted in Mutsaka, 2020)

This statement, coming from a high-ranking government official, deflected attention from the need for Zimbabweans to pursue mitigation strategies.

**Dzihwamupengo**

Another Shona expression that had emerged as a name for COVID-19 was *dzihwamupengo*. Though used only sporadically in the media, the public, and by certain artists (Kwayedza, 2021; Mhanduwe weNhau, 2020; 2021; Murewanhema, 2021), the term is significant for this study because of its potentially rich linguistic elements. The term means “a rabid cough”, and is a complex nominal construction that brings together two words: *dzihwa* and *mupengo*. The term is grounded in a metaphor whereby COVID-19 spreads like a raging fire. *Dzihwa* refers to general sickness, and can also be used to refer to an ordinary cold. When something is *mupengo* (crazy), it defies all norms and conventions, because, in Shona, a person who is *mupengo* is one who is mentally ill and is characteristically identified by unpredictability, violence, and anti-social behaviour. Many interviewees indicated that this inclusion of *mupengo* in the term *dzihwamupengo* struck fear in them.

From a different angle, the morphology of *dzihwamupengo* (*dzihwa + mupengo*) is similar to that of: *chimbwamupengo*, a rabid dog suffering from rabies; *dutomupengo*, a cyclone or hurricane; and *bwowamupengo*, a poisonous mushroom. These are all complex nominal constructions made up of two separate words. Also, based on the semiotic principle of context in communication, the word *dzihwamupengo* can be seen as evoking the word *dutomupengo*—the name given to Cyclone Idai, which caused widespread damage and displacement, and more than 300 deaths, in the eastern parts of Zimbabwe in early 2019 (Chatiza, 2019; Munsaka et al., 2021).

The term *dzihwamupengo* suggests a lack of comprehension of the real nature of the disease, and points to its incurability—just as a mentally ill person is uncontrollable if not treated. The fear element generated by the term *dzihwamupengo* can also potentially be traced to the Shona cultural strategy of deterring people from certain things or places through the use of names. For example, to ward people away from certain places such as sacred mountains, the Shona call those places *kumazivandadzoka* (“a dangerous place one would regret visiting”) to discourage those who would want
to explore them. Thus, the term *dzibwamupengo* creates a sense of a highly infectious, incurable, and deadly disease that is not selective based on age, economic status, and so on. As a product of the interplay between the Shona culture and language ecology, the name *dzibwamupengo* portrays how certain Shona-speakers sought to make sense of COVID-19 using familiar linguistic elements. As a word that emerged as an effort to enhance communication, *dzibwamupengo* can be said to ironically achieve the opposite—because it engenders feelings of fear and helplessness.

**Kuzvitsaura wakagara uri kumba (quarantine, isolation, social distance)**  
Closely associated with COVID-19 are the concepts and terminologies around quarantine, isolation, and isolation centres. Though these concepts are not new in local languages, particularly in Shona where isolation and quarantine are known as *kuzvitsaura wakagara uri kumba* (“isolating yourself while staying at home”), the overwhelming use of English when referring to these concepts (many Shona people engage in considerable code-switching between Shona and English) potentially marginalises the illiterate, who might have little or no proficiency in English.

Meanwhile, for the well-educated interviewees who had no difficulty understanding the terms isolation and quarantine, the terms were still problematic because they carried negative connotations of rejection and condemnation of death in isolation. Many of Zimbabwe’s COVID-19 deaths occurred in isolation centres, and these incidents were often reported in the media and via word-of-mouth. The isolation centres were associated with, in the words of one well-educated participant, “painful death of patients without their relatives and care” (interviewee 1, 2021). Accordingly, the participant spoke of preferring to suffer silently, without going for testing, so as to avoid being “taken to the isolation centre to die without my relatives and family”.

*The Herald* newspaper had reported numerous escapes from the quarantine centres (*The Herald*, 2020; 2021). Despite sometimes being guarded by soldiers and the police, people had found ways of escaping. According to the interviewees, isolation in the context of COVID-19 equalled death, and hence the negativity associated with the centres.

As a semantic sign, the term “isolation” seems clearly to have gathered new negative semantics in the context of COVID-19. Based on the responses of interviewees and my observations, even if COVID-19 were to end, the concept of isolation (no matter how positive its intentions are) would likely be detested by the majority of citizens in Zimbabwe. Such kinds of semantic shift are quite normal in language and have been noted by other scholars during this COVID-19 pandemic with respect to phrases such as “social distance” (Mehta, 2020).
**Korona (corona, crown)**

Another prominent Shona word in the discourse of the COVID-19 pandemic is *korona* (corona), a term which was used often in the early days of the disease. It was a word already used in the Shona vocabulary to refer to a crown, or to refer to the thorny flowers used as a hedge in certain homes and institutions. Interviewees indicated that because there had been very little education of the general citizenry on the use of the term in the COVID context, those with low literacy or low access to news media were left confused about the meaning of *korona* in this new context.

Another dimension of the word *korona* in Shona is its use to refer to the biblical crown of thorns that was placed on the head of Jesus. This term *korona* thus played into the hands of some Christian sects, who, in one instance in an audio message distributed on social media, opposed seeking medical attention in response to COVID-19, arguing that it was the crown of thorns that people should just bear as Jesus did. Some sects labelled the COVID-19 vaccines as the mark of the beast, which should not be taken by Christians. This had led one Christian minister, Emmanuel Makandiwa, to refute this position publicly and advise his congregants that they should take the vaccine:

> There is no mark of the beast in the vaccine. Christians are afraid, fearing for their lives and trying to protect themselves and their loved ones from receiving the mark of the beast by receiving the vaccine. This COVID-19 vaccine is not the mark of the beast […] (as quoted in Ncube, 2021).

At the same time, it was found that some people were giving the word *korona* a lighter dimension. Evidence from social media indicated that the word was often being construed positively, because it was bringing couples together at home. The power of the disease to rein in wayward husbands, who never used to spend much time with their families, particularly their wives, was being celebrated. The pandemic was said to be rekindling marital love, because husband and wife were forced to be indoors most of the time—even resulting in the *korona* of conception to some people, owing to repeated sexual intercourse. This dimension was bringing some “comic relief” to the macabre drama of the COVID-19 pandemic.

**Furuwenza (COVID-19 pandemic)**

Another term found to be used repeatedly in relation to COVID-19 was the Shonalised representation for influenza: *furuwenza*. The mere mention of the pandemic evoked memories of the Spanish influenza pandemic of 1918–19 and the SARS outbreak of 2003. One elderly interviewee recalled harrowing stories she was told by her grandmother about the sudden deaths that occurred during the Spanish influenza pandemic. *Furuwenza* is recorded in both the oral and formal history of Zimbabwe, and equating the COVID-19 pandemic with *furuwenza* was found to be quite chilling among participants because both are respiratory infections. Also, to some Christians, the COVID-19 *furuwenza* is seen as a plague similar to the biblical
plagues sent by God to punish disobedient Israelites. These connotations reflect Khumalo’s (2004, p. 106) argument that linguistic changes can be instigated by both “obvious and mysterious” reasons and might be perceived differently by different speakers of the language.

**Zhing-zhong (low-cost and low-quality Chinese products)**

A majority of the interviewees stated that the Chinese COVID-19 vaccines (which were the predominant ones used in Zimbabwe) were *zhing-zhong*, a derogatory term meaning that they were inexpensive and unreliable—the reputation assigned to numerous other Chinese products on the market in Zimbabwe. This showed that the semiosis of vaccination in the context of COVID-19 in Zimbabwe was entangled with the longstanding negative attitudes of citizens towards Chinese commodities. These attitudes undermined the mitigatory strategies put in place by the government. According to the participants, the initial take-up rate for the vaccines was extremely low.

7. Conclusion and recommendations

The foregoing findings and discussion point to the dynamism of language and the need for planned communication in a pandemic situation. As a semiotic process—an interplay between the sign and context to give meaning—language and the words it is composed of generate meanings that can only be taken for granted at great risk. The findings of this study have demonstrated how the use of language has entrenched fear and confusion in the context of the fight against COVID-19 in the Zimbabwean city of Gweru, and presumably in much of the rest of the country, thus marginalising large segments of the country’s population. It seems clear that the hasty and sometimes spontaneous responses from government have led to the neglect of language issues, and yet language is the vehicle of effective communication.

If the evolution of new terminologies is not systematically controlled, and the terms disseminated widely to all stakeholders, including via the media, unintended counterproductive outcomes can emerge. In a pandemic context, the dissemination of information in vernacular languages should be prioritised, and where there is a need, new terminology should be generated in local languages to counter the fear and uncertainty generated by the use of foreign untranslated vocabulary. In addition, the terms used in the vernacular languages must be carefully chosen. This is because the use of terms, acronyms, and concepts that are not fully understood by the target population breeds indifference, suspicion, and fear—often exacerbated by the terms’ intersections with complex socio-cultural structures—which discourages people from taking recommended precautions.
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