

For a linguistic policy in health services: a sociolinguistic study at
the Regional Hospital of Malanje (Angola) /
*Por uma política linguística nos serviços de saúde: um
estudo sociolinguístico do Hospital Regional de Malanje
(Angola)*


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ABSTRACT

The article seeks to reflect on hospital language policies in Angola based on a bias of public policies that can be seen as promoting the (in) exclusion of national language speakers who, when resorting to health services, feel marginalized or stigmatized. being forced to speak Portuguese because it is the official language. Most doctors have no command of native languages. As a methodology, we interviewed five elderly people who do not speak Portuguese and were treated at the hospital service of Malanje. From the interviews it is concluded that Angolan public policies in the hospital field do not pay attention to patients who do not speak Portuguese, an attitude that excludes besides rendering poor service to these citizens. Several official documents from the Ministry of Health and Government do not discuss the role of language in health care and services. This situation promotes exclusion and denounces the need to include interpreters or translators for full communication. Little or nothing sign language is considered in hospital care, which is serious if “all are equal before the Constitution and the law” (REPUBLIC OF ANGOLA, 2010). The inclusion of interpreters and / or translators in local languages would reserve the right of the citizen to express himself freely in the language that best masters what would favor dialogue oriented health care practices.

KEYWORDS: Language Policies; (In) exclusion; Hospital; Angola.

RESUMO

O artigo procura refletir sobre as políticas linguísticas hospitalares em Angola, partindo de um viés das políticas públicas que podem ser vistas como promotoras da (in)exclusão dos falantes das línguas nacionais que ao recorrerem os serviços de saúde sentem-se marginalizados e ou estigmatizados ao serem obrigados a falar em português por se tratar de língua oficial. A maior parte dos médicos não tem domínio das línguas autóctones. Como metodologia, entrevistou-se cinco idosos que não falam português e que foram atendidos nos serviços hospitalares de Malanje. Das entrevistas se conclui que as políticas públicas angolanas no campo hospitalar não dão atenção aos pacientes que não falam português, atitude que exclui para além de prestar mau serviço à esses cidadãos. Vários documentos oficiais do Ministério da Saúde e Governo não discutem o papel da língua no atendimento e serviços de saúde. Esta situação promove exclusão e denuncia a necessidade de inclusão de intérpretes ou tradutores para que haja comunicação plena. A língua de sinais pouco ou nada é considerada nos atendimentos hospitalares o que é grave se “todos são iguais perante a Constituição e a lei” (REPÚBLICA DE ANGOLA, 2010). A inserção de intérpretes e ou tradutores em línguas locais reservaria o direito do cidadão expressar-se livremente na língua que melhor domina o que favoreceria o diálogo orientado nas práticas de cuidados à saúde.

PALAVRAS-CHAVE: Políticas linguísticas; (In)exclusão; Hospital; Angola.

1 Introduction

All human societies that desire the well-being of their members are driven by public policies that aim to define programs and projects that benefit and promote well-being, regardless of race, ethnicity, language, economic level, etc. These programs respond to the demands and needs that this society is fond of or in short supply. All governments should be aware of the social problems that citizens experience in their daily lives, as well as looking for ways to solve them.

The language impasse, for example, is one of those concerns that afflicts Angolan society, especially in rural areas where the majority of the population lives. Angola is a country of linguistic diversity and the State lacks explicit and inclusive linguistic policies that aim to preserve and use the available linguistic heritage in national languages. The Constitution of the Republic of Angola (ANGOLA, 2010) is clear regarding the destination of each of the languages spoken in the country. In article 19 it is written: “1. The official language of the Republic of Angola is

Portuguese. 2. The State values and promotes the study, teaching and use of the other languages of Angola, as well as the main languages of international communication.”¹ (our translate).

The clarity that we are referring to is that African languages are relegated to the secondary level, privileging Portuguese as the only official language. By making only Portuguese official, the constitution is excluding other languages spoken by Angolans. Sign language is not even mentioned as if the deaf community in Angola did not exist.

Paragraph 2 of article 19 of the Constitution is impaired in Angolan practice because the issue of linguistic policy in the hospital context and in justice is not put into practice thus violating Article 23 that lays down the principle of equality: “No one can be harmed, privileged, deprived of any right or exempt from any duty due to their ancestry, sex, race, ethnicity, color, disability, language, place of birth, religion, political, ideological or philosophical beliefs, education level, economic condition or or profession.”² (ANGOLA, 2010, our translate).

Hence, the following question arises: do Angolans who do not speak Portuguese do not suffer from their rights in public institutions, especially in hospital and medical care? Do disease prevention advertising messages reach recipients? The present research constitutes a pioneering study in the Angolan reality, therefore, the fight for a humanized and inclusive service, which takes into account the communication established between doctors and patients is raised in this article.

The communication between health professional versus patient only becomes functional when there is a full understanding between the interlocutors. To this end, it is necessary that health professionals respect the patient's right to be served in the language, in this case, in national languages (of African origin), although Portuguese has the status of official and national languages simultaneously. The ‘alert’ is great for Angolans in general, because indigenous languages lose the number of their speakers every decade. It is ‘alert’, because it was hoped that national languages would be able to resist at least in rural areas where the number of Portuguese speakers reaches 39%.

It cannot be lost from the sight the idea that no Angolan language is originally from the geographical space that we now call Angola, because the territory “Angola” only appeared in

¹ “1. A língua oficial da República de Angola é o português. 2. O Estado valoriza e promove o estudo, o ensino e a utilização das demais línguas de Angola, bem como das principais línguas de comunicação internacional.”

² “Ninguém pode ser prejudicado, privilegiado, privado de qualquer direito ou isento de qualquer dever em razão da sua ascendência, sexo, raça, etnia, cor, deficiência, língua, local de nascimento, religião, convicções políticas, ideológicas ou filosóficas, grau de instrução, condição econômica ou social ou profissão.”

1884/1885 at the Berlin Conference. In this “sharing of Africa”, Europeans did not respect the origin of languages, ethnic groups, much less the kinship relations that Africans had. They created artificial limits that undermined the union and the moral and socio-cultural integrity of Africans.

The choice of Portuguese as the official language in Angola, in the post-colonial period, made the circulation of Angolan languages of Bantu and Khoisan origin impossible, revealing linguistic exclusion and segregation. We know that language is, without a doubt, the identity of any individual, in addition to being the means of expression of culture. Natural languages reveal how society is organized and what meanings it expresses. This lot of excluded languages includes the Angolan sign language which is widely discriminated against with the speaking community. No hospital or other public institution is prepared to assist a patient who uses Angolan sign language, which in a way is not only linguistic, but also social, political and economic exclusion.

The reversal of this exclusion would be possible if hospitals adapted to the society to which they were inserted so that the patient has his linguistic rights preserved, as the Universal Declaration of Linguistic Rights (UNESCO, 1996) to which Angola is a signatory presupposes. In this perspective, the practice of medicine and nursing would become effective when health professionals had the ability to interact with the patient in the language in which the patient dominates, because this would help in the understanding and full expression of the diagnosis, restoring health even when patient is not in a critical condition (coma).

The Portuguese colonization process imposed the use of Portuguese throughout the colonial period. Forty-four years after the proclamation of independence (in 1975), Angolans maintain the colonizer language as official and mandatory, thus camouflaging the linguistic diversity that dominates the practical life of Angolans, especially in rural areas. The election of Portuguese as an official language is not negative, although this should not be an argument to exclude, ban or despise native languages. We are in favor of co-officialization, at least in the provinces or districts where these languages are spoken. The first attitude would come from local governments or at least municipal governments where these languages are spoken.

It is deceived to think that it is impossible to make several languages official in a country. For example, in Portugal there are three official languages: Portuguese, Mirandese and Portuguese Sign Language (PSL) although this does not appear explicitly in Article 11 of the

Constitution of the Portuguese Republic (2005). Discussing “Linguistic policy (s) and issues of power”³, Severo (2013, p. 460, our translate) argues that the

officialization of the Guarani indigenous language in the municipalities of São Gabriel da Cachoeira, in Amazonas (in 2002), together with three other indigenous languages - Nheengatu, Tukano and Baniwa; and Tacuru-MS (in 2010), with formal recognition also of the varieties of guarani - kaiowá, ñandeva and mbya. (SEVERO, 2013, p.460, our translate).⁴

South Africa Republic has officially eleven languages, namely: Sepedi, Sesotho, Setswana, siSwati, Tshivenda, Xitsonga, Afrikaans, English, IsiNdebele, IsiXhosa and IsiZulu (NEVILLE, 2004; 2005). The examples could be extended further, but for now it is possible to consider that there are nations with more than one official language and Angola would not be an exception and that would be possible if there were any political will.

The lack of public policies that take into account linguistic heterogeneity and that insert Bantu and Khoisan languages in the curricula of Universities has motivated (i) inefficiency in the communication process, (ii) the marginalization of national language speakers and even (iii) the wrong diagnosis in the health area. However, it is necessary for patients to feel confident that medical advice was the best, and to guarantee confidence that the instructions given by health professionals were understood or not in their language.

The question that arises here is that the health professional cannot communicate using a language other than that of the patient, otherwise the information provided by the health professional may not be understood. It is better to use the patient's language to explain or guide. It seems strange, but on the other hand it seems absurd and unfair.

It is necessary for the State to create Laws and Decrees that recognize national languages as a means of communication and expression in use in public institutions because it is not enough to recognize African languages, but to make them official. The Angolan State could guarantee citizens' right to communicate in national languages. However, public servants could be able to handle or at least interpret/translate into national languages. According to Queiroz (2011) the performance of interpreters/translators is a practice that can be used to measure different types of human negotiations. Therefore, the adoption of interpreters/translators promotes

³ “Política(s) linguística(s) e questões de poder”

⁴ “oficialização da língua indígena guarani nos municípios de São Gabriel da Cachoeira, em Amazonas (em 2002), juntamente com outras três línguas indígenas - nheengatu, tukano e baniwa; e de Tacuru-MS (em 2010), com o reconhecimento formal também das variedades do guarani – kaiowá, ñandeva e mbya.”

the defense of social inclusion and reduces the relationship problems between health professionals and patients in hospitals in urban areas and especially in suburban and rural areas.

As for the questions of the relationship that must exist between health professional and patient, Sasaki (1997 apud JESUS, 2013) defends the adaptation of society according to the contextual reality, that is, its general social systems in which inclusion becomes a bilateral process where excluded people have the same opportunity as others. Santos and Shiratori (2004 apud JESUS, 2013) defend humanization, starting from a holistic view in which the client is assisted globally as a singular individual with respect to their belief, values, historical context and intellectual, social and cultural mental limits.

Bearing in mind the multilingual context and the communicative efficacy that must be established between doctor-patient, Chaveiro, Barbosa and Porto (2008) argue that communication is an important instrument for health professionals in diagnosis and treatment, as it is part of the communication the use of verbal instructions of various procedures, the result of which may be compromised by the lack of understanding of the parties involved.

Based on the assumptions presented above, we intend to (i) reflect on public policies in a bias of linguistic policies in the hospital domain and (ii) understand how the relationship between health professional and patient unfolds in situations where the language of the health professional is different from patient's tongue. To this end, we raised the following starting question: How has the patient who does not speak Portuguese in the various Angolan hospital units been attended?

As a hypothesis, the idea is advanced that the care of patients who do not speak Portuguese in hospital units has created impasses in the understanding of medical guidelines and that many times patients return home without understanding what disease they are suffering from. Even inpatients are rarely able to explain what medications they are taking and what guidelines were left by the doctor. The article is based on the theoretical basis of the investigations carried out by two researchers, namely Saohatse (1997) and Kamwendo (2004) from South Africa and Malawi respectively.

This article is divided into three sections. The first discusses Angolan linguistic diversity, showing that multilingualism is normal for that society, in addition to reflecting on (in) exclusion in health. The second section discusses the post-colonial discourse in the Basic Law of the national health system, revealing its weaknesses in relation to linguistic issues. The third section presents the methodology and analyzes the data related to the impasse caused by the difficulty of patients

to understand Portuguese. Before the presentation of the references, the text ends by concluding by pointing to the need to value local languages in public spaces.

2 Linguistic diversity and reflections on health (in) exclusion

Angola, being a multilingual and culturally diverse country, coexists with several languages of the Bantu and Khoisan group. According to Mudiambo (2013), the ethnolinguistic groups are: Ovambo, Herero, Xindonga, Ngangela, Obimbundu, Nhaneka Humbe, Bakongo, Ambundu, Cokwe and Khoisan. In this universe of ethnolinguistic groups, the languages that stand out the most by the number of speakers are Kikongo spoken in the provinces of Uíge, Zaíre and Part of Kwanza Norte and Kimbundu spoken in the provinces of Malanje, Luanda, part of Kwanza Norte, Bengo, part from Kwanza Sul (INE, 2016). According to INE (2016, p. 52, our translate), Umbundu “is the second most spoken language with 23%”⁵ of speakers. It is spoken in the regions of Huambo, Bié, Benguela, part of Kwanza Sul and Huila.

The other languages spoken in Angola are Cokwe spoken in the province of Lunda Norte, Maxico, Oxiwambo, Oxindonga spoken in Kunene province, Ngangela spoken in eastern Menongue. Nhaneka Humbe, Helelo and khoisan do not form a geographically fixed ethnicity unevenly distributed across the country, as shown in map 1, below:

Map 1: Geographical location of the Bakongo people and the Kikongo language in Angola



Source: Institute of Geodesy and Cartography of Angola (2002)

⁵ “é a segunda língua mais falada com 23%”.

It is important to make it clear that the majority of Angolan language names of African origin coincide with the names of ethnic groups. These two elements (name of language and ethnicity) connect and carry socio-cultural meanings. For example: the Bakongo people speak the Kikongo language, the ovimbundos speak Umbundo and so on. The dots (in blue) that indicate the location of Portuguese speakers on the map point to major cities. But it is known that Portuguese is spoken a little more throughout the country, since it is the language of teaching and use in public institutions. In fact, the data from the 2014 Census show this. International languages (as is the case with Swahili) tend to lose the language versus ethnic group link, which is normal in all languages in the world.

Thus, Portuguese is the only official language of teaching and use in the various spheres of social life, with 71% of speakers, according to data from the General Population and Housing Census conducted in 2014 (BERNARDO, 2017). The same Census indicates that the Umbundu language has about (22%), Kikongo (8%), Kimbundu (7%), Cokwe (6%), Nhaneka (3%), Luvale (1%) and the rest with (3%) (INSTITUTO NACIONAL DE ESTATÍSTICA, 2016).

These data worry us, because INE (2016) was not careful to make an exhaustive survey of the remaining less spoken languages. This data would help in the rescue, preservation and adoption of language policies that preserve these languages. Here, the conception of the census form is questioned because it does not reflect the sociolinguistic context of Angola, which in addition to oral languages has sign language. Marginalized linguistic groups and would allow the recognition of sociolinguistic practices that different individuals of different languages resort to (SEVERO; MAKONI, 2015).

In the hospital setting in Angola, linguistic and cultural heterogeneity has been seen as an obstacle in the communicative process and in the construction of a relationship between health professional and patient, a frequent reality in peripheral hospitals and urban areas. Thus, understanding the interaction and the communicative relationship between health professional and patient is one of the concerns of this research, especially in dialogue with a State policy. Due to the scarcity of senior health professionals, the Government (through the Ministry of Health) receives Brazilian, Portuguese, Cuban, Korean and Chinese professionals. These last three do not have Portuguese as the official language of their countries. In many instances, foreign health professionals arrive in Angola without knowing the Angolan sociolinguistic reality, much less without knowing the national languages. The question would be: how do these health

professionals deal with patients who “speak badly⁶” in Portuguese? How do these health professionals understand the explanation of patients? And how are kikonguisms⁷ understood and interpreted by these doctors?

Addressing the concept of 'linguistic inclusion' in health becomes an absurd subject. If we look at it in general, the term 'include' means inserting, encompassing, putting something or someone inside the margin / outside inside. This idea of inclusion raises misunderstandings and is perceived as permission or health. People can have access to the health system, but the most important thing is that these patients must have dignified and correct care by health professionals.

With regard to exclusion, Burszty (2000 apud MACIEL, 2009, p. 38, our translate) maintains that the term “has become a common currency to designate any and all forms of marginalization, discrimination, disqualification, stigmatization or even poverty”⁸. Maciel (2009) also reinforces that exclusion involves social bonds or their rupture, since it is not related only to the individual, but through the relationships that establish the excluded.

Exclusion will end when the health professional realizes that he / she plays a predominant role in the relationship with the patient and it is based on this relationship that the connective ties with the patient are formed, that, in essence, the pathology of the patient is known. patient. In this perspective, Carvalho and Paula (2012, p. 2, our translate), maintain that “the doctor as the manager of his interpersonal relationships, attentive to the needs and desires of his stakeholders must understand that, the central figure of his practice is the patient, but you need to be aware, that there are other audiences that inhabit your professional routine.”⁹

It is necessary to understand that 'inclusion' is not only the creation of conditions so that the individual, a member of a certain social and or linguistic group, has access to health, that is,

⁶ In this research, “speaking badly” means the ignorance of the 'standard norm' by the individual belonging to a social group, a disability resulting from illiteracy or functional illiteracy. Norm: set of linguistic forms that are added to socioculturally articulated values. The standard norm: written verbal activities result from unification, aiming at linguistic stabilization and neutralization of variation and controlling change. The standard norm is linked to cultural practices that involve reading and writing activities (FARACO, 2004).

⁷ This idea extends to the various languages spoken in Angola: portuguesisms, kimbundisms and so on. In the case of Angola, there is Angolan Portuguese that in a way does not correspond to the standard norm, but being one of the varieties of Portuguese. It is in the use of this variety that kikonguisms are visible (MUDIAMBO, 2013). The term kikonguisms is used to refer to the interference of kikongo terms in Angolan Portuguese. In addition to these, each African language interferes in Portuguese (directly or indirectly), some with more expressiveness, which is the case with kimbundu, and others on a smaller scale.

⁸ “tornou-se moeda comum para designar toda e qualquer forma de marginalização, discriminação, desqualificação, estigmatização ou mesmo de pobreza”.

⁹ “o médico como gestor de suas relações interpessoais, atento às necessidades e desejos de seus públicos de interesse deve entender que, a figura central da sua prática é o paciente, mas precisa estar consciente, de que existem outros públicos que habitam o seu cotidiano profissional.”

seen at the hospital giving the possibility to remain in that circuit, but inclusion in health consists of offering the possibility of being served in your language. It is with the language that the individual expresses what he feels best. In this perspective, the communicative exercise would not only be for the patient to speak and understand the language of the doctor, but also for the health professional to speak and understand the language of the patient. Therefore, in one way or another, we need to realize that we all need inclusion since we have particularities, differences that are often not possible to be expressed in another language than yours.

The implicit refusal of national languages stems from an autocratic government that tends to be more authoritarian in the measures adopted around linguistic policy (RAJAGOPALAN, 2013). The change in attitude by the government would demonstrate resistance to the imposition of dominant and fictitious monolingualism, because the reality of Angola is a multilingual nation. Still in this perspective of the exclusions to which the speakers of the native languages are targeted, Rajagopalan (2013) maintains that

Autocratic systems brutally suppress any possibility of choice by a potential agent, keeping him a subject to the tyrannical system. On the contrary, democratic systems provide space for these agents to grow and contribute to long-term decision-making and lasting and lasting effects for all. In other words, the more democratic a given political system is, the more it will promote full citizenship (RAJAGOPALAN, 2013, p. 36, free translation).¹⁰

Social/public policies must provide for the freedom of expression of the individual to communicate in the mother tongue, the language that best dominates or expresses his feelings and ideas. The inclusion of hospital linguistic policies is one of the priority areas, because the language expresses the culture of a people. We are aware of the fact that medical terminology does not yet exist in indigenous Angolan languages. In the same way that not all technical-scientific terms are in the Portuguese language. The scientific names of the plants *vernonia amygdalina* or *arachis hypogaea* and the animals *capra aegagrus hircus* or *numida meleagris* are not in Portuguese. Even so, it is possible to use a common name to represent this reality: *vernonia amygdalina* = *mululu* or *arachis hypogaea* = *peanut*, *capra aegagrus hircus* = *goat* or *numida meleagris* = *chicken d'angola*.

¹⁰ Os sistemas autocráticos abafam brutalmente qualquer possibilidade de escolha por parte de um agente em potencial, mantendo-o um sujeito assujeitado ao sistema tirânico. Ao contrário, os sistemas democráticos providenciam espaço para esses agentes crescerem e contribuírem para a tomada de decisões de longo alcance e efeitos duradouros e derradeiros para todos. Em outras palavras, quando mais democrático for um dado sistema político, tanto mais ele promoverá plena cidadania.

In this way, scientific texts in the health field could be adapted to the reality of national languages, not least because it is possible that there is a corresponding name. This means that the language has its mechanisms to circumvent the linguistic impasse. It all depends on the will and the need to value the linguistic community. Timbane (2013) shows that language loans are normal and present in all languages and any impasse could be overcome through the loan process. According to the same researcher, some of them are necessary loans (when there is no corresponding word), but others are luxury loans (when there is the corresponding equivalent, but the foreign word is preferred). We conclude this part by arguing that no language is incapable. The colonialists tried to instill this by saying that the Angolan languages were incapable, but that can be overcome today if our society takes more profound measures on the destiny of national languages.

3 Post-colonial discourse in the Basic Law of the national health system

Health services play a key role in promoting and guaranteeing access to healthcare for all citizens. The policy of valuing a single privileged language reminds us of the colonial policy that intended to end the local languages that caused harmful consequences during centuries of colonization, such as “linguistic exile” and “linguistic genocide”, concepts that we will discuss later. After four decades of independence, the non-officialization of local languages and their respective use is no longer the fault of colonialism.

The Basic Law of the National Health System nº 21-b / 92, of August 28 (MINISTÉRIO DA SAÚDE, 2016) imposed a health system based on the Portuguese language without defining the forms of care for patients who do not express themselves in Portuguese. Thus, we think that the referred legal document that mentions the various health-related matters relegates the reality of the country. Since the health system aims to promote equality of individuals in access to health care, thus guaranteeing its integrity, public policies must reserve the rights to care accompanied by professionals who understand the local languages or have an interpreter available for that purpose.

Patients who do not speak Portuguese need special attention from health professionals on duty, as described in Article 2 (c) of the National Health System. In these terms, the health professional in the face of difficulties in establishing communication with the patient, feels



somehow unable to continue the consultation. The health professional does not have to guess the symptoms (except in a coma). This means that the patient's explanation allows the doctor to make the right decisions that will facilitate the cure or prevention of the disease. The current national health policy repeals Law Nº 9 of December 13, 1975 and other decrees thereafter, through the Basic Law of the National Health System No. 21-b / 92, of August 28, 1992, which reports the following articles:

Article 1 “The protection of health is a right of individuals and communities, which is effected by the joint responsibility of citizens, society and the State, in freedom of search and provision of care under the terms of this law.”¹¹(our translate)

Article 2: Health policies have a national scope and obey the following lines: promotion of equality of citizens in access to health care, whatever their economic condition and wherever they live; groups subject to greater risks, such as childhood, motherhood, old age, the disabled, with priority to the war mutilated and workers whose profession justifies it, should deserve special measures; encourage training and research for health, with the aim of involving services, professionals, the community and traditional medicine; Health policies have an evolutionary character, permanently adapting to the conditions of the national reality, their needs and their resources.

Article 4: The health care system aims at realizing the right to health protection.

Article 9: Cooperation with other countries in the field of health is encouraged, in particular with Portuguese-speaking countries.

Article 23: Guarantee equity in user access with the aim of mitigating the effects of economic, geographic and any other inequalities in access to care.

The aforementioned articles show the lack of concern with the issue of national languages. There is no mention of the use of national languages, either through the learning of these languages by health professionals or through the insertion of interpreters / translators who work in a hospital context. The absence of arguments that defend patient care in the language he most dominates (national languages) clearly indicates the historical silence of these peoples and their segregation from the State. Speakers of national languages should be seen as any individual, because although they have a different language, they enjoy the same rights, have their history, culture and identity.

¹¹ “A protecção à saúde constitui um direito dos indivíduos e das comunidades, que se efectiva pela responsabilidade conjunta dos cidadãos, da sociedade e do Estado, em liberdade de procura e de prestação de cuidados nos termos da presente lei.”

Since Law N° 9/75, of December 13 (MINISTRY OF HEALTH, 2016), Law N° 5/83; the Basic Law of the National Health System n° 21-b/92, of August 28 (MINISTÉRIO DA SAÚDE, 2010), Presidential Decree n° 262/10 of November¹² 24, Constitution of the Republic of Angola (MINISTRY OF EDUCATION, 2010), in article 77 the national languages are not included in the concerns of concrete public policies, which makes them increasingly invisible and excluded. Although the presidential decree and the constitution assume that Angola is a multilingual country, its various items discuss nothing about the care of patients who use Angolan languages. This neglected view before speakers of national languages needs to be discussed so that there is a bilingual service in hospitals at national level, as well as the recognition of local languages as a lawful means of communication and expression.

The speaker of national languages “deserves humanized care, a holistic view, where the client is assisted in a global way as a singular individual, respecting their beliefs, values, historical contexts and limits” ¹³(SANTOS; SGHIRATORI, 2004 apud JESUS, 2013, p. 22, our translate). The inclusion of national languages in the Angolan health system would reduce the linguistic prejudice discussed in detail by Bagno (2015)

Linguistic prejudice is all the more powerful because, to a large extent, it is “invisible”, in the sense that almost nobody realizes it, almost nobody talks about it, with the exception of the rare social scientists who dedicate themselves to studying it. Very few people recognize the existence of linguistic prejudice, let alone its seriousness, as a serious social problem. Until a problem is recognized, nothing is done to solve it (BAGNO, 2015, p. 22, our translate).¹⁴

For this reason, the debates on the inclusion of local languages in Angola can be understood as superficial by some readers of this research. According to Bagno (2015), very few people understand the serious problem caused by the exclusion of languages in some sectors of the civil service. The lack of knowledge about the importance of languages in life in society may not value this debate. Imagine in a country where illiteracy rates reach 34%, according to INE (2016). This institution also reinforces that

¹² Decree described as a component of social policy that aims to contribute to the building of a free, just and solidary society.

¹³ “merece um cuidado humanizado, visão holística, onde o cliente é assistido de uma forma global como indivíduo singular, respeitada as suas crenças, seus valores, seus contextos históricos e seus limites”

¹⁴ “O preconceito linguístico é tanto mais poderoso porque, em grande medida, ele é “invisível”, no sentido de que quase ninguém se apercebe dele, quase ninguém fala dele, como exceção dos raros cientistas sociais que se dedicam a estudá-lo. Pouquíssimas pessoas reconhecem a existência do preconceito linguístico, que dirá a sua gravidade, como um sério problema social. Enquanto não se reconhece sequer a existência de um problema, nada se faz para resolvê-lo.”

the national literacy rate is 66%, with the urban area roughly double that of the rural area, respectively 79% against 41%. Significant asymmetry is also observed between genders, 80% in men, against 53% in women. The population that does not know how to read and write is essentially elderly, only 27% of the population aged 65 or over can read and write (INE, 2016, p.53, our translate).¹⁵

These data show that “illiteracy” goes proportionally to the lack of knowledge of the official language. In rural areas, who speaks Portuguese is mostly literate. In addition, the major problem is functional illiteracy, which also remains a problem, not only in Angola, but also in the other African countries whose official language is Portuguese. Another problem related to the Portuguese language deals with the Angolan variety of Portuguese that is specific, that is particular and that characterizes the realities of that people. Angolanisms are the hallmark of the Angolan variety of Portuguese, which also lacks in-depth studies describing the variety.

Medical courses must include cultural anthropology in their curricula. The culture of a people is full of mysteries that only the people know. A health professional coming from another country may be devoid of this knowledge and act contrary to the precepts of that community, thus injuring sensitivities by turning away the frequency of patients in routine consultations. If the healthcare professional explains the prescription in the patient's language, it is more likely to be more understood than when explained in an unknown language. We ended this section by calling attention to all Angolans taking responsibility for African languages as their mother tongue, as these citizens also enjoy the same right as those who use Portuguese.

4 Methodology and Analysis

The research was developed at the Regional Hospital of Malanje, in 2017. Malanje is located in the plateau region of northeastern Angola, having a territorial extension of 93,302 km². The province of Malanje is 350.15 km from the country's capital and has about 986,363 inhabitants, of which 479,788 are male and 506,575 are female (INE, 2016, p.91).

¹⁵ “a taxa de alfabetismo a nível nacional é de 66%, sendo na área urbana cerca do dobro da área rural, respectivamente 79% contra 41%. Assimetria significativa é igualmente observada entre género, 80% nos homens, contra 53% nas mulheres. A população que não sabe ler e escrever é essencialmente idosa, apenas 27% da população com 65 ou mais anos sabe ler e escrever”



The province is inhabited by Ambundu groups with the Kimbundu language spread across the central and southern part, the Gingas in the northern part who also speak Kimbundu. The Ovimbundu ethnic groups that have the Umbundu language and the Tucokwe that have the Kyokwe language occupy the plateau. The research selected five participants who live in the region and speak the local African language as their mother tongue, but for the present article we will present only three of which due to situations of complete misunderstanding of the audio. For the sake of the research, only the elderly were selected, since they are the least educated. This data was confirmed by Graph 21 (p.57) of the Census (2014), which shows that 1.2% of men and 0.5% of women over 65 years of age completed higher education in Angola. The interviews were recorded by a Sony branded recorder that enabled the capture of the information. Each interview lasted between 30 to 45 minutes.

In the case of a research involving human beings, authorization was requested from the Management of the Regional Hospital of Malanje, as well as all precautions were taken regarding the Informed Consent Term, the preservation (confidentiality) of the informants' identity, the use information for academic purposes only and the conditions of the interview place. The ten 'open' questions were intended to understand how the speaker of an unofficial language feels after being seen by health professionals who do not speak their language. The collection corpus has an extension of 47 pages, for example, we present three excerpts to better discuss the interviewees' opinions:

Patient 1: *Ala atu kejya kuzwela ó putu, twamesena tu kwata o kimbundu kyetu pela tu dituma kyambote, ó imbanda ya putu mba dotolo kyoso kwejye ó kuzwela kwetu kala ukala ni mutu wejya pala ku mu xinjika. Ene akala izuwa yoso ni atu i atu yenay kejya kuzwela ó putu.*¹⁶

Patient 2: *Etu twamesene ku tu kwividila mu kimbundu dyetu mu inzo ya sawidi maji kwenaku atutuma ku zwela ó putu, ó kuzwela yakwa, enyó eza kutuma mu ixi, ene atujijila kuzwela ó putu ya dotolo mba kimbanda kya putu kyoso ki twala mu inzo ya sawidi, se kuzwele putu etu twejietu kuzwela ó putu atu tuma kuxana mona wejya ó putu. Tu dixinjika kya ngo mu zwela ó putu.*¹⁷

¹⁶ “[...] there are people who do not understand Portuguese well, we must use our languages to establish communication, the doctor when he does not know the language must be accompanied by a translator. They are always in contact with the population and this population does not always use the Portuguese language”.(free translation)

¹⁷ “We could even be seen in our language here at the hospital but they oblige us to speak Portuguese, the language that the settler brought is what Doctors also demands to speak when he is in the hospital, if speaking is a big problem, the Doctor does not answer, asks us to pick someone up at home to explain. So, I'm just afraid of speaking Portuguese”.(free translation)

Patient 3: *Kyoso ki ngala ni dotolo mba mesene ya putu ki ngitenami ku zwela kyambote mu putu oso wamutunda ó ndolo, kala ngixana monami pala kutanga kwa dotolo mu putu boso bu kungikata. Twamesena kukala ni dotolo wejya kuzwela ó kimbundu kyetu pala ku ngitedela kyambote, pala tu dituma kyambote, pala tu zwela kyambote ó haji yami.*¹⁸

Through the excerpts of the interviews, it can be said that when elderly patients turned to hospital units, they were forced to speak in Portuguese even though they did not have the command of the language. This attitude discriminates and silences speakers of national languages, since they do not understand the language used to establish communication with health professionals. On the other hand, the fact that the patient is required to speak Portuguese, a language he does not master, creates a rupture in the communicative process because different linguistic codes circulate and that makes the patient feel displaced / foreign in his own country and / or region. The recommendation to return home to look for a family member who can explain the pathology in Portuguese, in our view, causes a low heart rate to the patient in addition to causing psychological decline and may influence the acceptance of the medication prescribed by the health professional. National languages are, in any case, part of the linguistic and cultural universe of the Angolan people. Thus, a struggle is needed for these languages to have a status.

Another relevant aspect is summarized in the following question: how could this elderly man explain his pain to the health professional if he did not have a family member who speaks Portuguese? How will you understand the instructions on how to take medication? And the side effects, who can explain? What about the care you need to take into account during the medication period? These and other issues are of concern to anyone who has read and understood what 'Linguistic Rights' and 'Human Rights' are. The promise of Art.19 of the Constitution of the Republic of Angola (2010) which decrees that "the State values and promotes the study, teaching and use of the other languages of Angola"¹⁹ was only on paper without practical application in the lives of Angolans.

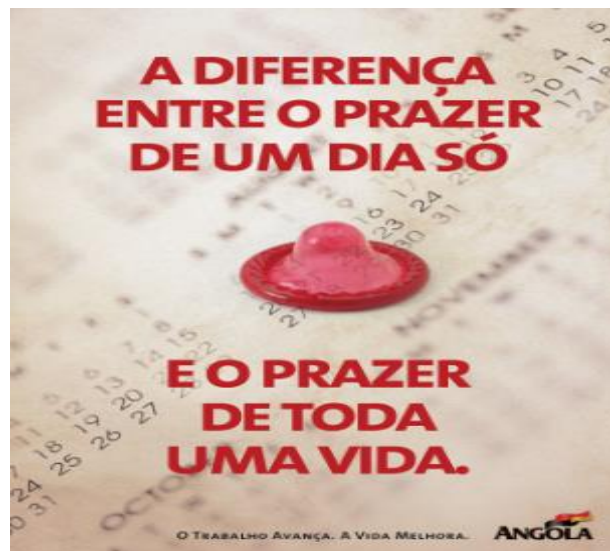
Each national language of African origin spoken in each province has its value and importance in the culture of each citizen and would facilitate the relationship that should be established between health professional-patient as well as in obtaining a medical diagnosis. Multilingualism describes the African reality, in general, and the Angolan space, in a specific way,

¹⁸ When I'm with the Doctor, he can't speak well what hurts me, he has to call my son to explain well in Portuguese what I feel. It was really necessary for doctors to speak our language to serve us better, to understand us, to talk well about my health."

¹⁹ "o Estado valoriza e promove o estudo, o ensino e a utilização das demais línguas de Angola".

where different linguistic groups coexist. The health professional must at least have knowledge of the language in the province where he will work because the health professional and the patient must understand each other. If the health professional is able to understand what patients explain, the chances of identifying the disease and the respective medication become more effective (SAOHATSE, 1997).

Article 40 of the 2010 Constitution talks about “Freedom of expression and information”²⁰, arguing that “everyone has the right to freely express, disseminate and share their thoughts, ideas and opinions, by word, image or any other means, as well as the right and freedom to inform, to be informed and to be informed, without hindrance or discrimination.”²¹. For this debate, let's see the following advertising:



Source: Ministry of Health Angola

This disclosure on the prevention of sexually transmitted diseases is the authorship of the Ministry of Health of Angola addressed to all Angolans, in a clear idea that all Angolans speak Portuguese. The language of disclosure is Portuguese, the official language. In a country where we have a great linguistic diversity and a 65.6% literacy rate (INE, 2016, p. 122), what do we expect from this advertising? What is territorial coverage? Do you think it is not possible to say the same words in advertising using an African language? Why in an election campaign do

²⁰ “Liberdade de expressão e de informação”.

²¹ “todos têm o direito de exprimir, divulgar e partilhar livremente os seus pensamentos, as suas ideias e opiniões, pela palavra, imagem ou qualquer outro meio, bem como o direito e a liberdade de informar, de se informar e de ser informado, sem impedimentos nem discriminações.”

politicians manage to explain the Governance Program and convince voters using local languages? It seems contradictory.

If the local languages are not languages for the dissemination of disease prevention campaigns, this harms the people, those people who have always been harmed by not knowing the official language - Portuguese. Is Portuguese the only language capable of explaining science, or even disseminating scientific knowledge? Unfortunately, there are still those who think so. If the Ministry of Health diversified its message in several local languages it could in our view make the message reach those who do not speak Portuguese.

The Angolan people are not ignorant. They have a lot of scientific knowledge based on national languages, traditionally learned. That is why plants are widely used by people in the province of Huíla, for various purposes, since the most remote times and consequently know the diseases and the plants that cure them. For example, the olombula plant cures bladder pain, scribe, wounds, avitamin and is anti-diarrheal. (TCHAMBA; CAMONGUA, 2019). For this very reason, “African and indigenous languages are not autonomous and abstract realities that need to be protected, but are products of social practices of multiethnic groups that need to have their existence guaranteed in a democratic and intercultural world” (SEVERO; MAKONI, 2015, p. 101, our translate)²².

Sometimes there is an expectation that people who are “literate” or at least who speak Portuguese will use the European standard norm. This results in failure because the standard norm is an artificial norm that does not even correspond to anyone's mother tongue (TIMBANE, 2013). Even in Portugal, Portuguese is not spoken the same way in all provinces, which means it has varieties, variants and dialects. The standard norm is used in specific moments of communication.

An unfortunate example occurred during the research when a patient believed that he had been “discharged” by the health professional while, in fact, he had been instructed to prepare and wait for the cataloger in order to perform an examination on another floor of the hospital. This debilitated patient faced a psychological emptiness and cried until someone who speaks the Kimbundu language could clarify in his language. Therefore, the use of the patient's language is not simply an instrument of communication, but also a form of contact with the subject's identity. In this way, the language barrier leaves users of public services embarrassed as if they are

²² “as línguas africanas e indígenas não são realidades autônomas e abstratas que precisam ser protegidas, mas são produtos de práticas sociais de grupos multiétnicos que precisam ter sua existência garantida em um mundo democrático e intercultural”.

illiterate. Despite not having attended a European model educational institution, these people are literate in the context of their cultures. Traditional education has constant teaching mechanisms and has different degrees. The society itself is organized and that is why it is necessary to value this knowledge.

One cannot ignore the existence of some Angolan voices that fight for the promotion of African languages in Angola. Deputy Makuta Nkondo, for example, has been one of the most vocal voices in the struggle for the preservation and use of indigenous languages in public spaces. According to Angola (2019), the deputy met with the Vice-President of the Republic, Bornito de Sousa and among several issues he addressed “the need for initiatives that help in the correct use of national languages, the harmonization of Bantu languages with the language as well as the study of linguistic phenomena.”²³ (ANGOLA, 2019, our translate). In addition to the preservation of culture, Nkondo defends the use of local languages in the spaces where they occur, an opinion shared by the Universal Declaration of Linguistic Rights (1996) which adds: “all linguistic communities have the right to codify, standardize, preserve, develop and promote your language system, without induced or forced interference.”²⁴ (Art.9, our translate). Officializing local languages in the spaces where they occur brings the self-esteem of the speakers. Likewise, when a health professional is applying to work in a particular province, he must have at least notions of the official language of the place so that he can communicate with the natives without restrictions.

Final considerations

Having reached this point, it is up to us to resume the idea that language arises to satisfy the needs in communication between humans. The language not only conveys ideas, feelings, but also carries the sociocultural identity of the speakers. Angola, being a multilingual country, deserves attention from public policies so that there is a service that puts all citizens on an equal footing, without discrimination or linguistic prejudice. Angolan deputy Makuta Nkondo has publicly and emphatically discussed the importance of State responsibility in training trained staff to deal

²³ “a necessidade de iniciativas que ajudem no uso correto das línguas nacionais, a harmonização das línguas de origem bantu com a língua oficial, bem como o estudo dos fenômenos linguísticos.”

²⁴ “todas as comunidades linguísticas têm direito a codificar, standardizar, preservar, desenvolver e promover o seu sistema linguístico, sem interferências induzidas ou forçadas.”.

with the country's real sociolinguistic situation, with the need to create conditions so that there is no exclusion of citizens in life in society. That the fact of not knowing how to speak Portuguese is not a reason for discrimination, prejudice and separation between individuals belonging to the same nation.

The Universal Declaration of Linguistic Rights (UNESCO, 1996) in its art.15 states that “all linguistic communities have the right to have their language used as an official language within their territory.”²⁵. So, the question of the co-officialization of African languages in all countries seems to us to be a dream for most Africans, because political independence was proclaimed, but there are other independence that has not yet been proclaimed. One is linguistic independence. Colonial ideology still reigns in the minds of Africans, so much so that Africans themselves are suspicious of the ability of their mother tongues. That is why in more than four decades, Africans are afraid to make their languages, culture and their ancestors official, which is serious for anyone who understands language as an instrument of affirming identity and culture.

The Universal Declaration of Linguistic Rights is a guiding instrument that could guide Angolan language policies as the country is a signatory. At some point there is a lack of self-esteem for many politicians, because it is their mother tongues that are being devalued. It is regrettable the path that indigenous languages are following, because the number of speakers is decreasing, especially in large cities, as shown by data from the last Census conducted in 2014 (INE, 2016)

However, the use of the same language code among the health-patient professional becomes indispensable since “the good quality of care can be compromised by the inexperienced use of language or by an inadequate communication between patients and health professionals”²⁶ (SAOHATSE, 1997, p. 94, our translate). However, it is necessary that the hospital, through legal and constitutional mechanisms, introduce interpreters/translators allowing establishing a relationship of proximity and interaction between health professional-patient so that patients who use local languages feel included and willing to medicate.

The care of patients who does not speak Portuguese in hospital units has created impasses in the understanding of medical guidelines and that often patients return home without knowing what disease they were suffering from, without realizing how to take the drugs.

²⁵ “todas as comunidades linguísticas têm direito a que a sua língua seja utilizada como língua oficial dentro do seu território.”.

²⁶ “a boa qualidade dos cuidados pode ser comprometida pelo uso inexperiente da linguagem ou por uma comunicação inadequada entre pacientes e profissionais de saúde”.

Therefore, we need to change our attitude. The impediment in the communicative process between the health professional-patient can be seen as an obstacle for the community that has the national language as the language of communication when using health services. We believe that the Ministry of Health should establish partnerships with traditional doctors, because there is still a good number of Angolans who do not seek conventional health services, often due to distance from home to hospital or for reasons of tradition. All prevention campaigns by the Ministry of Health would have more impact if they were transmitted via traditional doctors because they speak the language of the region. Based on language and culture, they will know how to transmit the message clearly and concisely to their respective communities, always using the local language. The reflective analysis on language policy reinforces the idea that Angolan language policies lack the implementation of inclusion policies. Duties must go hand in hand with rights towards a world that does not discriminate against anyone for linguistic reasons.

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