

Language Barrier in Disease Terminologies Used by Cattle Rearers and Veterinary Extension Workers in Yola, Adamawa State, Nigeria

Husaini Adamu^{1*}, Usman Bobbo Iliyasu¹

Article Information

Received: December 16, 2024

Accepted: January 21, 2025

Published: February 19, 2025

Keywords

Barrier, Cattle, Fulani, Fulfulde, Language

ABSTRACT

Language is fundamental to a person's behavior. It allows the person to express opinions, share feelings, tell stories, and communicate complex messages and knowledge. Language is our greatest facilitator that allows us to share and understand each. It can be seen as a system of abstract codes that allows individual to communicate, and also provides them with significant structure of suggestions and a relational background that maintains identities. This study is concerned with how terms are used by two communities related with Animal husbandry. On one hand, there are the cattle rearers, and on the other hand the veterinary extension workers who visit the rearing community for the purposes of vaccination and providing advice, etc. The Ethnographic research design, therefore, is selected for the study; this research design is a qualitative research procedure for describing culturally shared groups in terms of beliefs, patterns of their behavior and language. This design is adopted because ethnographers normally study cultural ideas drawn from cultural anthropology. They do not just go into the field looking for anything that comes their way; rather they are going there to venture on how they can add knowledge about culture. This study, therefore, looks for shared behaviors, beliefs, and language in the culture-sharing group of the Fulani cattle rearers and the veterinary extension workers. Since the data reflects the community, most of the data were collected from the participants selected in order to help the researchers understand the cultural group better. Much time has been spent with the participants, because questionnaire will not give much information needed due to Language obstacle. Focus Group discussion therefore was used for this study. This is a form of group interview in which a small group, the participants in a structured discussion of a topic of interest. The findings of the study were discussed and some suggestions were made

INTRODUCTION

Fulfulde, the language of the Fulani people is spoken in most West African countries and afar. According to Paradis (2001), the area where Fulfulde is spoken is between 7th and 17th parallels and comprises some 17 countries. Fulfulde is a lingua franca and in some cases a link language in the African countries where it is spoken. Among the countries are Mauritania, Senegal, Gambia, Guinea, Mali, Burkina Faso, Niger, Nigeria, Chad, Cameroun, Central African Republic, Ghana, Guinea Bissau, Benin, Sierra Leone and Sudan, Girei (2009). Greenberg (1963) categorized Fulfulde under the West Atlantic group of the Niger-Congo languages.

While it has been noted to be an African language among the widest geographical manifestation Breedveld (1995), the actual number of speakers of this language is not yet established. UNESCO projected the number of Fulfulde speakers in 1985 between 12 and 15 million Paradis (2001). Though perfectly comprehensible, there is a wide range of linguistic variety across the Fulfulde dialect field. The Adamawa Fulani in particular, the Yola Fulani called themselves Pullo (singular) and Fulbe (plural). Fulani is originally a Hausa term referring to the fulbe most commonly used in English Literatures (Modern Ghana). The Fulani in Adamawa, for example, were motivated by Usman dan Fodio's case to rebel alongside the kingdom

of Mandara. The frontrunner was Modibo Adama, after whom the region is now named. His administrative capital is Yola. After their successes, the Fulani mostly reduced their Hausa associates from positions of authority and put-on coalitions with fellow Fulani. With regard to settlements, for the completely roaming Fulani, the tradition of the periodic movement in pursuit of water for the animal, greatly encouraged settlement forms. The primary settlement, comprising of a man and his dependents, is called a wuro. Wuro is social but temporary because several of such settlements require no female member and operate basically as accommodations for the nomads who are inclined with the cattle herds. In fact, there are many of such settlement forms amongst the Fulanis. In the late twentieth century this trend is said to be growing regarding livestock production and sedentary settlement (Girei, 2009), but the Fulani settlement styles nevertheless range from customary nomadism to differences on sitting. While the contemporary nation-state limits the scope of nomadism, the Fulani people changed gradually to difficult methods to transfer herds between families, the families might live in steady villages, and nonetheless the herds go around given the convenience of water. Around the end of the centuries, the majority of Fulani have become sedentary. However, the Fulanis that are still nomadic or seminomadic have

¹ Federal College of Education, Yola, Adamawa State, Nigeria

* Corresponding author's e-mail: husainiadamusong@gmail.com

two primary settlements period and types; dry-season and wet-season camps. The dry season continues from about November to March, the wet season from approximately March to the end of October. Houses are local and vary in range from one nuclear family to as many people as possible. The organizational structure, conversely, is local. Families incline to stay in wet-season campsite while referring younger boys with the animals and non-Fulani herders are some times engaged to accompany the animals to dry-season campsites. Town Fulani live in a considerably similar way to the urban societies with whom they live, preserving their Fulani personality because of the status and other benefits which it warrants its fellows. In municipalities, the Fulanis practice the several professions accessible from being monarch, counselor to the monarch, spiritualist, property-owner, business, to employment, etc. Economically, the Fulani form the major rural nomadic unit in the world (Girei, 2009). The Bororo'en are well known for the range of their cattle herds. In addition to wholly nomadic units, however, there is also semi-sitting Fulani (Fulbe Leddi) who are also farmers, though they maintain that they do so out of compulsion. Another small unit of the Fulani the Fulbe Baali are the Sheep Fulani; they mostly depend on the sheep for their living.

The Fulanis are traditionally nomadic, pastoralist, trading people who herd cattle, goats, and sheep across the vast dry localities of their territory. Keeping somewhat separate from the local agricultural populations, the Fulani are not predominantly well known for industrial arts (Hennig, 1993).

For the purpose of this study PavolŠtekauer's cognitive onomasiological theory was used (Štekauer, 1996, 1998, 2001) was inspired by Dokulil's impression of onomasiological arrangement and, largely, by Horecký's multilevel model of linguistic sign (1983, 1989). At similar times, it reacts to the partial formalism of the conventional generative word formation. The general linguistic backdrop is of functional structural approach of the Prague School of Linguistics. Consequently, the form meaning agreement, i.e., the two-sided description of morphemes is considered the basic standard.

The cognitive onomasiological theory recognizes word-formation as a self-determining constituent of linguistics. The system characterizes an important triangle of interactions amongst extra-linguistic existence (thing to be called), a speech community (characterized by a 'coiner'), and the word-formation constituent, hence highlighting the point, overlooked by the huge majority of the ordinary word-formation theories, that every action of naming reacts to the same valid and precise naming requirement on the side of a member (members) of speech community. The view of the speech community must not be seen unconditionally, i.e., there is scarcely some word-formation procedure, which answers the naming requirement of each of the speakers of a specific language. On the other hand, such a requirement is intently associated with a restricted amount of 'first-

contact' users; a coinage might or might not afterward have a broader usage.

LITERATURE REVIEW

Language is vital to a person's personality. It enables the person to express sentiments, share feelings, give stories, and convey complicated messages and knowledge. Language is our greatest facilitator that allows us to share and understand each other (Imberti, 2007). Language can be defined as a system of abstract codes that allows us to communicate. It correspondingly offers us with a significant framework of suggestions and interpersonal background that upholds our individualities (Imberti, 2007).

The social identity theory (Tajfel, 1974; Tajfel & Turner, 1979) focuses on the understanding of emotional processes driving intergroup bias. The grouping of in-groups versus out-groups can be generated when individuals recognize certain signals, such as language, that delineate cultural differences (Brickson, 2000; Nkomo & Cox, 1996). Not being able to recognize with other's cultural groups may lead to bad thoughts towards such groups (Bartel, 2001).

An awareness of unfamiliarity due to such differences can prevent English as second language (ESL) individuals from relating with service providers (Baker & Harell, 2004). Accordingly, the understanding of the relationship between language and social identity outlines is of great significance to all community. Astonishingly, information is silent about the effects of language barriers on ESL.

Literature on intercultural assistances seems to counter the impression of the social identification theory. Although the social relationship theory suggests that not being able to recognize with other cultural groups points to bad results, studies on intercultural assistances reason that individuals change their evaluation values and incline to be more considerate in intercultural meetings. For example, Strauss and Mang (1999) state that people do not see inter-cultural meetings to be problematic than intra-cultural encounters. Warden *et al.* (2003) also agree with this view and states that human beings are more tolerant of failures in the situation of intercultural encounters. Still, it is important that these conclusions do not judge the emotive and cognitive processes that people may go through when relating with inter-cultural service providers.

ESL consumers can also be seen as low literate customers in relation to their English skills. They battle reading and writing and with listening and speaking the English language. Low literacy levels are connected with a series of damaging market outcomes. Adkins and Ozanne (1998) acknowledged difficulties confronted by low literate individuals as ranging from wrong choices to misinterpretations of information. Likewise, Viswanathan *et al.* (2003) establish low literates face problems with effort versus accuracy trade-offs when making assessments.

Generally, literatures suggest that language is beyond the claim that it is only a communication tool rather that

can also influence different aspects of ESL. Thus, it is important to better understand how language barriers affect ESL. The miscommunication occurring from language barriers in healthcare frequently releases terrible sequence of incidents. In one situation, related in Flores (2006).

A Spanish-speaking woman told a resident that her two-year-old daughter had “hit herself ” when she fell off her tricycle. The resident misinterpreted two words, understood the fracture to have resulted from abuse, and contacted the Department of Social Services (DSS). DSS sent a worker who, without an interpreter present, had the mother sign over the custody of her two children.

The incident of thirteen-year-old Gricelda Zamora is an additional instance of the mostly disturbing consequences of language barriers in healthcare. Gricelda was like several children whose parents speak imperfect English: she functioned as her family’s interpreter. As she developed serious abdominal discomfort, she was taken to the hospital. Regrettably, Gricelda was very sick to be self-interpreter, and the hospital did not offer an interpreter for that purpose. After one day of hospital observation gone, without the assistance/presence of an interpreter, her Spanish-speaking parents were then asked to bring her back to the hospital at once should the signs worsened, if not to follow up amongst the doctor in three days. But, what her parents comprehended from the dialogue was that they ought to stay home for three days then visit the doctor after the three days period, two days after, with Gricelda’s illness worsening, they thought they couldn’t delay so they hastily took her back to the emergency unit of the hospital. Doctors noticed she had a ruptured appendix. She was airlifted immediately to a medical center in Phoenix, and died later (Chen, 2007).

MATERIALS AND METHODS

This study is concerned with how terms are used by two communities related with Animal husbandry. On the one hand, there are the cattle Rearers, and on the other hand, there are the veterinary extension workers who visit the rearing community for purposes of vaccination and providing advice.

Ethnographic research design therefore, is selected for the study; this research design is a qualitative research procedure for describing culturally shared groups in terms of beliefs, pattern of their behavior and language. This design is considered because; Ethnographers normally study cultural ideas drawn from cultural anthropology. They do not just go into the field looking for anything that comes their way. Rather they are going in to venture how they can add knowledge about culture.

The researchers therefore, look for shared behaviors, beliefs, and language (as will be noticed in the discussion) in the culture-sharing group. Since their data must reflect the community; Most of their time is spent collecting data for the study at the site of the participants. That helps the researchers understand the cultural group better; they spend much time with the participants, as they cannot get

much through a questionnaire. In the field, the researchers used many techniques in the collection of data.

Sampling Procedure

Since this is a qualitative study, the researchers used the Purposeful sampling. In this type of sampling individuals and sites are selected based on their understanding of the central phenomenon, which will in turn provide useful information. Within the purposeful sampling, homogeneous sampling type was used, that is, the researchers sample individuals and sites based on membership of a group with the same characteristics. Thus, the researchers identified the characteristics and look for individuals and sites that possess them.

Instrumentation And Data Collection

Focus Group Discussion (FGD) was used for this study, this is a form of group interview in which a small group ideally 10-20 people led by a moderator usually the interviewer, (in this case the researchers), engage in a structured discussion of a topic of interest. In this study a group of 20 individuals from the both groups of cattle rearers and the veterinary workers were used. They all form one group for the discussion.

The discussion was usually planned in advanced; there was also a planned outline or moderators guide to ensure that all interests are covered. The moderator in the discussion was playing a very important role; his roles are to validate issues and not allow the discussion to get loose. The discussion is usually taped and/or video recorded on the spot. In this study the moderator is the researcher(s) assisted by a technician who will videotape the discussion. Critics of focus group feel that, it discussions some time get charged off, however this can be ushered into control by the moderator. Where the charging off seems to be in a direction that needed exploring a remark, it should be allowed (Antia 2001). This is also in a way explaining the importance of the moderator, and his ability to control, direct, and create an environment for meaningful discussion in the group. Moderators must learn to be careful listeners and guide in the discussion, but not directly participate.

Base on the selected design, the study was conducted through one focus group discussions, where the cattle rearers and the veterinary extension workers were brought together for the discussion session. Where the cattle diseases’ terms will be solicited and the same group will discuss the description of the terms. Since the veterinary extension workers visit the cattle reares on regular basis for the purpose of consultancy and advice, they mentally translate these terms between English and Fulani back and forth. They were asked to provide the equivalent for the terms mentioned by the Fulani cattle rearers, this is done so as to establish the degree of identity of the names mentioned by both groups or it’s differences. The difference if found will suggest that the two are having deferent perception of a common disease in the area. When this is done, they are asked to sort the terms in

descending order in order to get the gravity of disease as perceived by each group according to commonality in their perception, if for instance a group place a particular disease on position 1, and the other group place it at 5, then there is variation of perception.

Data Analysis

Being a qualitative study, qualitative analysis procedure was applied in evaluating the data collected for the study. Data analysis commenced in the field where it was exposed to serious assessment and consideration. The data was simplified through an organized and valid examination thus avoiding any bias. Even at this early point the data gathered was examined based on the objectives of the study. When fieldwork was finalized data was structured into classifications based on cohesions and evolving matters and clarified descriptively using the methodical structure advanced for this study.

Qualitative methodology intellectuals confirm to the statement that there is no single methodological frame or recommendation for the analysis of qualitative data (Miles, 1979; Huberman & Miles, 1994; Fieldman, 1995; Punch, 1998) and that considerable number of the methodology hangs on the resolve of the research. Patton (1987) cautioned that it is mistaken to envisage that there is “a defined point at which data collection ends and analysis begins”. This shows a representation of data analysis within the qualitative theory and also points to an impression that qualitative researchers don’t appear to have a well-defined process of scrutinizing qualitative data. This impression was captured by Dey (1995) who observed that qualitative researchers “learn by doing”. Such opinions have steered reviewers to claim that qualitative data is basically perceptive. On a divergent claim, qualitative data is collected from a normal setting hence is obliged to be exceptional to all condition. Likewise, qualitative scholars essentially reserve the “unusual and unexpected as they expertise each analysis differently using analytical procedures that evolve in the field” (Creswell, 1998).

Though, it is commonly approved that approaches for examining of qualitative data ought to be logical, systematic and able to be seen as transparent and described (Punch, 1998). Furthermore, qualitative research takes logical procedures that agree to a universal form (Bagdan & Biklen, 1992; Huberman & Miles, 1994; Wolcott, 1994b) that can respect the analytical level of qualitative data analysis. Creswell (1998) examines diverse methodologies refers to it as a “data analysis spiral” and advocates that:

To analyze data the researcher engages in the process of moving in analytical circles rather than using a fixed linear approach. One enters with data of text or images (e.g. photographs, videotapes) and exits with an account or a narrative, in between, the researcher touches on several facets of analysis and circles round and round (1998).

Data analysis in this report commenced in the field, as the investigators understood that in the course of collecting

data thoughts concerning analysis and interpretation were persistently coming out. Such analytic explanations of data were taken note of on the field notebook provided and studied subsequently on returning from the field. Once data gathering was over and it was time to commence proper analysis, the analysis was based on the research questions made during the design of the study and the analytical understandings that came up during the fieldwork.

The data produced by the instruments was so colossal that the investigators essentially required a measure of time to make sense of the data. This means evaluating and re-evaluating of the data so as to identify concepts and displays of information. By doing this, clear stories started emerging and the further evaluation of the data the researcher did, the more the data was analyzed and the more stories it revealed, there by giving more premises.

The final stages of the data analysis involved moving back and forward and arranging the data in a means that will assist prepare the themes, improve concepts and connect them to form a clear account and clarification of language usage and styles of communication.

Bearing the above in mind, scholars mostly settled that methods for analysis of qualitative data must be systematic, disciplined and capable of seen to be transparent (Punch, 1998). Furthermore, qualitative research has logical procedures that follow the general outline (Bagdan & Biklen, 1992; Huberman & Miles, 1994; Wolcott, 1994). Creswell (1998) examines diverse methodologies into what he refers to as a “data analysis spiral”

RESULTS AND DISCUSSION

This is the research findings and the discussion therein. The resolve is to explain the interactional challenges rising from the use of terms in communication. Thus, the chapter discusses the findings from the field by describing and explaining the data gathered from the focus group discussions (FGDs) and observation. The data was collected using the instrument: focus group discussion. The data of this study was analyzed qualitatively. The group was involved in discussion sessions lasting between one to one and a half hours, with the researcher playing the role of an interventionist moderator, raising topics directly, calling on some participants to order and holding off others, cutting off lines that seem unproductive, asking questions about some seeming contradiction and vagueness. At some other times the researcher restate some statements to provoke more discussions.

Discussions

With respect to the variations found between Fulfulde terms provided by the Fulani cattle rearers and the veterinary extension workers, the Fulani cattle rearers were asked to describe the terms they provided. From the table above and the description of the various diseases that the Fulani cattle rearers feel are prominent and the veterinary extension workers who visit the Fulani for advice, they do not have the equivalent terms for

Table 1: Disease name in Fulfulde, Symptoms and English equivalent

Fulfulde Disease Names	Symptoms	English Equivalent
Fuufu or Bumsude	Nyawu fufu dum Nyawu kallungu, don fuddira be dojjuru, daga bawo sey warta ko nagge nyami fuu wurta hedi kine..(This is a serious ailment to a caw, it affect the lungs)	Peripneumonic
Pettu	Pettu ma Nyawu kallungu on, don mbara nagge bee law, nden bo ngu don raaba. To nangi Nagge, sai nge dinga wurtungo gondi mere-mere, nden tokka wokugo. (Piitu is also a caw disease, you notice some rashes on the skin of the caw, but not the normal rashes, and these once are watery. There is no known medication locally for this infection apart from using the same caw milk).	Rhinderpest
Buushiyaare	Don nanga Nagge ha demngal nagge tonga, hada nge nyaamugo. (This is an ailment that affect the tongue of the Caw, rashes will come out and finally the tongue will bend)	
Lelu or geje	Lelu to nangi nagge sai nge dinga latugo kosde ha bawo bana sauti, ko waddinta nagge batte do andaka, amma to eri nge, to sa'a wadi nge yamdita. Wakkati go ha latugo kosde bawo-bawo do ha nge nauna kosde mage, kanjum wakkati go wadata gildi ha kosde man. (When a caw is infected with Lelu, the caw will be hitting the legs backward, like the caw is mad. The only medication is given locally is slicing of the leg, if you are lucky the caw will recover, some times the leg will be wounded as a result).	
Weyre or Woojere	Dum nyawu hore na'I, to nangi nagge sey nge dinga naadugo meere-meere, nge yaha sedda nge dara.(This is an ailment that affects the head of the caw, which lead to the caw loosing strength).	
Koyngel	Do bo dum naawol kosngal nagge on, to nagge dari ko waali ko be habbi ha hosi wakkati sai nagge fudda la'a go. (Mostly affects the legs of the caw; some times it will be serious to the extent the caw will not walk).	
Buunyl of Nefe	Hudure on nagge hebata caka kolongi/pedli mage, tokka wasugo wasugo kosde mage. Nagge do heba hudure nefe do to nge do nasta nder diyam mere-mere. (This ailment will liken to the athlete-foot affecting human foot, mostly caw are affected when they spent most times in the water).	
Piitu	Nagge wi'ete nangama piitu to bandu mage wadi putte, irim putte lowata ndiyam do. To nagge nangama be man fulbe do nyaudira be biradam nagge. (Piitu is also a caw disease, you notice some rashes on the skin of the caw, but not the normal rashes, and these once are watery. There is no known medication locally for this infection apart from using the same caw milk).	
Ngunya or Nyaanyaare	Nyanyare fu nyawu on amma kanjum loral nagge tan nangata, saini to nagge wadi nyanyare maran bellere masin. Burna ha ndiyam hebata. (Nyanyare Literary is skin disease acquired in water. It is only the skin of the caw that is affected and it is believed that a caw affected with Nyanyare will be having fat, usually it is locally treated).	
Nduppu	Nyawu ngun gu kallungu masin to nyawdaaka be law, sai ngu ru,ita ngu warta bana ginnawol, nagge ba sauti nii. (This is a disease according to the cattle rearers, is complicated and if not taken care early, the caw will loose control and become violent).	
Kabbowa	Dum nyawu fabbore/pabbooje, bandu nagge wula jaw, nge dinga diwnugo, yadu latta be wahala ha nge tampa. (This is more of fiver, the caw will hardly feed)	
Tolo	Do dum nyawu nufu, nofru nagge nawata ha nagge tokka turnugohooore tan. (This is an ailment that affects the ears of the caw)	
Bakkaale	Bakalle to nangi nagge ha kosde butata, to nebi sai wada gildi. (Bakalle mostly affects the legs of the caw; some times it will be serious to the extent the caw will not walk).	Fluke Worm/ Worm
Nyudel	Do dum nyawu buudi, don wurta haa daande nagge hada nagge duraago. (This is a disease that affects the neck of the caw internally, and it abstract feeding, the caw will have difficulties feeding)	

Ka'iw	Nyawu on ngu nangata nagge ha jukkere mage (This ailment mostly affect the joints of the caw).	
Hengre	Nyawu ngu, kallungu ha nagge, nden bo ngu raaban. To nangi nagge sai berde mage sukka hada nge yaadu ko do yaha do laaha koo tuta i'am. (This is a serious disease and it is contagious, the caw will be bringing out blood like vomiting)	Paste bovine
Mbarwadam	Dum nyawu on ngu a larata nawnande koo futtere, say a yi'a i'am don wurta ha kine ko hunduko bana tu'am. (This disease is noticed when a caw is bringing out blood through the nose)	
Bollo	Bollo dum don bana nyawu meece, ngam don wurta bana to nyande sami dow nagge, sai lalar banndu futta bana fuufe guldum, don wada nagge jajjaji saatungu bako ngu wurta. (This disease according to cattle rearers is like messels disease tha affects humans, because of the rashes on the caw's skin.)	
Njobu	Njobu do ha kosde be hunduko nangata nagge sai nagge do jorda nonnon, nden ndungu be cedu pat do nanga nagge, amma yawan yamdutuggu nder ndungu. (Njobu is a disease affecting caw around the legs and the mouth, the legs mouth of the will have some rashes and the cow will be salivating it will not eat as usual. Mostly cows are infected with it both during dry and raining seasons. But heals fast during raining seasons).	

the diseases. On the other hand, when the veterinary extension workers are required to comment on the description given above, it was found that there is a large agreement in the compatibility of their perceptions of the diseases. For instance, (Hengre which is Paste bovine) is compatible with Njola, again (Bakaale which is Fluke Worm) is compatible with Mbalki and Lelu. It should be noted that these people (Veterinary extension workers) are not most of the time Fulfulde speakers, though they communicate in Fulfulde, their proficiency is low. Still when the Fulani cattle rearers describe Piitu, Nyanyare, Bakalle and Njobu, the veterinary workers called all the four as Anthrax, which affects cattle and causes skin sore. Now from the above, a veterinary extension worker who out of self serving reason chooses only to advice or prescribe, or base his diagnosis on cattle owners report, and not going to the cattle range for physical examination would cause the society in terms of health when such animal/cattle is slaughtered served on our tables, and the lost the cattle owner will experience. The extension worker may probably give a wrong diagnosis and prescribe an opposite medication; again the Fulani cattle farmer may even ignore the prescription since, from his understanding Piitu, Nyanyare, Bakalle and Njobu are all unique animal diseases, but it is actually the same to the veterinary worker who is using English. This instance may be liken to the instances related by Flores (2006), on the case of a Spanish-speaking woman who told a resident that her two-year-old daughter had hit herself accidentally when she fell off her tricycle. Unfortunately, the resident misinterpreted two words, and comprehended that the fracture to have resulted as the result of the accident and is seen as an abuse; she therefore contacted the Department of Social Services (DSS). The department immediately took action by sending an employee, who, exclusively without the help of an interpreter present, asked the mother to sign over the custody of her two children. On the other hand this situation can also be

likened to the Honduras diarrhea case, reported by Fraser & Restrepo-Estrada (1998), where mothers and care takers do not give children under five years old Oral Dehydration Therapy (ORT) for some kind of diarrhea in their local language which they consider as different from the English diarrhea.

Role of culture

Culture comprises of experience, attitudes, ethics, rules, and civilizations in addition to any added features that an individual achieves as a community member (McLaren, 1998). Substantial social and cultural abysses frequently separate doctors and clients. For example, race, ethnicity, sex, socioeconomic standing, religious views, education level, and language spoken may all occasion as prospective barriers to successful doctor-client communication (Charon, 2009). Also, the patient and the physician have their own distinctive thoughts and opinions, expectancies, and communication types, which may affect results of the medical meeting. For the Doctor, the aftermaths of a health care discussion involve the physician's appreciating of the client's worries and medical difficulties, professional self-realization, and the use of required means. Clients experience instant, intermediary, and long-term consequences as a result of the meeting. Fulfillment with the visit and information remembrance establishes instant outcomes, faithfulness to doctor instruction signifies an intermediary outcome, and a significant change in the whole health standing would be measured as a long-term outcome (Bertakis & Azari, 2007).

In communication, the importance of cultural standards and expectancies is incontestable (Ge *et al.*, 2009). Power gap, chronological orientations, and communication smartness are three universal cultural thoughts that may impact opinions of communication through divergent groups. Power gap or the grade to which people consent to lopsided power standings impacts doctor-

Client communication, and the results credited to that interaction. Low-power gap cultural groups stress equality, sincere power, and interdependent relations among those with superior and minor power (Hofstede, 2001). A Client from a low-power gap society may envisage, and be more biased to a medical encounter in which the doctor and the Client share beliefs, interests, and opinions in a common manner (Ge *et al.*, 2009). Contrarily, a Client from a high-power gap society may envisage the doctor to take on a more confident method to the medical visit. Cultural expectancies of low- and high-power gap have the prospect to considerably impact doctor–Client interaction and eventually health care results (Ge *et al.*, 2009).

This is a paradox in communication practice as it opposes the emphasis put on the use of local resources and indigenous modes of communication by many people and development organizations. Globalization seeks to re-work social relationships and re-construct localism (Savage *et al.*, 2005) in such ways as to demolish the survival between the world and the community (Robertson, 1995). Some of the cause why development projects have been unsuccessful in the Third World countries is that development ideology targets to destroy people’s edging assets by offering new frames that are not equal to the field of discourse, does not appreciate the intention as part of the new meaning making process and present an entirely new mode of communication. In its place, the communities have been accused of laziness, uncooperativeness and opposing unavoidable cultural transformation. But what people have failed to realize is that the locals do not resist changing their culture, instead they prefer change to be part of their culture (Savage, 1997) and specifically when they know why they must tolerate the culture to change.

For instance, the Veterinary worker sees the cultural belief among the Fulani that the cow’s milk is a medication for Piitu as a hindrance to his work. In addition, owing to differences in cultural alignment, people translate social practices differently and what seems simple or backward to a foreigner/stranger can essentially have far reaching implications as far as communication drives on. For instance, communities in the rural areas believe in prolong greetings and introductions when they meet in market place, town hall or any gathering. This is serious to any social communication as it is what organizes the path for discussion. Thus, it forms an important part in the order of conversation and must be treated just as serious as the main discussion. However, some agents go into the communities with the business-type of socialization framework, popularly referred to as *likita Na’i* that means Veterinary Doctor, and on their part they see the elaborate greetings as time consuming. This is a major source of discourse disorders, which influences harmfully on the following discourse exercise, and also brings about distrust between the parties. From this example, we can infer that the order of discourse in a community involves steps related to a chain of types that are not disjointed

in a discursive practice, and therefore, unfamiliarity of such discursive practices will certainly upset the social interactions. In the above case, the agents ended up not accomplishing what they had arranged to do because they did not plan with the knowledge of the community’s social and discursive practices. In all the successive communications, there was a strained relationship between the participants owing to the mismatch of discursive practices. This is one instance in which communities are seen as backward or as one Extension worker pointed out, “communities are very difficult to work with”. The way an agent views and carries himself, especially as a superior who is more knowledgeable is also a main cause of hindrance to communication. A well-defined understanding of the prevailing culture can offer one with the skills and approaches of communicating complex messages, thereby escaping hostility with the target communities. For example, among the Fulani communities, respect to the aged and the language are not to be toyed with, so we have also seen that ignorance of the observed, interpersonal and textual schemata create irreparable disorders of discourse.

CONCLUSION

There is a clear indication from what was discussed that the discourse practices between the two groups are troubled with so many discourse disorders arising from factors such as linguistics understanding, cultural differences and understanding as it affects communication. In the discussions, we have also seen that the social status of the participants in the interaction influences the social practice; and the values and attitudes that they display tend to view one among the other participants as of a lower social status. This status legitimizes their attitudes towards the communities, as people who know nothing and this will affect their language behavior. However, we also saw that these factors will beget frame conflicts and misunderstandings during the face-to-face communication.

In their listing and description of the diseases, cattle farmers present Piitu Nyanyare, Bakalle and Njobu as different cattle diseases. However, when the veterinary worker was asked to give the English equivalent for these terms mentioned by the cattle farmer, Anthrax was assigned to all the terms. In other words, the veterinary worker saw all these four terms as synonymous.

Imagine a scenario in which a veterinary personnel having Anthrax in mind telling a Fulani cattle farmer to administer a particular drug on two different cows, one infected with Bakalle and the other with Piitu according to the understanding of the Fulani cattle farmer, will obviously disregard the advice of the veterinary worker. This example though hypothetical will be compared with the real one cited by Frasier & Estrepto (1998), A campaign in Honduras was conducted to promote Oral Rehydration (ORT) used by nursing mothers and caretakers. The mothers and caretakers interpreted it to mean a specific type of diarrhea, before ORT is to be

administered, because in their understanding there are several types of diarrhea and only one was mentioned in the campaign, for that children who are not diagnosed by mothers as having the mentioned type of diarrhea were not given ORT solution. This affected the campaign until when it was evaluated and the message was changed to read all types of diarrhea. The veterinary extension worker ought to acknowledge that communication is a social activity that comprises people who display various social dynamics like position (status), authority (power), manners (attitudes) and standards (values). These features arise in the methods of language usage, their vocabulary selections, order of discourse, use of space, etc. and transfer silent messages that can be harsh, negative there by distractive to the main focus of discourse. For this reason, the actors, in this case the veterinary workers ought to relate with the target people playing the role of a helper rather than the all-knowing professional. This rapport can be improved by believing the ability of the target community to make judgments concerning their fortune and to let them practice that ability with minimal intervention.

REFERENCES

- Adkin, N. R., & Ozanne, J. L. (2005). The low Literate Consumer, *Journal Of Consumer Research*, 32, 93-105
- Anter, T. (2011). *Who are the Fulani and their culture*. <https://www.modernghana.com/news/349846/1>
- Antia, B. E. (2001). *Terminology and Language Planning: an alternative Framework of practice and discourse*. Amsterdam, John Benjamins.
- Austin, S., & Worchel, P. S. (2013). (eds). *The social Psychology of Intergroup relations* (pp. 94-109). Monterey CA: Brooks-cole.
- Barker, S., & Haertel, C. E. J. (2004). Intercultural service encounters: an Exploratory study of customer experiences. *Cross Cultural Management*, 11(1) 3-14.
- Bartel, C. A. (2001). Social Comparison in Boundry-spinning Work; Effects of community outreach on members' organizational and Identification, *Administrative Science Quarterly*, 46, 379-413.
- Bernard, A., & Bassy, E. (2006). Impact of language barrier on acute care medical Professionals are dependent upon role. *Journal of professional nursing*, 22(6), 355-358
- Bertakis, K. D., & Azari, R. (2007). Patient gender and physician practical Style. *Journal of women's Health*, 16, 859-868.
- Breedveld, J. O. (1995). *Form and meaning in Fulfulde: A morphological Study of Maasinankooore, Netherlands*. CNWS Leiden University.
- Cabré, T. M. (1999). *Terminology Theory, Methods and Application*. John Benjamins Publishing Company Amsterdam/Philadelphia.
- Charon, R. (2009). Narrative medicine as witness for the self-telling body, *Journal of Applied Communication Research*, 37(2), 118-131.
- Cohen, A. L., & Christakis, D. A. (2006). Primary language of patient is associated with disparities in pediatric preventive care. *Journal of pediatrics*.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks: SAGE Publications.
- Creswell, J. W. (1998). *Research design: Qualitative & Quantitative approach*. Thousand Oaks, CA: Sage.
- Chen, A., & Son, P. G. (2007). The Legal framework for language access in Healthcare setting: VI and beyond. *Journal of General Internal Medicine*, 22(2), 362-367.
- Cheng, E. (2007). Primary language and receipt of recommended healthcare among Hispanics in United States. *Journal of General Internal Medicine*, 22(2), 283-288.
- Dahm, M. R. (2011). Exploring perception and use of everyday language and Medical terminology among international medical graduates in a medical ESP course in Australia. *English for specific purpose journal*.
- David, R. A., & Rhee, M. (1998). The impact of language as a barrier to effective healthcare in an underserved urban Hispanic community. *Mt. Sinai Journal of Medicine*, 65(5,6), 393-397.
- Derose, K. P., & Baker, D. W. (2000) Limited English Proficiency and Latinos' Use of physician Services. *Medical Care Research and Review*, 57(1), 76-91.
- Eggs, S. (2004). *An Introduction to Systemic Functional Linguistics 2nd Edition*. London; Continuum.
- Ellis, C. (2004). *The ethnographic I: A methodological novel about auto-ethnography*. Walnut Creek, CA: Alta Mira Press.
- Flores, G. (2006). Language barriers to healthcare in the United States, *New England journal of Medicine*, 355, 229-231.
- Emine, K., & Syed, H. R., (2010). Language barrier and the use of interpreters in the public health services. A questionnaire base survey. *Patient Education and counseling*, 81, 187-191.
- Fraser, C., & Restrepo-Estrada S. (1998). *Communication for Development, Human Change for Survival*. I. B. Taurir Publishers London.
- Ge, G., & Beng, T. (2009). Considering culture in physician patient communication during colorectal cancer screening. *Qualitative Health Research*, 19(6), 778-789.
- Girei, U. A. (2009). *A Survey of the Fulfulde Dialects in Northern Nigeria*. An unpublished PhD thesis, University of Maiduguri, Nigeria.
- Graugaard, P. K. (2011). Ways of providing the patient with a prognosis: A terminology of employed strategies based on qualitative data. *Patient Education and Counseling*, 36, 80-86.
- Greenberg, J. (1970). *The Language of Africa* (3rd edition), Bloomington: Indiana University.
- Hale, K. (1992). On endangered languages and the safeguarding of diversity. *Language journal of linguistic society of America*, 1(6).
- Hofstede, G. (2001). *Culture's consequences: thousand Oaks*. C. A: Sage.
- Hoinville, L. J., Edward, A. A., & Stacey, L. M., (2013).

- Proposed terms and concepts for describing and evaluating animal-health surveillance systems. *Preventive veterinary Medicine journal*, 1-12.
- Hu, D. J., & Covell, R. M. (1998). Healthcare usage by Hispanic outpatient As a function of primary language. *Western journal of medicine*, 144(4), 490-493.
- Imberti, P. (2007). Who resides behind the words? Exploring and understanding the language experience of the non English speaking immigrants. *Family in society*, 88(1), 67-73.
- Jonathan, M., & Jennifer, S. (2014). Effective Doctor-Patient Communication: An update examination. *Social Work in Public Health*, 3(29), 252-266.
- Karliner, L. S. (2011). Language barrier and patient-centered breast cancer care. *Journal of patient Education counseling*, 223-228.
- Miles, M. B. (1979). Qualitative Data as an attractive nuisance the problem Of analysis. *Administrative Quarterly*, 24, 510-601.
- Millman, M. (1993). *Access to Healthcare in America*. Washington DC National Academy Press.
- Nkomo, S. M., & Cox, T. H. (1996). Diverse identities in Organization. In S. Clegg. (eds) *Hand book organization studies* (pp. 338-356). London, SAGE Publications
- Paradis, C. (2001). 'Fula' In Garry, J. & Rubino, C. (eds) *Facts about the Worlds languages: An Encyclopedia of the worlds major languages Past and present*. New York Wilson Company.
- Pasick, R. J., & Hughes, N. (1996). Similarities and differences across cultures: Questions to inform a third generation for health promotion research. *Health Education quarterly*, 23, 142- 161.
- Punch, K. F. (1998). *Introduction to social research: Quantitative and Qualitative approaches*. London, SAGE publications.
- Rondeau, G., & Felber, H. (1981). *Text choices and Terminology, the Fundamental theories and terminologies*. Quebec: GIRSTERM
- Savage, M. (2005). *Globalization and belonging*. London: SAGE Publication.
- Seijo, R. J., & Pinau, B. G. (1991). Language as a communication barrier in Medical Care for Hispanic patients. *Hispanic journal of Behavioral Sciences*, 13(4), 362-375.
- Stauss, B., & Mang P. (1999). Cultural shocks in Intercultural Services Encounters. *Journal of Services and marketing*, 13(4/5), 329-346.
- Tajfel, H., & Turner, J. M. (1979). *An Integrative theory of intergroup conflict*.
- Tishkoff, S. A. (2009). *The genetic structure of History of Africans And Americans* (pp. 1035-1044).
- Travers, D. A., & Haas, S. W. (2003). Using nurses' natural language entries to build a concept-oriented terminology for patients' chief complaints in the emergency department. *Journal of Biomedical Informatics*, 36, 260-270.
- Warden, C. A., & Wadu, U. A. (2003). Services failures away from home: benefits in Intercultural services encounters. *International journal of service Industry management*, 14(4), 436-457.
- Woloshin, S. (1995). Language barrier in medicine in the United States. *Journal of the American Medical Association*, 273(9), 724-728.
- VerEecke, C. (1986). *Pulaaku: Ethnic Identity among Adamawa Fulbe*. Annals of Borno, Maiduguri, University of Maiduguri, Nigeria
- Viswanathan, M. (2003). *Towards understanding functionally Illiterate consumers*. Unpublished working paper, Department of Marketing, University of Illinois, Urban-Champaign, IL61820.