Review of: "African languages and COVID-19: Translations and interpretations of COVID-19 information in rural communities in Igbo land, Nigeria"

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It is often stated that the flavor of a message is often lost in translation. This article makes an effort to understand the impact of an African language, Igbo, on the messaging around non-pharmaceutical intervention policies against COVID-19. The manuscript also attempts to highlight the impact of how losses in translation could lead to misinformation. It is quite interesting that some communities interpret COVID-19 as a disease that afflicts only the wealthy or that does not afflict blacks exacerbating the consequences through its spread.

While this reviewer appreciates the efforts of the researchers in shedding light on the role of linguistics and language broadly speaking on disease spread prevention, it is not clear what value it offers for future pandemics or disease outbreaks. Is there a message for health care policy makers to be aware of these discrepancies such that they could also provide a more guided interpretation of the lingo on diseases and epidemics in local dialects and languages to prevent the ambiguities and culturally informed misinformation? What are the value propositions for this research observation? To what extent is this problem prevalent in other communities where English language is not the predominant language spoken? This reviewer sees the value in the work done but observes that the authors left the impacts of their observations unaddressed.

A more important challenge this reviewer sees is that it is not clear to what extent these observations are statistically significant. Though the methodology employed was strictly qualitative involving semi-structured interviews and focus group discussions, the count of informants, 20, across five rural communities averages four respondents per community. What is the exact distribution of the respondents across the communities? Perhaps there are communities with only two respondents while others have as many as eight? Such information would be helpful to evaluate the significance of the observations. The article mentions randomly selecting 10 participants for the focus group – it is not clear whether these 10 were selected across the five communities.

Finally, there are dialects that are significantly different across the Igbo-speaking communities in Nigeria. This manuscript did not contextualize how the differences in dialects were factored in or what their impacts were.

When combined, these hiccups show that making largely broad statements may be misleading when the entire sample size is insignificant across the studied communities. A revision that provides (i) more validated sample size information, (ii) a clear discussion on the influence of dialect differences, and (iii) the implications or impact of the observation for future

health care policy and management is hereby encouraged.