

South African language practitioners' approaches to the translation of public health communication: mere intermediaries or social and cultural mediators?

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ABSTRACT

Health communication in South Africa aimed at a lay target group is still largely expert led, marked by medical jargon and affected by cultural taboos. South African language practitioners who translate health communication for target communities may facilitate expert-lay communication if they take the target reader's context and culture into account. The extent of their text mediation may indicate whether they are merely intermediaries conveying health messages or act as social and cultural mediators adapting source texts to the culture of target readers. As intermediaries, they may assist the client in achieving predetermined health outcomes; as social and cultural mediators, they may assist the community in advancing their health.

Within Craig's Constitutive Metamodel of Communication, the intermediary can be included in the transmission model; the mediator, again, who promotes intercultural understanding, information sharing and reader participation, may find conceptual space in the sociocultural model of communication. As related to development communication, the intermediary can be positioned in the diffusion of innovations (DOI) model; the mediator, again, in a participatory development (PD) model. Language practitioners, who contribute to communication for development (C4D) or communication for development and social change (CDSC) by being flexible in applying translation approaches, may be positioned in a hybrid model of development communication.

The aim of this phenomenological study was to determine whether or not South African language practitioners act as social and cultural mediators, and whether their selection of translation approaches and degree of text mediation confirm such a role. The study applied mixed-methods research with a two-phase sequential design to investigate the scope of translation approaches. 74 language practitioners participated in this research by completing a questionnaire designed as research instrument. Nine respondents were interviewed.

Through triangulation of literature, quantitative and qualitative data, this study found that language practitioners were using the full spectrum of translation approaches available to them, i.e. approaches of equivalence, functionalist approaches and (culturally) adaptive approaches. Language practitioners mediate texts to some degree by applying these approaches innovatively and creatively, and by improvising while translating. Their selection of translation approaches indicated provision for high-context and low-context cultures. Lack of health and medical terminology and research possibilities in African languages apparently stimulates the use of adaptive translation approaches.

While language practitioners from the Nguni and Sotho language groups were likely to view themselves as social and cultural mediators, language practitioners from the West Germanic group were divided in this respect. The study also found a relationship between language practitioners' views on social responsibility and a social and cultural mediator stance. Sufficiently strong evidence indicated language practitioners' contribution to health promotion and CDSC, which justifies their positioning within a hybrid of the diffusion and participatory approaches to development communication.

Key terms: Craig's Constitutive Metamodel of Communication, sociocultural communication, development communication, CDSC, DOI model, PD model of communication, health communication, (culturally) adaptive translation approaches, intermediary, social and cultural mediator.

OPSOMMING

Die gesondheidskommunikasie in Suid-Afrika gerig op 'n lekteikengroep word grootliks deur eksperts opgestel. Dit word gekenmerk deur 'n mediese taal en geraak deur kulturele taboes. Die Suid-Afrikaanse taalpraktisyns wat gesondheidskommunikasie vir teikengemeenskappe vertaal, kan kommunikasie tussen eksperts en leke bevorder as hulle die teikenleser se konteks en kultuur in ag neem. Die mate van teksbemiddeling kan aandui of hulle bloot tussenpersone is wat gesondheidsboodskappe oordra en of hulle sosiale en kulturele bemiddelaars is wat die brontekste by die kultuur van die teikenleser aanpas. As tussenpersone staan hulle kliënte by met die bereiking van vooraf bepaalde gesondheidsuitkomst; as maatskaplike en kulturele bemiddelaars staan hulle die gemeenskap by met gesondheidsbevordering.

Die tussenpersoon kan in Craig se Samestellende Metamodel van Kommunikasie in die transmissiemodel ingesluit word; die bemiddelaar, wat interkulturele begrip, inligtingdeling en lesersdeelname bevorder, kan konseptueel ruimte vind in die sosiokulturele kommunikasiemodel. Wanneer dit met ontwikkelingskommunikasie in verband gebring word, kan die tussenpersoon in die diffusie van innovasie-model en die bemiddelaar in die deelnemende benadering geposisioneer word. Die taalpraktisyns wat vanweë hulle plooibare toepassing van vertaalbenaderings bydra tot kommunikasie vir ontwikkeling of kommunikasie vir ontwikkeling en sosiale verandering, kan in 'n hibridiese model van ontwikkelingskommunikasie geplaas word.

Die doel van hierdie fenomenologiese studie was om vas te stel of Suid-Afrikaanse taalpraktisyns as sosiale en kulturele bemiddelaars optree en of die keuse van hulle vertaalbenaderings en die mate van teksbemiddeling so 'n rol bevestig. Die studie het 'n gemengde navorsingsmetode met 'n tweefase-opeenvolgingsontwerp gebruik om die bestek van vertaalbenaderings te ondersoek. 74 taalpraktisyns het aan hierdie studie deelgeneem deur 'n vraelys in te vul wat as navorsingsinstrument ontwerp is. Daar is met nege respondente onderhoude gevoer.

Hierdie studie het deur die triangulering van literatuur- en kwantitatiewe en kwalitatiewe data bevind dat taalpraktisyns van die volledige spektrum van vertaalbenaderings tot hulle beskikking gebruik maak, d.i. benaderings van ekwivalensie, funksionele benaderings en (kultureel) adaptiewe benaderings. Die vertaalpraktisyns tree in 'n mate bemiddelend op deur hierdie benaderings vernuwend, kreatief en improviserend op tekste toe te pas. Die keuse van vertaalbenaderings dui op voorsiening vir hoë- en laekontekskulture. Daar is ook bevind dat gebrekkige gesondheids- en geneeskundige terminologie en navorsingsmoontlikhede in Afrikatale die gebruik van adaptiewe vertaalbenaderings klaarblyklik stimuleer.

Terwyl vertaalpraktisyns uit die Nguni- and Sothotaalgroepe hulle waarskynlik as sosiale en kulturele bemiddelaars beskou, is taalpraktisyns uit die Wes-Germaanse groep in hierdie opsig onderling verdeeld. Die studie het ook 'n verwantskap gevind tussen taalpraktisyns se sienings oor maatskaplike verantwoordelikheid en 'n sosiokulturele bemiddelaarshouding. Daar is voldoende aanduidings dat taalpraktisyns tot gesondheidsbevordering én kommunikasie vir ontwikkeling en sosiale verandering bydra, wat hulle posisionering in 'n hibried van die diffusie- en deelnemende benaderings regverdig.

Sleuteltermes: Craig se Samestellende Metamodel van Kommunikasie, sosiokulturele kommunikasie, kommunikasie vir ontwikkeling en sosiale verandering, diffusie van innovasie-model, deelnemende benadering tot kommunikasie, gesondheidskommunikasie, (kultureel) adaptiewe vertaalbenaderings, tussenpersoon, sosiokulturele bemiddelaar.

ABBREVIATIONS AND ACRONYMS

ANA	Annual National Assessment
C4D	Communication for development
CDSC	Communication for development and social change
DAC	Department of Arts and Culture
DBE	Department of Basic Education
DOI	Diffusion of innovation
EMT	European Master's in Translation
EU	European Union
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
ICT	Information and communication technology
NGO	Non-governmental organisation
NLS	National Language Service
NWU	North-West University
PACTE	Process of Acquisition of Translation Competence and Evaluation
PD	Participatory development
PIL	Patient information leaflet
RHI	Reproductive health information
SALPC	South African Language Practitioners' Council
SATI	South African Translators' Institute
StatsSA	Statistics South Africa
STD	Sexually transmitted disease
TCS	Terminology Coordination Section
TE	Translation and Editing
TSF	Traducteurs sans Frontières
TWD	Translators without Borders

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CHAPTER 1 INTRODUCTION AND PROBLEM STATEMENT

"As cultural mediators, translators need to make choices with immense ideological implications for the language communities in which they work." (Marais, 2008:43)

1.1 Introduction

Translation of public health communication in South Africa, a multilingual, multicultural country, is complicated not only by the expert-lay divide inherent in health professions but also by a dualistic health system comprising Western and traditional medicine. The need for health communication in at least the 11 official South African languages is underlined by the health development needs of the country and its population. The widely accepted translation approaches of equivalence and functional equivalence might not be applicable when health messages have to be translated from the *de facto* official language, English, into indigenous languages, some of which lack readily available medical and health terminology.

1.2 Theoretical background

Although translation does not occupy a central position in the health domain (Karwacka, 2014:19-20), South African language practitioners are, because of their active participation in translation or message (re)creation and transmission, at the centre of communication for development (C4D) or communication for development and social change (CDSC) projects in South Africa. Because solutions to development problems, the meanings attached to development concepts and the use of language are culture-bound (Servaes, 1999:9-10), language practitioners need special types of communication and cultural competences, and special skills and energy to overcome the complexities of culture and language when participating in C4D (Budin, 1994:113; Servaes *et al.*, 2012:117).

Servaes (1999:53, 59), who describes social development as a multidimensional and dialectic process that differs from society to society, proposes a 'culturalistic' C4D model based on 'multiplicity' or 'one world, multiple cultures' (Servaes & Malikhao, 2002:1, 11). In this model, both the sender and receiver of communication are seen as representatives of social groups in a societal framework. The model focuses, however, more on the receiver than on the communicator: the emphasis is more on seeking and ascribing meaning than on the transmission of information (Servaes, 1999:88-89; Servaes & Malikhao, 2002:23). As he bases his model on active participation by an active public (Servaes, 1999:88), the focus is also more on information exchange than on persuasion. Experts distribute information to fulfil the needs of the public and refrain from attempting to dictate to them (Servaes & Malikhao, 2002:23).

While the sender-oriented communication approach of the so-called 'sender- and media-centric' era (the 1950s and early 1960s) is regarded as elitist, bureaucratic and hierarchical, the receiver-oriented approach is based on interactive, participatory, two-way communication at all levels of society, and therefore as more concerned about the exchange of meaning (Servaes, 1999:83). A public-oriented model implies more participation by the public, but Servaes (1999:84) acknowledges that this is easier said than done.

The participation of South African language practitioners as so-called 'actors' in public health communication (together with other 'actors' such as health experts, traditional healers, the government and the public) could be indicative of sustainable development in the health domain, but might not be indicative of sustainable development that is truly participatory and consistent with the cultural values of the community (Servaes *et al.*, 2012:110-111). In South Africa, specialised communication such as health communication is still largely expert-led, aimed at a largely lay target group, often marked by medical jargon, and affected by cultural taboos, and patriarchal and political legacies (Dyll-Myklebust, 2015:67, 78; Grant & Phil, 2006:55).

Whatever the approach of C4D or CDSC projects in South Africa, one could argue that language practitioners will be participants. Whether public health communication is planned vertically (top-down delivery) or is the result of public participation (a participatory, bottom-up approach) (Dyll-Myklebust, 2015:77-78; Servaes *et al.*, 2012:100), the language practitioner will still participate by converting a health message, irrespective of its origin, from one language into another or within a language, thereby representing, to a greater or lesser extent, both the source and target of the communication, the culture(s) associated with each, and the respective languages used.

Because of this intermediary or mediating role, South African language practitioners involved in the translation of public health communication often find themselves caught between two 'worlds'. They first have to interpret a public health message created in one 'world' before deciding on an approach for its conversion into one of South Africa's other official languages for use in another 'world'. These two worlds might have points of contact, but often they are so far apart that a simple text-equivalent approach to the translation of a health message might not measure up to the requirements of a translation brief or fail to meet the needs of both the sender of the message and the target group. Language practitioners not only have to deal with different, often divergent languages and cultures (including diverse health perspectives and expectations), but, in the case of health communication, also have to interpret expert-led messages for assimilation by a specific lay target group.

Dimitriu (2010:12, 22) maintains that an awareness of translation as social practice, and a flexible use of translation approaches is needed in a country such as South Africa where communication takes place across languages and cultures. Sociocultural diversity and a lack of shared sociocultural patterns, cultural fragmentation, ethnocentricity, and ignorance of, or plain insensitivity to, cultural differences cause communication problems. Within the sociocultural communication tradition, communication is theorised as being "*a symbolic process that produces and reproduces shared sociocultural patterns*", resulting in communicative practices that recognise cultural diversity, and promote tolerance and understanding among different cultural groups (Craig, 1999:144-146).

Craig (1999:125) assimilates the sociocultural tradition of communication into a constitutive model of communication, a coherent metamodel, which he then contrasts with "its dialectical opposite", the transmission or informational model of communication. While the informational model could serve the interests of technical experts (in the context of this study, health experts) when it is used to strengthen the beliefs among cultural groups that experts are reliable sources of information, the constitutive model conceptualises communication as a "constitutive process that produces and reproduces shared meaning" (Craig, 1999:125, 133).

Oliha (2012:591, 596-597), bemoaning the pre-eminence of Western communication models and the minimisation, even denial, of specific international and cultural voices, advocates the inclusion of the views of scholars whose epistemic, metatheoretical and theoretical world views have not been influenced by dominant Westernised paradigms. The author, quoting Miller (2005), pleads for nuanced understandings of communication competence, including intercultural communication competence. In this respect, Oliha's plea links up with a proposal by Dutta (2007:304) that culture be considered in the manner in which health communication is theorised and practised. Dutta (2007:304, 325-326), describing the theoretical and practical differences between the culture-centred approach and the cultural sensitivity approach to health communication, acknowledges that health communication might embody strands of both approaches. While the cultural sensitivity approach seeks to tailor or fine-tune health messages to specific cultural needs in order to make these messages more effective, the culture-centred approach suggests the necessity of culturally appropriate health information resources that are typically unavailable to marginalised communities.

Both approaches, however, respond to the sociocultural contexts of the recipients of health communication. The cultural sensitivity approach focuses on the creation of effective health messages that take the attitudes, values, experiences and beliefs of the target group into account with the aim of fostering behaviour change. Communication solutions offered are those considered relevant by the health communicator. The move, in the USA, since the early 1990s, toward tailoring messages to cultural characteristics is probably an adaptation of the traditional

top-down paradigm and still serves the interests of the health-care organisation or external health expert (Dutta, 2007:305-308, 325).

In contrast, the culture-centred approach to health communication means engaging minorities or marginalised communities (the subaltern) in dialogue, thereby creating communicative processes and allowing them to formulate their health problems and co-construct solutions. This is writing theory from below: proposing alternative theories of health and presenting the local knowledge of marginalised communities. In the culture-centred approach, the expertise is located within the culture, indicating a move away from the traditional top-down approach, showing respect for the values of local culture, and an open communicative stance. The result is culture- and community-appropriate health information texts that help to build the health capacity of the community (Dutta, 2007:311, 315, 321-322, 325).

The trained language practitioner, who speaks the language of the target culture, grew up in that culture and is familiar with the local cultural context, and who has knowledge of the source language and culture, holds the expert position of an insider who can influence the way in which health is typically communicated about.

1.3 The research problem

Language practitioners use different approaches when translating public health messages into their home languages. A casual but often heard remark "I translate meaning" indicates a deviation from more traditional translation approaches that focus more on the source text than on the context of the reader (Cluver, 1992:8; Ilynska *et al.*, 2016:87). Information about the scope of translation approaches used by South African language practitioners when translating public health communication into their respective languages might indicate whether or not South African language practitioners contribute to culture-appropriate health messages that help to build the health capacity of communities (Dutta, 2007:325).

Furthermore, information about these approaches could indicate whether or not South African language practitioners act as mere intermediaries or as social and cultural mediators to some extent. The intermediary who favours the health communicator and produces faithful text-equivalent translations might not effect a health message that is accessible to the target group. The social and cultural mediator who indulges in text manipulation and places too much emphasis on his or her political or ideological role "as saviour of society" might produce a health message that incorporates the culture of the target group at the expense of achieving practical health aims (Moyer, 2011:1220; Sapire, 1994:36).

On the one hand, language practitioners have to meet the demand of relaying health content clearly and accurately; on the other hand, they have to answer the need for translated health

texts that are culturally accessible and acceptable. As such language practitioners find themselves in the position of being 'inbetweeners', who have to concede to the demands of communication partners who often maintain discordant health beliefs (Pym, 2012, as cited by Mossop, 2014:140-141). In South Africa, such a position is complicated by development needs in the health and language fields. Whether or not South African language practitioners select translation approaches that position them in the world of the source text author or in the world of the reader is, however, unknown. An answer to this research problem was sought by affording language practitioners the opportunity to indicate their approaches to the translation of health communication.

Against the need for health development in a multilingual, multicultural South Africa, the general research question is: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?*

1.4 Specific research questions

To answer the general research question, answers to the following specific research questions were sought:

1. What communication concepts and strategies are associated with different translation approaches?
2. Which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa?
3. Which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?
4. To what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?
5. How do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent?

1.5 Specific study objectives

The concurrent study objectives are:

1. To determine the communication concepts and strategies associated with different translation approaches, by means of a literature study.

2. To determine translation approaches that lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa, also by means of a literature study.
3. To determine the approaches selected by South African language practitioners translating public health messages for the use of South African communities, by means of a self-administered questionnaire.
4. To determine to what extent health messages are adapted or manipulated by South African language practitioners to improve their accessibility to the target group, also by means of the self-administered questionnaire.
5. To determine, by means of personal interviews, how South African language practitioners translating health communication for target groups view themselves, i.e. as mere intermediaries or as social and cultural mediators to some extent.

1.6 Theoretical points of departure

The following theoretical points of departure introduced a line of reasoning that was further explored in the study.

- The title of this study "South African language practitioners' approaches to the translation of public health communication: mere intermediaries or social and cultural mediators?" indicates the multidisciplinary nature of the study. In addition to communication as study field (more specifically, health communication within the field of C4D and sociocultural communication), the fields of translation and, by implication, languages are involved. Although interdisciplinarity and cross-disciplinarity are useful and, as Craig (1999:123) indicates, should be encouraged to check knowledge fragmentation among disciplines, the focus of this research was the translation approaches of South African language practitioners in the context of a multicultural, multilingual, developing South Africa, placing this research firmly within the sociocultural communication tradition.
- Within the constitutive model of communication as metamodel, the sociocultural tradition of communication theory theorises communication as a process that produces and reproduces shared meaning, thereby constituting social order (Craig, 1999:124,128). However, because of sociocultural diversity and insensitivity to differences, communication problems such as communication gaps (lack of shared social patterns) and misunderstanding are typical within the sociocultural tradition.

- Theoretical approaches to communication have implications for translation as communication practice. In a country such as South Africa, with its 11 official languages representing different cultural groups (SouthAfrica.info, 2016), the practice of translation (a social practice) occurs within a multicultural, multilingual socio-religious-political context. Translation approaches should therefore correspond with communication approaches within CDSC.
- The approaches taken by South African language practitioners when translating public health messages from English into a South African indigenous language could assist in the production of shared meaning or have unintended consequences such as misperceptions, alienation of the target group or cultural irrelevance (Craig, 1999:133). The basic dichotomy (Bassnett, 2011:162; Hatim & Mason, 1999:1; Ilynska *et al.*, 2016:87) marking translation approaches (literal to free, faithful to unfaithful, equivalent to manipulative, sender- to target-oriented) implies a translation choice reflecting either an intermediary disposition or a social and cultural mediator mindset to some extent. These translation choices then earn the language practitioner a position in either the *model of communication as information transfer* or the *model of communication as access, dialogue and participation*, in many respects, the polar opposite of the informational model.

1.7 Broad outline of research approach and methodology

Mixed-methods research was conducted to obtain "self-reports" from respondents and interviewees about their approaches to the translation of health communication (Kreps, 2008:3; Teddlie & Yu, 2007:96). Mixed-methods research is applicable when the research question involves understanding real-life contexts from multiple perspectives, including a cultural perspective. Multiple methods for exploring meaning and reaching an understanding are intentionally combined to strengthen research (Creswell *et al.*, 2011:4). Literature studies conducted in this research constitute the theoretical framework for the empirical research comprising quantitative and qualitative research methods.

1.7.1 Literature study

Scholarly literature about translation as communication practice, translation as sociocultural communication, translation as CDSC, and translation as health communication (within CDSC), the role of language practitioners in health communication in low-context and high-context cultures, either as intermediaries or as social and cultural mediators to some extent, and the competencies needed to realise a mediator role, was reviewed and reported (refer to Chapter 2). The aim was to achieve Study Objective 1, namely to determine the communication concepts and strategies associated with different translation approaches.

The theoretical points of departure highlighted in Chapter 2 provided the theoretical context for a discussion of translation approaches that lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating health messages into official South African languages. To achieve Study Objective 2, the continuum of translation approaches available to South African language practitioners was reviewed. This review also served to orientate the empirical study (refer to Figures 3-2 and 3-4).

Creswell (2003:32, 39) notes that a substantial literature review is likely to be included in a sequential mixed-methods study design that begins with a quantitative phase in order to help establish a rationale for the research questions. In this study, the substantial literature orientation at the outset was, however, also necessitated by the multidisciplinary nature of the study and the need not only to define common ground but also to advance an integrated context as basis for approaching the research questions and conducting the empirical study. The literature map (refer to Figure 1-1) portrays the literature studied and illustrates how this study may add to, or extend, the existing body of knowledge on the topic.

The first part of the title of the research study appears in the box at the top of the map. Based on literature found using key term combinations such as *sociocultural communication + translation + development*, *intercultural communication + translator + mediator and translation + health + mediation*, the map is divided into three subtopics. Subtopics 1 and 2 formed the basis of literature reviewed and written up in Chapter 2, while subtopic 3 formed the basis of Chapter 3. Major citations used in the study and included in the reference list are indicated in the boxes containing sub-subtopics. The depth of development of each branch indicates the depth of exploration of the literature by the researcher (Creswell, 2003:39-41). Research lines drawn between subtopics and sub-subtopics lead to the "need to study" box at the bottom of the map. The "need to study" box, reflecting Research Questions 3, 4 and 5 (refer to par. 1.4), introduces the empirical study.

The significance of this study stems from the fact that it contributes to the body of knowledge about the study topic. No similar studies could be found about South African language practitioners' selection of translation approaches as it relates to health communication and as *voiced by language practitioners themselves*. No research could also be found about South African language practitioners' acceptance of either an intermediary or a social and cultural mediator role to some degree within the health field. Participation by and the voices of language practitioners distinguish this research from research based on textual analyses of translation approaches.

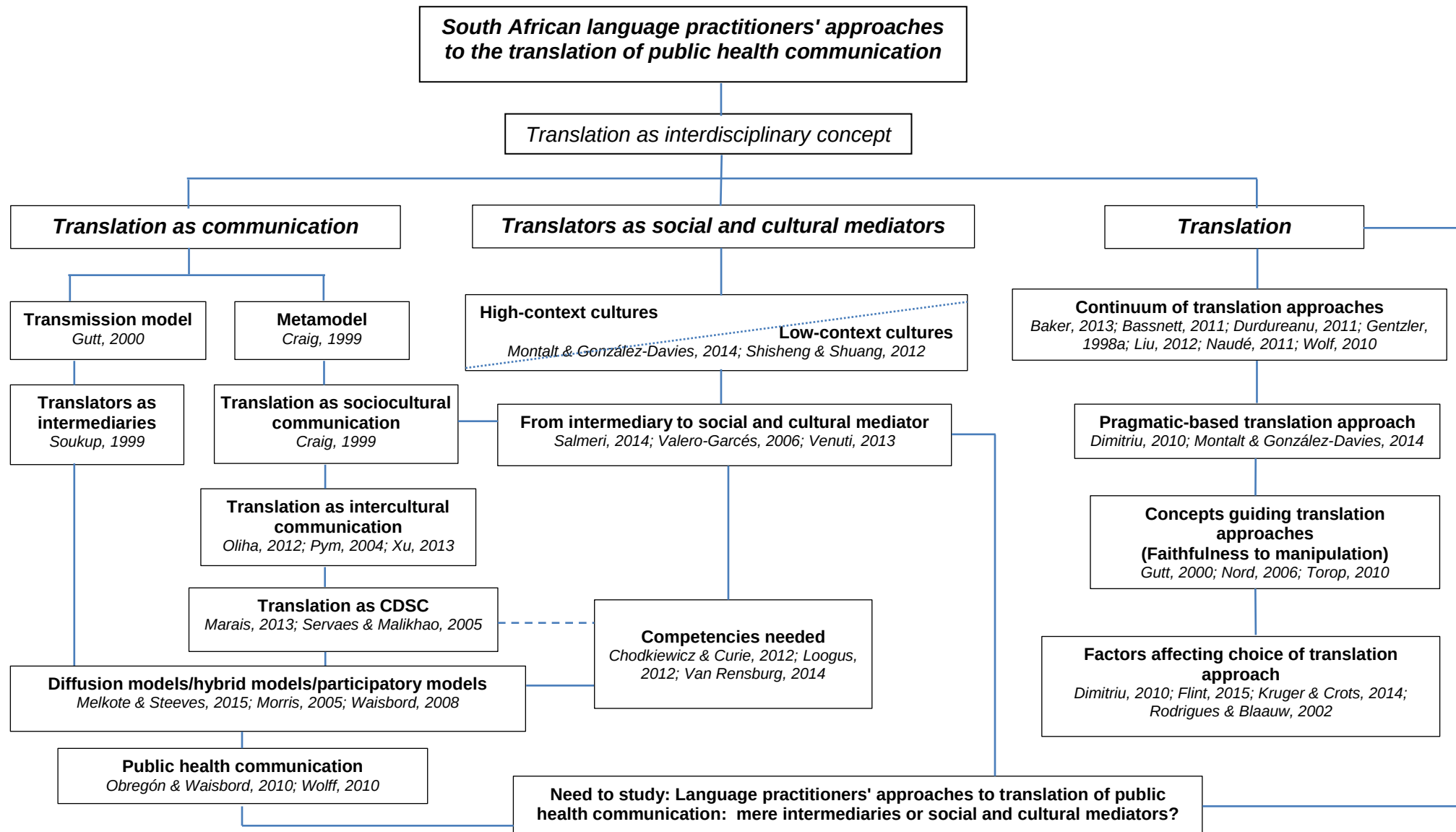


Figure 1-1: A literature map of existing literature on the topic

1.7.2 Broad outline of empirical study

A two-phase sequential research design was applied by collecting data first by means of a self-administered questionnaire and then through personal interviews (Creswell *et al.*, 2011:5, 8). The purpose of this design was to involve as many language practitioners as possible through self-report, and then to narrow down the research and focus on the views of language practitioners about a possible mediator role in the translation of health communication.

In Phase 1 of the data collection, language practitioners registered with the South African Translators' Institute (SATI) and/or in the employ of the National Language Service (NLS) were invited to complete a self-administered questionnaire.

The aim was to determine the scope of approaches used by South African language practitioners when translating public health communication, and thereby to answer Research Question 3. By applying a research instrument the researcher also wished to determine the extent of language practitioners' intervention in texts to ensure health communication that is socially and culturally relevant to a target group (see Creswell *et al.*, 2011:6, 8). Survey data was analysed quantitatively and supported by a literature review to describe the scope of translation approaches used by language practitioners, and the extent of their adaptation of health messages. Responses to open-ended questions analysed thematically added to data about the scope of translation approaches used by South African language practitioners.

In Phase 2 of data collection, the researcher conducted personal interviews with nine survey respondents believed to be information-rich cases to obtain their views about being an intermediary or a social and cultural mediator while translating health communication (refer to Research Question 5). Data obtained qualitatively yielded complementary and/or comparable results.

1.8 Definition of key terms

Key concepts as used in the context of this study are defined to explain their applicability to this study.

South African language practitioner

The South African Language Practitioners' Council Act, 2013 (Act No. 8 of 2014) ("the SALPC Act"), defines "language practitioner" as "a paid occupation which involves the work that is done by language practitioners including, but not limited to, translators, interpreters, language

planners, terminologists, lexicographers, text editors and any other person conducting language-related work, registered¹ as such under this Act" (South Africa, 2014:6).

Approaches to translation

In this study, the emphasis is on approaches applicable to the translation of public health communication. Sapire (1994:34) defines translation approach as the way language practitioners choose to translate, which is affected by concepts behind the theory and practice of translation (guiding principles such as faithfulness, manipulation and relevance - refer to par. 3.5). Hatim and Mason (1999:182, 186-187) describe translation approaches as varying from opting for a relatively detached account to opting for steering the text recipient in a specific direction. Language practitioners adopt various approaches to various demands. Approaches thus vary from simply searching for the right terminology and grammatical arrangements to finding what is appropriate in different languages and cultures for specific purposes. In the context of this research, "approaches to translation" means the scope of approaches used by South African language practitioners when translating health messages to effect the understanding of and/or participation by the reader. These approaches could range from approaches of equivalence to approaches of adaptation and agency. They also include process-based approaches such as intralanguage translation (i.e. plain language approaches) and inverse translation (refer to paras. 3.6.4 and 3.6.6).

Translation and translator

The *Longman Dictionary of Language Teaching & Applied Linguistics* (Richards & Schmidt, 2002:563) defines "translation" as "the process of rendering written language that was produced in one language (the SOURCE LANGUAGE) into another (the TARGET LANGUAGE), or the target language version that results from this process." Bassnett (2011:44-46), citing Maria Tymoczko and Edwin Gentzler (2002), however, maintains that translation involves far more than merely the rendering of words. It involves the transformation of a text or "a deliberate and conscious act of selection, assemblage, structuration and fabrication".

In the context of this study, translation is defined as "bilingually mediated communication" and the translator as a "bilingual mediating agent" (El-dali, 2011:30; Neubert, 1994:12, 17-18). The translator deals with the verbal record of a communication act between the source language communicator and reader, relaying the perceived meaning to the target reader(s) in a separate act of communication (Hatim & Mason, 1999:vii). Translation is then "*an act of communication which attempts to relay, across cultural and linguistic barriers, another act of communication*

¹ The SALPC has yet to be established, and SATI is still the only body offering language practitioners accreditation in South Africa.

(which may have been intended for different purposes and different readers or hearers)" (Hatim & Mason, 1999:1-2). The translator is then both a receiver (who attends to a text intensively) and a special category of communicator (who produces communication that is conditioned by another) (El-dali, 2011:30; Hatim & Mason, 1999:1-2).

(Public) health communication

Health communication is defined as "the study of the impact of communication on health and health care delivery, with attention to the role that communication plays in the definition of health and wellness, illness and disease, as well as in developing strategies for addressing ways to deal with those health issues" (Lederman, 2010, as cited in Servaes & Malikhao, 2010:42-43). In this study, the emphasis was on health communication aimed at the public.

Intermediary

In a business or labour context, an intermediary is a go-between or the person-in-the-middle who acts as link between parties to a business deal, investment decision, negotiation, etc. or a person who works with opposing sides in an argument to bring about an agreement (Business Dictionary, 2017; Merriam-Webster Dictionary, 2017). In the context of this research, an intermediary is a language practitioner who relays the health message of the source text to the target reader by following the source text as closely as possible. In this respect, the language practitioner as intermediary participates in translation as defined in the *Longman Dictionary of Language Teaching & Applied Linguistics* (Richards & Schmidt, 2002:563) above. For a complete description of the term intermediary, refer to Theoretical Statement 1 (par. 3.2.3).

Social and cultural mediator

Combrink (2002:7, 22), citing Taft (1981), describes a cultural mediator as a person who can facilitate communication and understanding between two cultures, as he or she is familiar with both societies and cultures. In the context of this study, a language practitioner acts as social and cultural mediator when he or she focuses more on the readers of the target text by taking their context and culture into account when translating health communication (refer to par. 2.8.3). While the emphasis is on ensuring a health text that is appropriate and accessible to the reader, the language practitioner may deviate from the source text and source text intention to such an extent that the target text becomes a text that is very different from the source text (Hatim & Mason, 1999:152-153, 161; Valero-Garcés, 2006). For a complete description of the term social and cultural mediator, refer to paras. 2.8.2 and 2.8.3.

For the purposes of this study, it is important to distinguish between language practitioners translating public health communication and language practitioners specialising in medical translation. Medical translators are a specialist group of language practitioners trained specifically in medical translation, including the translation of new research findings in the scientific community, marketing material for medicinal products and medical devices, registration documents for the registration of new medicines and medical devices, instruction manuals, and documents for clinical trials (Karwacka, 2014:19). These translators need to comply with the terminological and textual conventions of the genre (Górnicz, 2013:129-133, 136; Karwacka, 2014:19). Their field of specialisation is the medical field, and their target groups are often experts in medicine and related fields (Karwacka, 2014:19). All language practitioners, including medical translators, translating health communication aimed at the public, have to acquire the skills needed to translate health messages for a mainly lay public (refer to paras. 2.7.4 and 2.8.5).

1.9 Chapter layout

Chapter 1: Introduction and problem statement

This chapter places this study within the field of CDSC and the sociocultural tradition of communication. It also introduces the reader to the question of whether or not language practitioners act as social and cultural mediators when translating health communication.

Chapter 2: Literature study: communication concepts and strategies associated with translation approaches

Based on the theoretical points of departure identified in Chapter 1, a literature study was conducted to determine the communication concepts and strategies associated with different translation approaches and a potential mediation role for language practitioners translating health communication.

Chapter 3: Literature review: translation approaches available to language practitioners translating health communication

Literature about translation approaches (ranging from equivalence-based approaches to functionalist approaches and approaches of adaptation and agency) were researched, and those indicating a mediation role for the language practitioner identified. Factors affecting language practitioners' selection of translation approaches were formulated as theoretical statements.

Chapter 4: Mixed-methods research design and methodology

In Chapter 4, the application of a two-phase sequential mixed-methods research design to collect quantitative and qualitative data about South African language practitioners' selection of translation approaches and their views on an intermediary or mediator role for language practitioners in the health domain is discussed.

Chapter 5: Presentation and interpretation of Phase 1 data

In Chapter 5, the results of the quantitative and thematic data analyses conducted in Phase 1 of the empirical research are presented and interpreted, and checked against the literature reviews.

Chapter 6: Presentation and interpretation of Phase 2 data

In Chapter 6, the results of the qualitative data analysis conducted in Phase 2 of the research are presented and interpreted, and checked against the literature reviews.

Chapter 7: Conclusions and recommendations

Chapter 7 contains the conclusions and meta-inferences drawn on the scope of approaches used by South African language practitioners when translating health communication, the extent of adaptation of health communication, and language practitioners' views on being an intermediary or a social and cultural mediator when translating health communication.

1.10 Conclusion

Chapter 1 introduces the aim and background of the study, theorising translation as communication, and specifically as C4D and CDSC. The multidisciplinary nature of the study and the reason for theorising translation within the sociocultural tradition of communication are included in the theoretical points of departure of this study. The central research question as well as the specific research questions and study objectives are presented, and the research approach and methodology designed to respond to these questions and objectives are outlined. The extensive literature reviews are motivated and mapped to indicate the relation between reviews conducted and the need for empirical data about the research topic. A two-phase mixed-methods research design involving quantitative and qualitative data is introduced. Key concepts as used in the context of this study are defined and a chapter layout indicates the course of the research. In Chapter 2, the literature review of communication concepts and strategies associated with translation approaches is documented in order to indicate the demands of health communication and the need for translation as mediation in a South African context.

CHAPTER 2 LITERATURE STUDY: COMMUNICATION CONCEPTS AND STRATEGIES ASSOCIATED WITH TRANSLATION APPROACHES

"...when socio-economic conditions and cultural norms deter people from seeking care in public clinics, the role of communication should be different" (Waisbord, 2007:2131).

2.1 Introduction

Chapter 1 places this study within the scope of CDSC in South Africa, and specifically within Servaes's 'culturalistic' C4D model of 'multiplicity' or 'one world, multiple cultures', which is the opposite or converse of the informational model of communication (Craig, 1999:125; Servaes & Malikhao, 2002:1, 11). It questions whether the participation of language practitioners in public health communication can be seen as an indicator of sustainable development that is truly participatory and culturally relevant (Servaes *et al.*, 2012:110-111). To ensure health communication that is meaningful, the plea is introduced that culture be considered in translation.

In Chapter 2, Research Question 1 is addressed, namely: what communication concepts and strategies are associated with different translation approaches? These translation approaches as linked to an intermediary or a social and cultural mediator role for language practitioners in health communication (refer to par 1.6) are discussed in greater detail in Chapter 3.

Theoretical arguments identified in Chapter 1 served as parameters to delimit this literature study and indicate its focus. A stacked Venn diagram (refer to Figure 2-1 on page 17) is used to indicate the relationship between 'translation as communication practice' and an intermediary or a mediator role for language practitioners in the health domain. As indicated in the Venn diagram, translation is first defined in its broadest sense as communication. It is then positioned within the sociocultural communication tradition, and as intercultural communication. This research distinguishes between a mere intermediary and a social and cultural mediator role for language practitioners in health communication by indicating the role of translation in CDSC and C4D.

2.2 Translation as an interdisciplinary concept

Translation studies freed itself from linguistics in the 1970s when it emerged not only as a linguistic but also as an (inter)cultural and communicative phenomenon (El-dali, 2011:33, 36-39; Guldin, 2012:42; Heller, 2011:16, citing Toury, 1980 & 1995, & Vermeer, 1978 & 1996; Naudé, 2011:227). As early as in 1999, well-known translation scholar Mona Baker (1999:8) admitted that translation needed further discussion as a tool of cross-cultural language mediation. More than a decade later, Guldin (2012:39, 41) exploring common ground between communication

and translation theory, maintained that every translation can be regarded as a "form of communication" between two languages and two cultures. Guldin (2012:41), lecturing in culture, language and communication, explained that the relationship between communication and translation is inclusive, as "translation is contained within communication".

Although the interdisciplinary nature of translation is treated as a given in this research, the focus is on the approaches of South African language practitioners to health communication in a multicultural, multilingual, developing South Africa, which may result in their fulfilling a mere intermediary or a social and cultural mediator role. Translation approaches reflecting a social and cultural mediation role are therefore considered within the sociocultural communication tradition. Pym (2006:2, 4), acknowledging that there is no shortage of social and cultural approaches to translations as *texts*, states that in some fields (such as law and health) researchers are now also looking at the translator (or interpreter) as mediator, as well as at the target group, network and social effects. This research is demarcated in such a way that the long-term effects of translation approaches chosen by South African language practitioners (such as the eventual inclusion or the exclusion of social or cultural groups in health development) may only be presumed. The focus is on translators rather than texts, on the approaches they view as applicable when translating health communication, and on their views of an intermediary or a social and cultural mediator role in health communication. The demarcation of this study, as illustrated in Figure 2-1, is described as Theoretical Point of Departure 1.

Theoretical Point of Departure 1:

The title of this study "South African language practitioners' approaches to the translation of public health communication: mere intermediaries or social and cultural mediators?" indicates the multidisciplinary nature of the study. In addition to communication as study field (more specifically, health communication within the field of C4D and sociocultural communication), translation and, by implication, languages are involved. Although interdisciplinarity and cross-disciplinarity are useful and, as Craig (1999:123) indicates, should be encouraged "to mitigate the fragmentation of knowledge among disciplines", the focus of this research is the intermediary or mediator role of South African language practitioners in health communication in a multicultural, multilingual, developing South Africa, placing this research firmly within the sociocultural communication tradition.

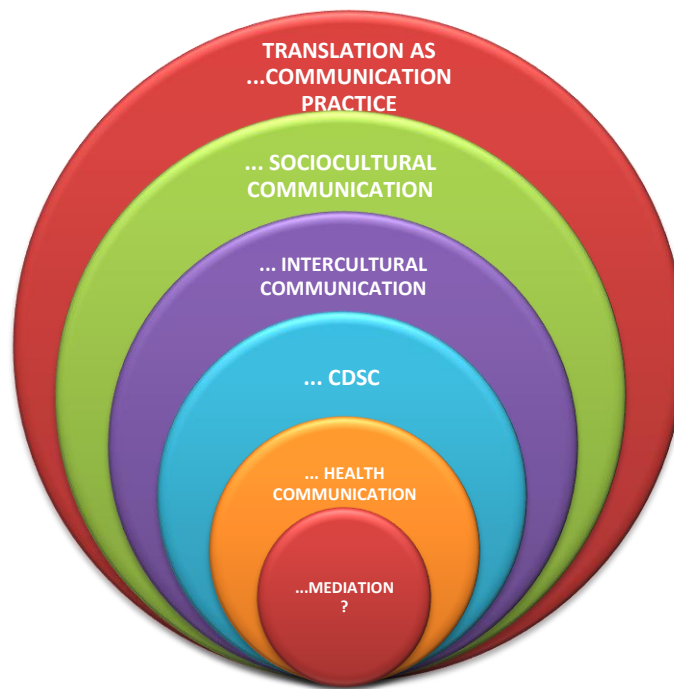


Figure 2-1: Literature search focussing on translation as health communication and a mediator role for language practitioners

2.3 Translation as communication practice

Acting on the supposition that translation is essentially communication, Hatim and Mason (1999:vii) postulate that the translator as language practitioner typically works with the "verbal record of an act of communication" between the source and target of the communication. The translator, in a separate act of communication, relays this verbal record or "perceived meaning values" to another target reader and, in the case of interlingual translation, across language and cultural barriers. These authors regard a translator as a "special type of communicator", one who is both recipient and producer of communication, whose own act of communication is determined by a previous act, and whose reception of the first act of communication is intensive because the translator closely interacts with the source text (Hatim & Mason, 1999:1-2). By communicating across linguistic and cultural barriers, translators are constantly engaged in a dialogue between the source text producer and the target text reader, brokering a deal between the two parties (Cronin, 2003:67; Hatim & Mason, 1999:14; Mohatlane, 2014a:39-40).

This study is ultimately aimed at determining the extent of South African language practitioners' mediation in health communication; that is, whether or not their mediation entails "impartial" intermediation, promoting the outcomes specified by the originator of the communication, or social and cultural mediation, taking into account current social issues, and producing and reproducing shared meaning (Craig, 1999:125-127). The intermediary position of impartial

broker relaying communication from the sender to the recipient of the communication, in the language of the recipient, could be graphically illustrated using a simple transmission model of communication (refer to Figure 2-2 on page 19). When applied to the public health domain, the sender might be a health expert, a local, provincial or national government department, a non-governmental organisation (NGO), an international (health) organisation or a nation-state, relaying a health message to another expert, a lay person, patient, community or the general public.

2.3.1 The first-order model or transmission model of communication

In the first-order model or transmission model of communication, adapted in Figure 2-2, the language practitioner is depicted as intermediary, translating the source text into a target text, relaying the message from the source writer to the target text recipient. Although this linear process of communication could be reversed to include feedback from the recipient to the sender, with the recipient becoming the sender and the language practitioner again fulfilling an intermediary role, the recipient receives little attention in terms of this model (Soukup, 1999:220, 222). When the message (source text) is decoded by the language practitioner (the medium) producing the target text, communication (the translation) can be regarded as an intermediate process and the translator as intermediary or go-between. If the message is not adjusted to local context and culture or the health views of the receiver, the process may inject "noise" into the translation. However, if the translator is regarded as the creator of a new message, a "double process of communication" occurs: from the originator/creator to the translator, and from the translator to the text recipient (Soukup, 1999:221). The point of origin (the source text), though, remains the authoritative document, and the translator the message conveyor, and the aim still is the production of an equivalent or a functionally equivalent text – a translation that is faithful to the original (El-dali, 2011; 31; Houbert, 1998; Soukup, 1999:221).

The original 1949 mathematics-based Shannon-Weaver model of communication makes no provision for intermediaries such as translators or interpreters (admittedly, its goal was to display an engineering communication theory). Later adaptations for semantic communication indicate the necessity of removing noise (interference in messages caused by language and interpretation) and incorporating values such as background or local knowledge and the sender's and receiver's observations or interpretations of the outside world (Bao *et al.*, 2011:113). Figure 2-3 on page 19 portrays the still-linear Semantic Information Source and Destination Model by Bao *et al.* (2011:113). Although this model explains semantic mismatches owing to lack of equivalents and the different background knowledge of senders and receivers, its mathematical basis does not provide a conceptual space for the inclusion of language practitioners as mediators who interpret source texts and generate target texts incorporating local knowledge and their own world views when translating.

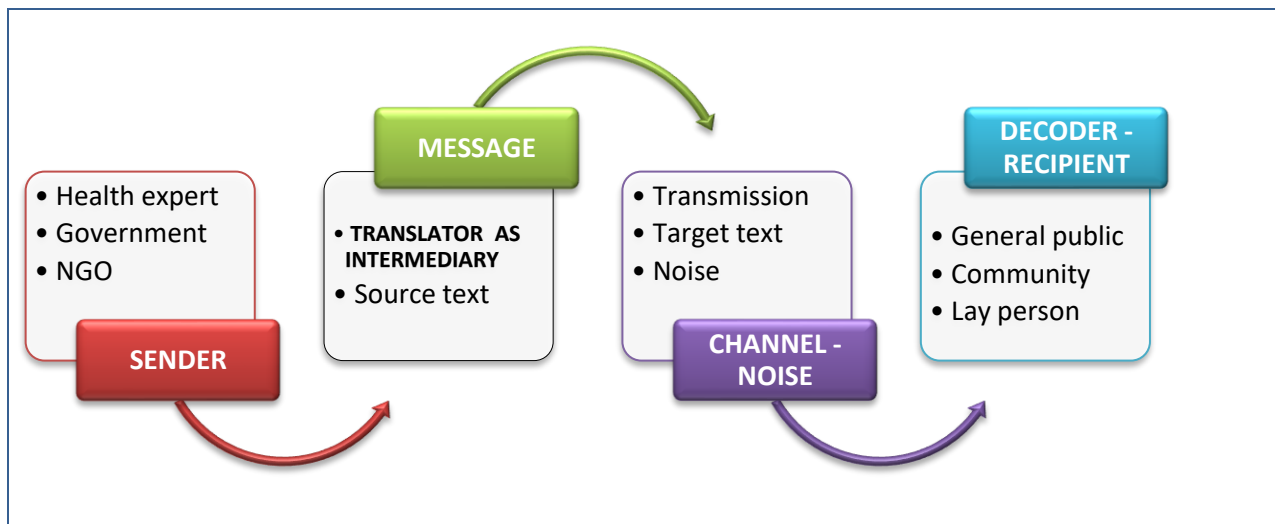


Figure 2-2: Position of language practitioner as intermediary in a transmission model of communication

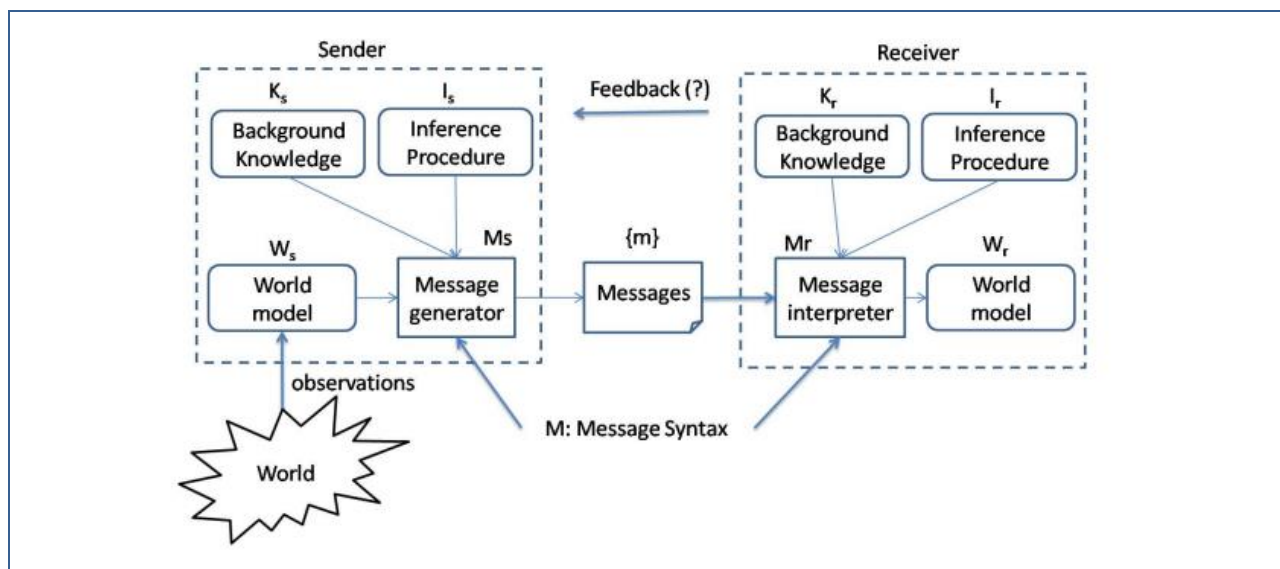


Figure 2-3: Bao et al.'s (2011:113) Semantic Information Source and Destination Model incorporating values such as background knowledge and world models

That communication is mediated through at least three constructs (messages, languages and media) is reflected in Foulger's 2004 Ecological Model of the Communication Process (Dwyer, 2013:13-14; Foulger, 2004). However, Foulger's model (adapted in 2006 to include 'cultures' as a fourth construct) also does not specifically allot space to language practitioners as mediators when senders and receivers (in this model called the creators and consumers of communication) have to deal with divergent languages, social contexts and cultures, making communication difficult, if not unfeasible (refer to Figure 2-4).

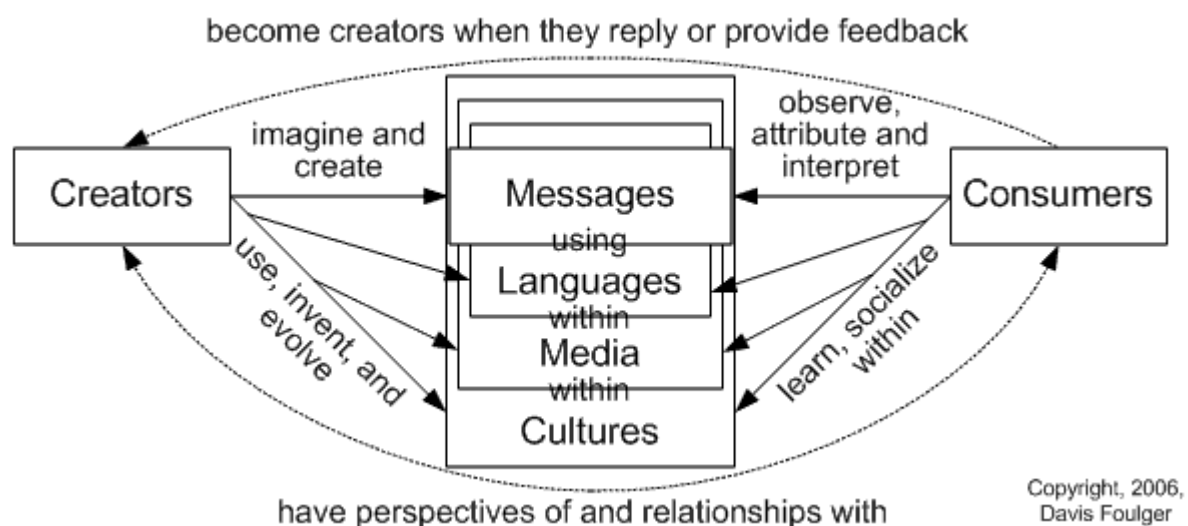


Figure 2-4: Foulger's 2004 Ecological Model of the Communication Process (Dwyer, 2013:13), as adapted in 2006

As distinct from the above models, Bassnett (2002:43-44) illustrates the communicative relationship between the sender, translator and receiver as two separate but linked chains of communication, and the translation product as the result of a complex system of decoding and encoding on syntactic, semantic and pragmatic levels.



Figure 2-5: Illustration of communicative relationship between sender, translator and receiver (Bassnett, 2002:43-44)

Gutt (2000:22-23), however, notes the inadequacy of communication-theoretic approaches to translation linked to some variety of the code-model of communication (encoding, transmission, decoding) and maintains that translation is best handled as a matter of communication. The transmission model of communication, picturing the flow of messages from the source of the communication to the target or recipient, is also criticised by Craig (1999:127, 147) as inherently faulty, distorted and incomplete, because it does not portray communication as discursive reflection. At the same time, Craig (1999:126-127) states that the transmission model should not be rejected. Sound practical reasons for keeping the transmission model include: to distinguish between the source and target of communication, to map the flow of information

from the source to the recipient, to think of messages as "containers of meaning", and to think of communication as an act performed with the intent to achieve specific outcomes.

Servaes and Malikhao (2002:15-16) agree that the different sender- and media-centric models that follow the linear "source-transmitter-channel-receiver-destination" communication model also have limited effects because of their narrow emphasis on the transfer of information. The transmission model of communication, which Craig (1999:125-126) says could serve the interests of technical experts such as scientists and engineers when it emphasises the value of experts as reliable sources of communication, is therefore deficient – it does not answer questions such as: who are the participants, and in what ways do they communicate? These communication models and theories fail to explain information sharing (the exchange of meaning), cultural influences, incorporation of local or indigenous knowledge, factors of social change, and the participation of different stakeholders, including language practitioners, in communication.

As a practical response to social issues relating to cultural diversity and the demand for participation in communication, Craig (1999:125-126) formulated a second-order model or metamodel of communication – a constitutive communication model reflecting communication as a "constitutive process that produces and reproduces shared meaning". Within this model, a social and cultural mediator role for language practitioners in health communication could be researched.

2.3.2 Craig's second-order model or metamodel of communication

Craig's Constitutive Metamodel of Communication, a typology of models representing seven communication traditions, presents a conceptual space in which these seven communication traditions interact. These seven traditions equal seven ways of depicting the communication process symbolically, each for different purposes. Craig's second-order model or metamodel of communication is displayed as Table 2-1 on page 17 (Craig 1999:126-127,133).

2.4 Translation as sociocultural communication

If a social and cultural mediator role for language practitioners in health communication could be researched using Craig's metamodel of communication as framework (Craig, 2009:7), the question is where language practitioners responsible for the translation of public health communication in South Africa would fit into this metamodel. If language practitioners as a special type of communicator (Hatim & Mason, 1999:2) were merely fulfilling an intermediary or transmission service between the source and target of health communication, their inclusion within a transmission model of communication (as a variant of the cybernetic tradition of communication) would be sufficient (refer to Model 4 in Table 2-1). However, if language

practitioners are more than just go-betweens or impartial intermediaries, if they are indeed acting as social and cultural mediators to some extent, producing and reproducing shared meaning (Craig, 1999:126), this positions them within the first-order sociocultural model of communication (refer to Model 6 in Table 2-1). Their inclusion in the metamodel is then feasible (also refer to Theoretical Point of Departure 2 – par. 2.4.1).

2.4.1 The first-order sociocultural model of communication

Warning against the possibility of confusing the first-order sociocultural model of communication with the metamodel itself, Craig (1999:127-128) defines sociocultural communication as the production and reproduction of sociocultural patterns and thus social order. Sociocultural communication is reflexive – social order makes interaction possible, but our everyday interactions then largely reproduce existing, shared sociocultural patterns; therefore, producing and reproducing shared meaning. Social interaction is, however, also a creative process that requires improvisation to find the right balance between production and reproduction: a creative process that is influenced by social structure, agency and culture (Craig, 1999:144-145). Language practitioners translating public health communication for different cultural communities in South Africa are involved in message production and reproduction, and might exercise a measure of creativity or improvisation or apply their own agendas while acting within or outside specific social structures. In this study, translation studies, sociolinguistics and cultural studies are brought together within the overarching sociocultural tradition of communication for a combined view on the translation approaches of South African language practitioners translating health messages for various linguistic, social and cultural communities in the country.

The metadiscourse intrinsic to the sociocultural communication tradition (refer to Model 6 in Table 2-1) includes terms such as sociocultural diversity, sociocultural change, globalisation and localisation, and shared rituals, rules and expectations or lack thereof, to conceptualise communication practices and problems (Craig, 1999:145, 152). While communication problems realise as misinterpretations, misunderstandings, conflict and misalignment, even as alienation and communication breakdowns (refer to Table 2-1, Model 6, Row 2), they present opportunities for the creation of new meanings and new ways of communicating (Craig, 1999:145). Studying the scope of translation approaches used by South African language practitioners translating health communication for diverse communities might indicate new ways of creating shared meaning (Naudé, 2011:226). The theory of (re)producing shared meaning to overcome communication gaps and misunderstandings typical within the sociocultural communication tradition is included in this research as Theoretical Point of Departure 2 (refer to page 25).

Table 2-1: Seven traditions of communication theory (Craig, 1999:133)

		Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
		Rhetorical	Semiotic	Phenomenological	Cybernetic	Sociopsychological	Sociocultural	Critical
1	Communication theorised as:	The practical art of discourse	Intersubjective mediation by signs	Experience of otherness; dialogue	Information processing	Expression, interaction & influence	(Re)production of social order	Discursive reflection
2	Problems of communication theorised as:	Social exigency requiring collective deliberation and judgment	Misunderstanding or gap between subjective viewpoints	Absence of, or failure to sustain, authentic human relationship	Noise; overload; underload; a malfunction or "bug" in a system	Situation requiring manipulation of causes of behaviour to achieve specified outcomes	Conflict; alienation; misalignment; failure of coordination	Hegemonic ideology; systematically distorted speech situation
3	Metadiscursive vocabulary such as:	Art, method, communicator, audience, strategy, commonplace, logic, emotion	Sign, symbol, icon, index, meaning, referent, code, language, medium, (mis)understanding	Experience, self & other, dialogue, genuineness, supportiveness, openness	Source, receiver, signal, information, noise, feedback, redundancy, network, function	Behaviour, variable, effect, personality, emotion, perception, cognition, attitude, interaction	Society, structure, practice, ritual, rule, socialization, culture, identity, co-construction	Ideology, dialectic, oppression, consciousness-raising, resistance, emancipation
4	Plausible when appeals to metadiscursive commonplaces such as:	Power of words; value of informed judgment; improvability of practice	Understanding requires common language; omnipresent danger of miscommunication	All need human contact, should treat others as persons, respect differences, seek common ground	Identity of mind and brain; value of information and logic; complex systems can be unpredictable	Communication reflects personality; beliefs & feelings bias judgments; people in groups affect one another	The individual is a product of society; every society has a distinct culture; social actions have unintended effects	Self-perpetuation of power & wealth; values of freedom, equality & reason; discussion produces awareness, insight
5	Interesting when challenges metadiscursive commonplaces such as:	Mere words are not actions; appearance is not reality; style is not substance; opinion is not truth	Words have correct meanings & stand for thoughts; codes & media are neutral channels	Communication is skill; the word is not the thing; facts are objective and values subjective	Humans and machines differ; emotion is not logical; linear order of cause & effect	Humans are rational beings; we know our own minds; we know what we see	Individual agency & responsibility; absolute identity of self; naturalness of the social order	Naturalness & rationality of traditional social order; objectivity of science & technology

Theoretical Point of Departure 2:

Within the Constitutive Metamodel of Communication, the sociocultural tradition of communication theory theorises communication as a process that produces and reproduces shared meaning, thereby constituting social order (Craig, 1999:124,128). However, because of sociocultural diversity and insensitivity to differences, communication problems such as communication gaps (lack of shared social patterns) and misunderstanding are typical within the sociocultural tradition.

The sociocultural communication tradition advocates sensitivity to cultural differences, acknowledges cultural diversity, pleads tolerance and understanding, and values a collective responsibility more than individual responsibility (Craig, 1999:146).

2.4.2 Position of language practitioner in sociocultural model

While the transmission model of communication positions the language practitioner as "message conveyor" (not even as "author" or "writer" of a target text), the sociocultural model shifts the focus to language practitioners as social and cultural mediators working at the boundaries of languages, cultures and societies (Houbert, 1998; Pym, 2006:2-4, 10). Language practitioners are, however, more than just simple mediators: they are also creators, producers, managers and ideologues who can describe a foreign language, text and culture, and broaden their own culture by increasing its dialogic capability and making it more receptive (Pym, 2006:10; Torop, 2010:1, 3). Refer to Figure 2-6.

The sociocultural model challenges both individual agency and responsibility, placing more value on the collective responsibility of society, structures and cultures (Craig, 1999:133, 146). Pym (2006:15, 17-19) agrees that, while translation involves multicultural societies, governmental or intergovernmental agencies responsible for translation policy and cultural production, translation studies might direct their attention to intercultural communication and, at the same time, to the "small social settings" in which language practitioners actually work (also refer to par. 2.6.2). Social factors, such as the social groups language practitioners belong to, could then be used to explain language practitioners' selection of translation approaches. Translation, both in emerging world systems and in small social settings, is related to the globalisation/localisation debate within C4D and CDSC, and the need for a concept of development that favours multiple approaches (Servaes & Lie, 2013:4, 11).

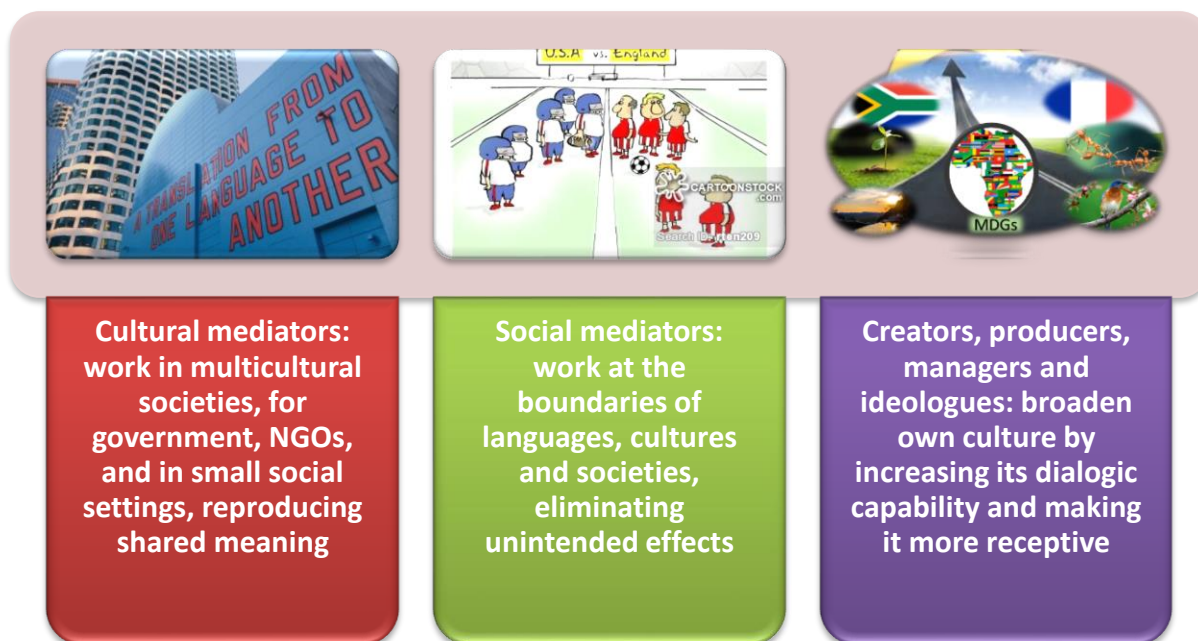


Figure 2-6: Portrayal of language practitioners in sociocultural communication model (Images, left to right: twenty20.com; Ron Therien – cartoonstock.com; HSRC.ac.za/en/events/events/research-based-book-project)

2.5 Translation as intercultural communication

Since the 1970s, globalisation has led to the growth of intercultural or cross-cultural communication (these terms are often used interchangeably), the rise of English as world *lingua franca*, and a parallel rise in translation from English (Pym, 2004:21). The growth of intercultural communication has, however, been asymmetric, with communication moving from the centre to multiple peripheries, from nation-states to local settings, from specialised text generation to the (lay) end-user or receiving cultures, with little communication deriving from the recipients of texts (Dutta & De Souza, 2008:327; Pym, 2004:16-17, 21). Similarly, discussing the sociocultural conditioning of translation in the Chinese and West traditions, Tan (n.d.) concludes that, in China, translation almost exclusively introduces Western knowledge, with translation from the Chinese language lagging far behind. In health communication, the language practitioner acting as intercultural mediator might assist in rectifying any asymmetrical flow in communication, enhancing intercultural understanding. Theoretical Point of Departure 3 theorises the intercultural implications of the language practitioner's choice of approach to the translation of health communication.

Theoretical Point of Departure 3:

South African language practitioners who translate mainly from English into their home languages by selecting a translation approach that supports the distribution of mainly Western or biomedicine knowledge might be contributing to the asymmetrical flow of intercultural communication. In contrast, language practitioners who act as social and cultural mediators by selecting a translation approach with a truly mediating quality would be enhancing intercultural understanding, CDSC, indigenous knowledge, indigenous languages and participation by the target reader.

Oliha (2012:586) postulates that the significance of Western communication models and the denial of specific international and cultural voices have limited nuanced theory building in the intercultural communication field. Citing Chesebro *et al.* (2007), Oliha (2012:594, 596) maintains that United States and Western cultural systems should not be the only foundation for defining appropriate and successful communication processes and outcomes: intercultural communication researchers should allow the confluence of divergent perspectives, be open to alternative understandings, accept that some cultural values apply only to a specific society and consider the effect of these cultural nuances at the macro level. Oliha's plea links up with Naudé's view (2007:iv-vi; 2011:226) that translation theory and practice in non-Western contexts transcend Eurocentric views and present alternate possibilities, including diverse possibilities about the role of translation in a transforming society and a move away from dominant translation practices. Citing Tymoczko (2005), Naudé (2007:v-vi) confirms the necessity of teaching translation students the broadest possible outlook on translation practice, how to select translation approaches, and flexibility when applying translation techniques.

Such a broad outlook on translation practice is also found in Agnes Whitfield's (2005) discussion of Canadian anglo- and francophones, as well as francophone minorities, and translation curricula in Canada. Describing translation as a social act of intercultural communication and the translator as an intercultural agent and protector of cultural and linguistic diversity, she stresses the need for students on the English side to develop an understanding of intercultural ethics and respect, and the need for language accommodation, and for French-speaking students to understand translation as a vehicle for equal access and indirect assimilation. Whitfield (2005) bases her suggestions for changes to Canadian translation curricula on the recognition of translation as intercultural communication and a social and text-based activity, the effect of globalisation and the rise of English as world language, and the local role of translators as protectors of cultures and languages.

Also focussing on translation as intercultural communication and the plurality of world views, Sakellariou (2011:229, 234, 236-237) states that each text is produced in a given social context, and translation is affected by current sociocultural forces and the translator's interpretation and world view. Although Sakellariou (2011:238-240) regards translation as a "language-game" and its objective as being the re-creation of the "text world of the source text in a different language", he acknowledges the interpretative role of the translator, who has to exploit the potential of the source and target cultures, his or her own prejudices concerning both cultures, and the interplay of different world views. The act of translation, Sakellariou (2011:242) admits, is "each time an instance of an interaction between different worldviews". Language practitioners in South Africa, who are involved in the translation of health communication, not only represent different linguistic and cultural target communities, each with their specific world view which might not be Western, but also represent the source of the communication, which might not be African. Their translation approaches to health communication would then, in the words of Sakellariou (2011:239, 242), be affected by their interpretation of "a different text world" ("the semiotic universe of the source culture"), their prejudices about the source and target cultures, and their own world views.

Xu (2013:379-380), advocating a dialogic approach to intercultural communication, states that intercultural communication scholars can adopt a defensive or an adaptive attitude towards cultural differences. Referring to a culture's degree of individualism-collectivism, power distance, masculinity-femininity, conflict management styles, and styles of etiquette, which could all be sources of misunderstanding, Xu (2013:380, 383) proposes a dialogic stance: the celebration of "difference, otherness, and plurality". From the dialogic perspective, Xu (2013:387) argues that meaningful intercultural communication can be built on Western as well as non-Western perspectives of communication. Citing Kramsch (2002), Xu (2013:381) warns that "a global ideology of 'effective communication' Anglo-Saxon style, which speaks an English discourse", could disguise the deep divide between so-called developed and underdeveloped nations, those with access to Western discourse and those without, the Westerner and the other. The cultural dialogic perspective, Xu (2013:390) maintains, offers room for dialogue and communication, as it recognises pluralism and multiplicity (or 'one world, many cultures'). The language practitioner's potential as intercultural agent is summarised in Theoretical Point of Departure 4.

Theoretical Point of Departure 4:

A merely intermediary stance by the South African language practitioner translating health communication might indicate lack of perspective about his or her potential to contribute to dialogue and communication in a transforming South Africa, while a social and cultural mediator stance might indicate an awareness of a broader outlook on translation. The language practitioner acting as intercultural agent is flexible in applying translation approaches, respectful towards other cultures and their views on health, and highly tolerant and protective of languages and cultures (Naudé, 2011:226; Whitfield, 2005; Xu, 2013:390).

2.6 Translation as communication for development and social change

Changes suggested by Whitfield (2005) to Canadian translation curricula (with emphasis on translation as intercultural communication and the translator as intercultural agent) to some extent reflect thinking on the role of CDSC since the late 1980s and early 1990s (Servaes & Lie, 2013:4). The social development concept of 'multiplicity', also expressed as 'another development' or 'one world, multiple cultures', which also features in Xu's cultural dialogic perspective, emerged in reaction to the 'modernisation and growth theory of development' (equalled to Westernisation and dominant from 1945 to 1965), and subsequently to the dependency paradigm (dominant from the late 1960s to early 1980s) (Marais, 2013:410, 411; Servaes & Malikhao, 2002:1, 2, 6, 10; Xu, 2013:390).

While the acceptance of a European language, such as English, French or Portuguese, or Arabic, as *lingua franca* or *de facto* sole official language is still the status quo in Africa, the development of community-oriented development theories during the late 1980s and early 1990s laid the foundation for a context-specific approach to development that includes valuing cultural constructs such as indigenous languages and indigenous knowledge systems (Bamgbose, 2011:2-3; Van der Rheede, 2009). Wolff (2010) maintains that the extended use of indigenous languages in all domains, including the medical industry, is the only way to empower the speakers of these languages to promote social change and sustainable development actively. To ensure the resourceful use of indigenous and European languages (especially English and French) in Africa, thousands of language practitioners, including interpreters, translators, terminologists, lexicographers and other language professionals, should be trained and employed (Neville Alexander, 2003, cited in Wolff, 2010). A historic overview of social development paradigms and the development of CDSC, however, indicates the subordination and undervaluation of indigenous languages in Africa, until very recently also in South Africa, and failure to embrace fully the role of the language practitioner in development communication.

2.6.1 A role for the language practitioner in development communication

Development theory and practice developed as a new phenomenon and discipline after the Second World War and has since been marked by different phases or paradigm shifts (Van der Rheede, 2009). While the 'modernisation paradigm' (1950s and early 1960s) emphasised the evolvement of modern society through economic growth, the 'dependency paradigm' (1960s and early 1970s) coincided with the idea of independence from superpowers and the development of the non-aligned movement that regarded development as political struggle (Marais, 2013:410-411; Servaes & Malikhao, 2002:2, 6; Servaes & Malikhao, 2005:93; Van der Rheede, 2009). 'Multiplicity', with its emphasis on cultural identity and multidimensionality, developed in the late 1980s and early 1990s to fulfil needs such as the eradication of poverty, self-reliance, structural changes and community participation in decision making at all levels of society (Marais, 2013:411; Servaes & Lie, 2013:7; Servaes & Malikhao, 2002:10-11; Van der Rheede, 2009).

Based on the belief that there are multiple approaches or paths to development, the 'multiplicity' paradigm propagated the self-development of the local community, encouraging changes from the bottom up (Servaes & Malikhao, 2002:11; Servaes & Malikhao, 2005:93). Marais (2013:411) summarises the community-oriented development strategies favoured by 21st century development practitioners (Van der Rheede, 2009) as microprocesses to development (as against the 'modernisation' and 'dependency' paradigms), and as "a process at the border, where people from not only different languages but also different cultures, symbolic universes, value systems and intellectual traditions meet and where new, hybrid social forms need to be negotiated". Some researchers equal this intersystemic interaction to translation (Latour, 2007, & Lewis & Mosse, 2006, cited in Marais, 2013:411).

New forms of communication evolved concurrently with the above development paradigms of 'modernisation and growth', 'dependency', and 'multiplicity' (Servaes & Malikhao, 2002:12). While the emphasis in the 1940s and 1950s was initially on the active right of the sender to supply information without restrictions imposed on him or her (refer to Figure 2-2), the passive and active right of the recipient of communication to be informed and to inform was introduced in the second half of the 20th century (Servaes & Malikhao, 2005:98; Servaes & Lie, 2013:8). Supporters of the modernisation and growth theory saw a connection between mass media and national development, i.e. modernising traditional practices and institutions by replicating Western systems (Servaes & Lie, 2013:7; Servaes & Malikhao, 2002:12; Servaes & Malikhao, 2005:92, 94, citing Wilbur Schramm, 1964). Supporters of the media dependency theory saw communication as a determinant in the continuation of dependent relationships and advocated

a new world information and communication order based on a more balanced information flow worldwide (Servaes & Lie, 2013:7; Servaes & Malikhao, 2002:20). In the 21st century, the need to create policies and structures at global level to support CDSC was advocated by the communication rights movement (Servaes & Lie, 2013:7).

While the communication goal in the 1950s and 1960s was the achievement of immediate effect or persuasion, the goal since the 1970s has been to exchange meaning, and achieve interaction and participation, i.e. active involvement in the communication process itself (Servaes & Malikhao, 2005:94). Sender- and media-centric models (refer to Figures 2-2 to 2-5) have given way to interactive, participatory models (Servaes & Malikhao, 2002:26-27). Once the definition of communication was expanded, communication and communication media were considered important supports of development – instruments for carrying development messages and channelling back reactions. By distributing messages that encouraged communities and the public to endorse and participate in change-oriented projects, communication media supported development for social change (Servaes & Lie, 2013:7).

Concerning Africa, Bamgbose (2011:4), Van der Rheede (2009) and Wolff (2010) argue that 'modernisation' meant disregarding indigenous languages, cultures and knowledge, substituting them for European languages, a Western metropolitan culture, and Western practices. While dependency theorists acknowledged the value of indigenous languages for sustainable community development, the colonial language status quo was maintained in Africa (Bamgbose, 2011:4; Van der Rheede, 2009, citing Alexander, 2007). Today, Van der Rheede (2015) argues, South Africa's indigenous languages are still not a primary driver in economic development. On the contrary, indigenous languages' association with "inferiority and underdevelopment" and "traditionalism and backwardness" undermines their usage in higher domains such as national and international politics, education, science and technology (Wolff, 2010). Bamgbose (2011:9) states as follows:

"The fact that strategies of development in Africa are predicated on the use of an official language which excludes the majority of the population in the formal economy is hardly ever recognized as a probable cause of failure in development. Yet, the eight MDGs (poverty eradication, universal primary education, gender equality, reduction of child mortality, maternal health, combating HIV/AIDS and other diseases, environmental sustainability, and global partnership (UNDP website) largely require for their implementation awareness programs, which, in turn, require reaching the unreached and the excluded. This should mean making more use of African languages."

Viewing development as interaction between two cognitive, material, value and cultural systems, Marais (2013:403, 408) advocates focusing on the role of translators in social development. It is not yet known whether South African language practitioners involved in the

translation of health communication regard themselves as social and cultural mediators. Willingness and a commitment to making health information accessible to the target reader might earn them a place in either the diffusion of innovations (DOI) model (within the modernisation paradigm) or the participatory development (PD) model (within the multiplicity development paradigm) or a hybrid of both these models of development communication.

2.6.1.1 The DOI communication model versus the PD communication model

In the past three decades, and to date, two dissimilar development communication models, the DOI model (with its roots in the modernisation and growth theory of development – see par. 2.6.1) and the participatory model (anchored in the multiplicity paradigm and the concept of self-development – see paras. 2.6.1.1 and 2.6.1.2) have dominated the field of development communication (Melkote & Steeves, 2015:385, 390, 398; Morris, 2005:123; Otto & Fourie, 2016:22-23). With distinct intellectual origins, these two development communication models have divergent, often contrasting, goals: while the dominant traditional paradigm is driven by the use of mass media to persuade the target group to change its habits (also health habits) and adopt change based on pre-determined outcomes, the alternative paradigm employs communication and media to promote grassroots participation and collective decision making to achieve social change and equity (Lennie & Tacchi, 2015:27; Melkote & Steeves, 2015:388, 390; Morris, 2005:124, 138; Rodríguez, 2010:26).

While the DOI model, based on the similarly named theory developed by E.M. Rogers in 1962, focuses on *knowledge transfer* to achieve changes in behaviour, attitudes and practices, the participatory model based on the Paulo Freire work *Pedagogy of the Oppressed* (1970) focuses on *information exchange* through grassroots participation, dialogue, and community empowerment (Melkote & Steeves, 2015:397; Morris, 2005:124-125; Rodríguez, 2010:26). Though framed by clearly opposed paradigms, these two models are not polar opposites: since its initial formulation, the DOI model has evolved to include participation, while the PD model of necessity includes some element of knowledge transfer (Morris, 2005:125; Rodríguez, 2010:26).

In line with their divergent goals, the DOI model and the PD model use different tools to achieve their aims. Described as the "'magic multipliers' of development benefits", the mass media are seen as effective tools of modernisation that could expose large groups of people to new ways of living, solving the problem of underdevelopment (Dutta & De Souza, 2008:331, citing Melkote, 2003; Melkote & Steeves, 2015:388). To achieve behaviour change, development practitioners employ mass media and advertising techniques, thereby placing most media-

based development projects in the social marketing category (Nowak *et al.*, 2015:4205-4206; Servaes, 2007:492). Within the innovations and growth framework, in the health domain, particularly infant health, HIV/AIDS, family planning and general health promotion, the language practitioner is involved in social marketing by translating brochures, pamphlets, leaflets, including patient information leaflets (PILs), adverts, posters, labels and health warnings, and television and radio scripts, into their mother-languages for distribution to a largely lay public (Morris, 2005:127). Development interventions initially aimed at "selling" products such as contraception or immunisations recognised that the reader favoured local content, and therefore marketing material is tailored to targeted populations (Melkote & Steeves, 2015:389; Morris, 2005:127, 129; Nowak *et al.*, 2015:4208-4209). While diffusion interventions often have more short-term goals (also refer to par. 2.7.2), they might achieve a long-term outcome typically sought in participatory projects: by distributing health information and extending health care to all levels of society they might, for example, in the long run reduce social inequality (Morris, 2005:135).

Innovation and growth interventions are normally based on the idea that media messages had a magic bullet or hypodermic needle effect on the target audience – by applying mass media, societal ills will be solved quickly and effectively (Melkote & Steeves, 2015:388; Servaes & Lie, 2013:9; Servaes & Malikhao, 2002:15). Contrary to this, the PD communication model is aimed at obtaining sustained growth and development (Gilbert, 2012:64; Lennie & Tacchi, 2015:27; Servaes & Lie, 2013:12). As the focus of PD campaigns is on community involvement and dialogue, participatory campaigns include group discussions, workshops, community consultations, deliberation and action by members of the social group, such as participation in the design and development of messages (Dutta & De Souza, 2008:332; Morris, 2005:124). The position of the language practitioner in the DOI and PD models, based on a summary by Morris (2005:124), is illustrated in the data blocks in Figure 2-7 (par. 2.6.1.1). Similar comparisons between modernisation and PD are drawn by Chitnis (2005:233), Mefalopulos (2008:59), Melkote and Steeves (2015:390), Oppenneer (2010) and Waisbord (2008:507-508).

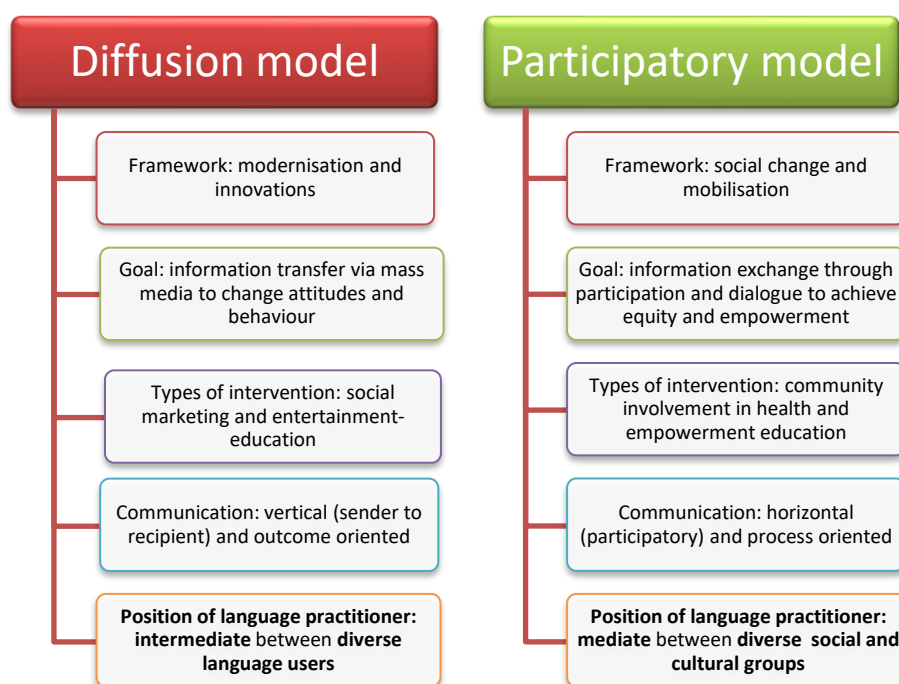


Figure 2-7: Position of language practitioner in the DOI and PD models (based on a summary by Morris, 2005:124)

Even within the participatory framework, development goals have a dual purpose: firstly, specific development ends, evaluated by outcome indicators; and secondly, community empowerment through participation, measured by process indicators (Dyll-Myklebust & Zwane, 2015:66; Mefalopulos, 2008:137, 143-144; Morris, 2005:132; Servaes *et al.*, 2012 106-107). The PD model uses a strategy emanating from the recipients of the health communication – their participation in decision making, knowledge sharing and dissemination of information brings about community empowerment (thus a redistribution of power), equal access to health services (also by effecting the necessary structural changes), self-development and self-management, and, eventually, the transformation of society (Servaes & Lie, 2013:11; Servaes & Malikhao, 2002:20-21). Gilbert (2012:72, 74) states that health development should be a holistic, comprehensive, flexible, social process with a long-term view of involving individuals, the family, neighbourhoods and communities in participation.

However, borrowing the term 'combination prevention' from Auerbach *et al.* (2011), Gilbert (2012:76-77) warns of the danger of focussing on long-term socio-political health determinants at the expense of controlling the HIV/AIDS epidemic. Despite the advancement of the PD model in health development, the DOI model has still dominated in many countries because of the short-term health needs of bureaucracies and health institutions, and pressures to resolve

urgent health crises (Gilbert, 2012:63; Lennie & Tacchi, 2015:31; Waisbord, 2008:505, 512) (refer to paras. 2.6.1.1 and 2.7.1.1). Bertrand (2004:113, 120) notes that, in many developing countries, preventive interventions based on the DOI model failed, because the social, cultural and economic obstacles related to context were insufficiently addressed.

While the DOI and PD approaches could be combined in a multicultural, multilingual context such as South Africa, the need for dialogue and information exchange in transformative health programmes demands that language practitioners be involved even more in PD interventions. Marais (2011a:198, 201-202) agrees that translation theorists in Africa should refocus their interest to include the developmental context. Citing Gentzler (2001), he maintains that "development cannot but be a factor in translation". The mediator position of the language practitioner in the PD model, as summarised by Morris (2005:124-125), is illustrated in the second data block in Figure 2-7.

2.6.1.2 The focus on participatory communication

The PD communication model includes not only the traditional recipients of communication but also includes communication emanating from them (Servaes & Lie, 2013:11; Servaes & Malikhao, 2002:20). Based on the concept of 'multiplicity' (information exchange and dialogue), it stresses the importance of cultural identity and participation by all stakeholders (Servaes & Lie, 2013:11; Servaes & Malikhao, 2002:20; Servaes *et al.*, 2012:101-102, 104). As the role of sender and receiver interchanges, the guiding principles are structural change (to facilitate participatory communication), information sharing, participation in decision making, trust and rapport, and respect for the opinions and attitudes of others. Information is no longer disseminated to create a need but is disseminated to fulfil a need: experts respond rather than dictate, their approach being dialogic (Otto & Fourie, 2016:35; Servaes & Malikhao, 2002:22-23). The community is the focus point: problems about their living conditions are discussed at community level, and the viewpoints of community members are considered in decision making and implementation (Servaes & Lie, 2013:11). The perspective, therefore, is no longer linear, vertical or one-way, elitist or top-down (Servaes & Malikhao, 2005:95, 101), but is horizontal and participatory (Melkote & Steeves, 2015:397; Morris, 2005:132).

While the most advanced form of participatory communication is self-management (full involvement in policy formulation and planning), participation may be semi-participatory or no more than representation and consultation in decision making (Melkote & Steeves, 2015:391; Morris, 2005:134; Servaes & Malikhao, 2005:96). With the Unesco discourse on participative communication revolving around the terms 'self-management', 'access' and 'participation',

Unesco accepts that the process may be gradual and self-management may need to be postponed (Servaes & Malikhao, 2002:24-25). Paulo Freire's dialogical perspective on participatory communication, however, does not allow such compromises – it is either denial of dialogue and communication OR dialogue and respect for the culture of the other (Dyll-Myklebust & Zwane, 2015:69; Otto & Fourie, 2016:27-28; Servaes & Malikhao, 2005:96-97).

Because the concepts 'participation' and 'empowerment' needed further clarification, the participatory approach suffered owing to overambitious goal-setting and application (Morris, 2005:132, 134; Otto & Fourie, 2016:23). PD projects are not easily implemented and, as they are not in everybody's interest, not always supported (Servaes & Malikhao, 2005:99). While the goals of PD communication are the uplifting of the local community, self-development and communal improvement, less egalitarian cultural groups with a high regard for hierarchy might not be receptive to such an approach (Dyll-Myklebust & Zwane, 2015:67-68, 77; Morris, 2005:134; Servaes & Malikhao, 2005:98). The language practitioner's role in development communication is further constrained by source and target cultures, and sociocultural norms such as politics, ideology, ethics and religion (Pei, 2010:29).

2.6.2 Sociocultural norms and the subjectivity of the language practitioner

Translation is associated with the political process: when control of translation practice (the what, how and when of translation) is given to translators and minority language speakers, it becomes an enabling force which empowers the community and safeguards their languages, cultures, customs, beliefs and lifestyles (Cronin, 2003:167). Pei (2010:31), however, states that politics determines the context in which translations are done and therefore limits the language practitioner's ideological space. Politics determines which subject matters meet the need of social development and political stability in the target culture, as well as the acceptability of the translation (Pei, 2010:31; Pym, 2006:17-18) (also refer to par. 2.4.2). While sociocultural norms, including politics, thus regulate translation activity, the translator exerts his or her subjectivity through translation strategies that might amount to active manipulation of the source text and indicate acceptance or rejection of these sociocultural norms (Pei, 2010:29-30; Pym, 2004:14).

Language practitioners are not "innocent bystanders of cultural prejudices": they contribute actively to culture and, as such, could use different approaches to ensure translations that conform to the expectations of their target readers (Pei, 2010:32). They might, for example, select a translation approach based on manipulation of the source text to enhance the acceptability and accessibility of the target text for the target reader (refer to Figure 2-8 and par. 3.3.2.3). Based on his or her own political or ideological beliefs, the language practitioner

might choose to reject limiting sociocultural norms. The relationship between the subjectivity of the language practitioner and sociocultural norms is illustrated in Figure 2-8.

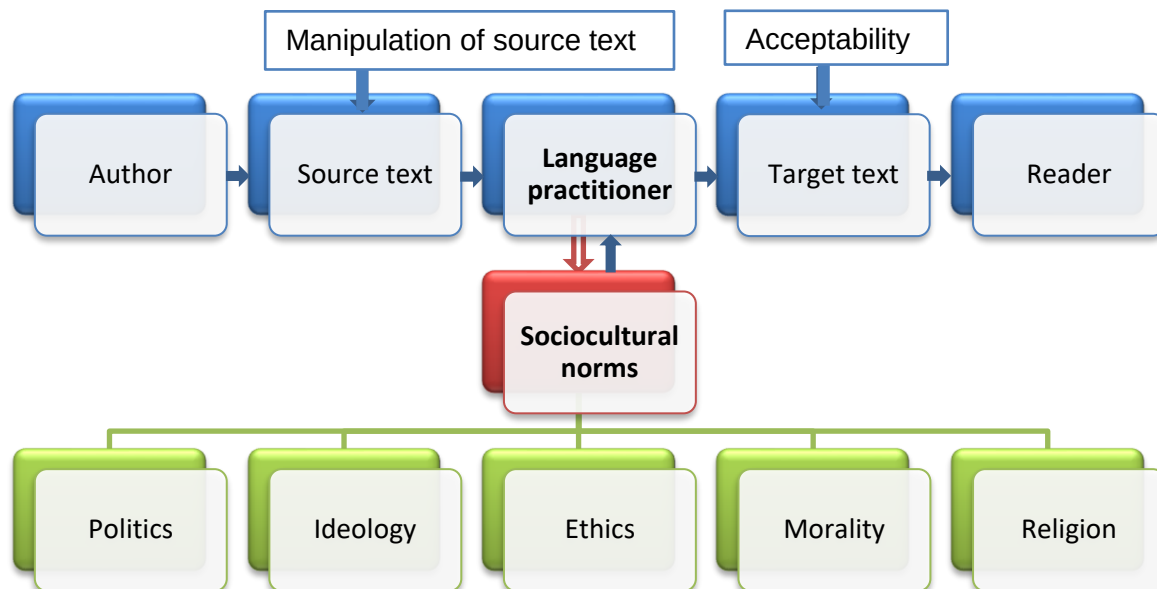


Figure 2-8: Relationship between sociocultural norms and subjectivity of the translator (Pei, 2010:34)

As early as 1992, August Cluver wrote that South African language practitioners have the responsibility of reformulating information encoded in a form that made it inaccessible to the general public, suggesting they shift their focus from the text to the message underlying the text (Cluver, 1992:7-8). In a pre-democratic South Africa, Meintjes (1992:14-15) agreed that translation should assist the democratic process, but emphasised that, for a translation to be truly accessible, it also has to be accurate and acceptable. To the concept 'access of information', she added the concepts 'exchange of information and ideas' or 'contribution', 'informed decision making' and 'participation'. Although Meintjes (1992:17-18) stated that translation "should become the transparent political act that it is", she nevertheless restricted the translator's "moral responsibility" of promoting change and democracy to more technical communicative acts, such as comments in the form of annotations, notes in the text, introductions and prefaces, as well as liaison with clients to suggest adaptation of the text.

These pre-1994 comments on South African language practitioners' contributions or potential contributions to C4D and CDSC are important, as they not only indicate principles and concepts such as 'accessibility of information', 'information exchange' and 'participation' that should inform translation practice in a developing South Africa, but also show early (nuanced or definite)

differences in opinion on translation approaches applicable to the South African context. Language practitioners acting as social and cultural mediators may incorporate local norms, vocabulary and understandings into health communication, improving its accessibility, or act as mere intermediaries translating information about health topics that may not even be of interest to local communities.

2.7 Translation as health communication

Motsei (2013:621), referring to translation from English into Sesotho², one of South Africa's nine official African languages, states that Sesotho speakers can only attain social justice in health facilities when translations are accessible and health communication is meaningful. While the promotion of English among ethnic minorities in the UK is seen as a way of meeting their needs and cutting translation costs for the health-care system (Gan, 2012:2-3), Motsei (2013:621) argues that manipulative approaches to translation ensure the achievement of the sociocultural needs of Sesotho speakers in the health and legal domains.

2.7.1 Short overview of development of health communication

Since the 1950s, health communication developed very similarly to development communication – from modernisation to dependency to multiplicity (Servaes & Malikhao, 2008:158-159). Framed within the modernist agenda, health innovations were designed and executed under the umbrella of development communication. Health campaigns, such as family planning and immunisation programmes, created in nation-states at the centre (read the USA and the UK) were directed at "underdeveloped" nations at peripheries, including South Africa, in the belief that such programmes would bring about development. Under the modernist logic, the positions of sender and receiver were fixed – a one-way flow of communication. Criticised as presenting solutions that were foreign to local cultures, as portraying the receiver as "primitive" or "backward", and as carrying colonial undertones, the modernist agenda only widened the health gap between the nation-state and developing country (Dutta & De Souza, 2008:326-327; Servaes & Malikhao, 2008:159-161).

Defined as behaviour change communication and communication for health promotion, many of the health campaigns of the 1980s and into the 1990s conveyed information without any regard to the context in which its recipients lived (Servaes, 2008:210-211; Servaes & Malikhao, 2010:42). Dutta and De Souza (2008:328) criticise the modernist approach as economically driven and ignorant of the target group's cultural values and local knowledge, including their

² For the purposes of this study, the Constitution of the Republic of South Africa, 1996 (South Africa, 1996), is used as guide for referring to South African official languages.

solutions to health problems. Well into the postmodern period – so called because of the multiple truths and multiple cultural lenses, interpretations and understandings reflected in health campaigns – Servaes (2008:218) identifies a so-called "*revitalised modernization perspective*" that co-existed with the postmodern period (Dutta & De Souza, 2008:330-331). Realising that social change requires interaction and action by members of society, campaign planners sought the participation of community members in the design and development of health messages. However, when audience participation is sought to further the interests of campaign planners and funding agencies, it only serves the agenda of the proponents of the dominant paradigm of development. While developmental health campaigns could then be described as culturally sensitive, they might not have a lasting impact (Dutta & De Souza, 2008:332; Huesca, 2008:186-187; Morris, 2005:137).

Influenced by the Alma Ata Primary Healthcare Conference (1978) and the Ottawa Charter for Health Promotion (1986), which proclaimed that individuals and communities should play a role in determining their health through shared decision making, health promotion approaches progressed to participatory and empowerment-based approaches to health (Jolley, 2014:72-73). In the 1990s, a rights-based approach was adopted, while new initiatives in the 2000s, such as the Millennium Development Goals (MDGs) and the World Health Organization's 3 by 5 Initiative (to supply antiretroviral treatment to three million people living with HIV/AIDS by the end of 2005), moved the focus to participation and empowerment (Servaes & Malikhao, 2010:42).

The participation paradigm propagated that the community should be empowered through the planning, carrying out and monitoring of health campaigns. As health issues such as death, pain, sex, child spacing and childbirth are experienced and interpreted differently by different cultural groups, respecting cultural values and hearing the voices of these communities, even in the choices of topics, are essential (Dutta & De Souza, 2008:332-333; Morris, 2005:139; Ndlovu, 2009:135). Governments were finding themselves in an either-or situation: either they could cause the deterioration of the health of communities or they could improve the health of communities by promoting healthy behaviour through policy, legislation and the construction of culture-centred structures, and by allowing cultural groups to speak for themselves (Dutta & De Souza, 2008:334, 336).

With the United Nations already focussing on a post-2015 development agenda, South Africa was still struggling to achieve most of the MDGs relating to health. Some of the reasons for non-achievement of HIV prevalence levels in rural areas were lack of broad-based support from all sectors and the exposure of young girls to HIV because of gender-power inequalities.

Although an MDG such as the reduction in maternal mortality was described as "both a multi-dimensional health and broader developmental challenge", terms such as 'C4D', 'participation' and 'empowerment', with the exception of 'women empowerment', were not included in the wording or general discussions of these MDGs (UNDP, 2012).

2.7.1.1 Health communication (not) focussing on participation and empowerment

In Africa, 2015 MDG target achievement was impeded by ignorance about the "language factor" – health information presented in languages unfamiliar to health-care users and national communication networks based exclusively on non-indigenous languages could not succeed in involving African populations in developmental activities (Bamgbose, 2011:8; Wolff, 2010). Referring to labels on medication (which, in Africa, were mainly in the imported official language or in the language of the exporter), Bamgbose (2011:8) acknowledges the role of African languages in the fight against HIV/AIDS, maintaining that there is no alternative to instruction in one's mother-language.

The language factor was, however, not the only impediment to MDG target achievement in Africa in the health domain. Various authors infer that the practice of C4D had largely been ineffective, especially where the informational approach was the preferred approach and where C4D was not modelled on participatory communication (Kondji Kondji, 2012:12; McAnany, 2010:4, 7-8, 10; Waisbord, 2008:507). Global health programmes were still underpinned by diffusionist approaches: health programmes promoting institutional childbirth in Peru, family planning in Bolivia and child immunisation in Angola were still based on the DOI model with the hope of changing attitudes and practices (Serrat, 2012; Waisbord, 2008:505-507). Communities were not the main protagonists of processes of development and social change, but were rather 'passive beneficiaries' of decisions made by foreign experts (Kondji Kondji, 2012:12; Waisbord, 2008:506-507). Recipients of health care resisted health initiatives that excluded them in decision making from the start. In recent years, polio vaccination in Nigeria and India (a top-down project initiated globally) was resisted by poverty-stricken local communities who were more concerned about malaria and gastroenteritis (Obregón & Waisbord, 2010:35-36; Waisbord, 2008:510).

Non-achievement of health MDGs has also been ascribed to the unsustainability of participatory health initiatives in sub-Saharan Africa. Non-health professionals, and lay individuals and communities were not continuously participating in health activities as their own way of contributing to the promotion of their health (Kondji Kondji, 2012:12). McAnany (2010:10), citing Huesca (2003), warns against employing persuasion techniques under the guise of

"participation" or seeing participation as the end-goal, as none of these approaches lead to constructive health development (refer to par. 2.6.1.1). Participation was judged as a "romantic vision", "a sympathetic though idealistic side-show", a meaningless and bland term, part of the disguise of 'developmentalism' and a "decorative piece in a system that continues to keep states, agencies, and experts in control" (McAnany, 2010:10, citing Huesca, 2003; Servaes, 2008:218; Waisbord, 2008:508, citing Cleaver, 2001, Hickey & Mohan, 2005, Cornwall, 2007, Leal, 2007, & Sachs, 1991). Waisbord (in Tacchi & Waisbord, 2015:105) summarises this as follows:

"If you talk to most people who work in agencies in the aid industry, no one would say anything against participation, everybody is for it. It's like apple pie. You cannot say in a room that participation is very difficult to implement. Nice idea, come back later when you have better ideas. You can't say that participation is the new tyranny. It is the social norm in the aid world today."

Participatory communication engaging local organisations fell outside the expertise of trained health professionals, and went against the grain of international health institutions and programmes that defined health communication as relaying the medical knowledge of experts (Waisbord, 2008:519). While the technical mindset of professional institutions and cultures favoured the informational approach to communication, advocates of participatory approaches questioned programmes that benefited certain groups, and demanded reshuffling of priorities and the redistribution of resources (Waisbord, 2008:516-517). McAnany (2010:11), Morris (2005:141) and the C4D experts Tacchi and Waisbord (2015:106) agree that projects took on a variety of approaches and some campaigns used a combination of strategies, making it hard to distinguish between participatory and diffusion approaches to CDSC.

When Waisbord's (2008:507-510) analysis of the theoretical underpinnings of the informational and participatory approaches to health communication is compared with his analysis of reality in health communication (Figure 2-9 below), the conclusion is that health communication was still very much a one-directional activity dominated by the international aid organisation, nation state, government or health expert (Tacchi & Waisbord, 2015:109; Waisbord, 2008:511). This situation, which Tacchi and Waisbord (2015:97) call a global turn towards behaviour change communication and an impasse in C4D theory building, emphasises the need for new thinking in CDSC and the exploration of hybrid options of participatory health communication.

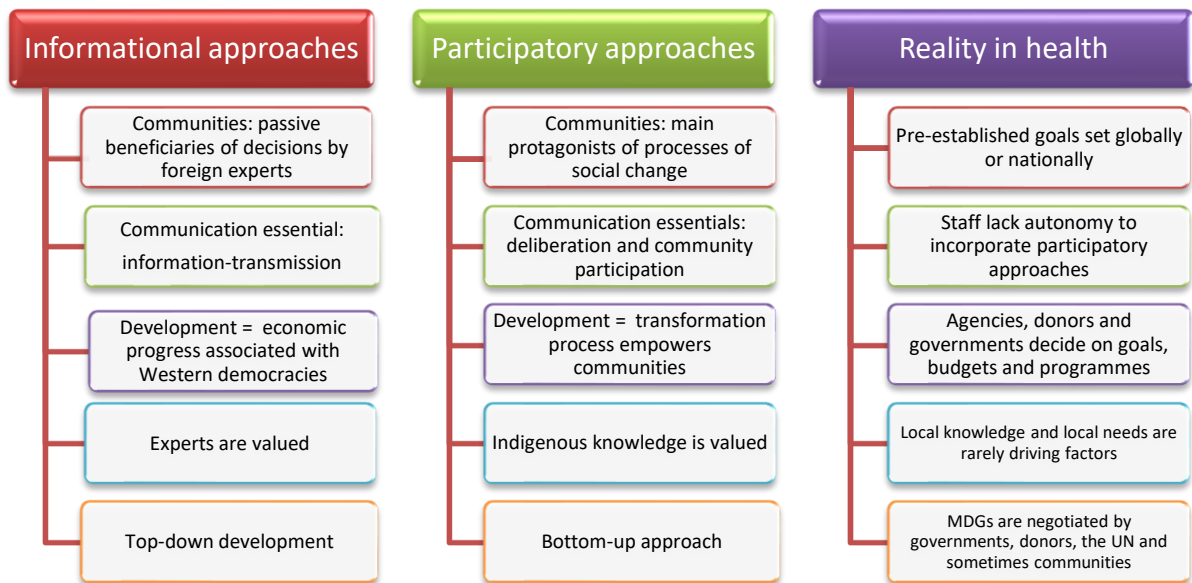


Figure 2-9: Theory of informational and participatory approaches to health communication versus reality (based on an analysis by Waisbord, 2008:507-511)

2.7.1.2 Hybrid options of participatory health communication

Indicating the complexities and grey areas of global initiatives and local support, Obregón and Waisbord (2010:40, 42-43) propose hybrid options that will ensure the involvement of all actors and the recognition of local context *ex ante* rather than *post facto*. Such a hybrid option is the combination of the participatory and diffusion approaches to health communication (Morris, 2005:136, 140) (refer to paras. 2.6.1.1 and 2.7.1.1). Citing Laverack *et al.* (1997), who make a case for a pragmatic mix of these two approaches or a "semi-participatory" approach, Morris (2005:140) stresses the folly of completely separating these two approaches.

Informative and educative health material for distribution to health workers and the public could be designed and prepared in collaboration with community members so that its contents and context reflect the input of communities (Krige, 2011:236; Morris, 2005:136-139). Similarly, acknowledging the vertical nature of the malaria control programme in South Africa as a key challenge, Groepe *et al.* (2013:800) propose involving traditional healers in the dissemination of malaria messages. While the contents of malaria prevention messages still heavily reflect biomedicine (risk, prophylaxis protection, diagnosis and treatment adherence), language practitioners representing local communities could assist in bridging the communication gap between health experts and locals, and biomedicine and traditional practice, when translating

and conveying health messages (Groepe *et al.*, 2013:800). Hybrid options to participatory health communication are included in Figure 2-10.



Figure 2-10: Hybrid options included in health communication options (Images, from left to right: Linus Godwin Korah – commons.wikimedia.org; sbccimplementationkits.org/ebola; Athira Shynne – slideshare.net)

2.7.2 Socio-religious-cultural context of health communication

Servaes and Malikhao (2010:43) emphasise the risk of reproducing best health communication practices from one area to another without taking social context into account. They take the promotion of condom use as example. To combat HIV/AIDS in the 1980s and 1990s, condom use, a strategy applied to family planning in the 1970s and 1980s, was proposed and promoted as prevention strategy. The sustainability of the strategy was questioned based on the fact that it did not take the socio-religious-cultural context of the recipients of the health message into account (Servaes & Malikhao, 2010:43-44) (also refer to par. 2.6.1.1). Likewise, referring to TB prevention material portraying the causes, symptoms and treatment of the disease, Waisbord (2007:2131) criticises casting health communication as medical education. When sociocultural norms and deep-seated beliefs prevent people from visiting public health-care facilities, the role of communication should be different: it should portray how people think and communicate

about disease and health; it should include debates about stigmatisation; and it should question perceptions about disease (Leiber *et al.*, 2009:428; Waisbord, 2007:2132-2133).

As the social context acts as a "filter" through which health messages are received, more effective health communication may be achieved by understanding the social context and understanding the target group (Leiber *et al.*, 2009:418). Citing Dingwaney and Maier (1995), Bernacka (2012:110) states that translations "are never produced in a cultural or political vacuum and cannot be isolated from the context in which the texts are embedded". By mediating across cultural boundaries, translators are not only intermediaries between different language systems but also intercultural mediators who find themselves in a unique position to understand development issues (Bernacka, 2012:110-111; Shirinzadeh & Mahadi, 2015:168). Theoretical Point of Departure 5 accepts the implications of social context for the translation of health communication.

Theoretical Point of Departure 5:

In a country such as South Africa, with 11 official languages representing different cultural groups, the translation of health communication occurs within, and is affected by, a multicultural, multilingual socio-religious-political context.

By contributing to intercultural understanding and the development of the country, multilingual health communication could prevent the exclusion of linguistic and cultural communities.

2.7.3 Dualities of public health communication

Public health communication involves communication between professional and non-professional cultures. It involves various disciplines, including medical specialties such as internal medicine, gynaecology and orthopaedics, psychiatry, pharmacology, sociology, law, and biomedical research, and primary health care. In South Africa, it also involves Western and traditional knowledge systems, and the participation of so-called Western practitioners and traditional health practitioners, and patients visiting one or both groups of practitioners. Health communication is translated in a broad range of situations, and includes health promotion and disease prevention, patient education, the regulation of drugs or health products, the advertisement of health products and services, communication at hospitals and health centres, and health campaigns by national and international health institutions, also NGOs and the WHO. Translated messages are therefore disseminated through media directed at the general public and/or media specialising in health matters. Health communication and medical

information thus involve highly specialised genres and general genres (Montalt & González-Davies, 2014:19-21).

Based on Budin's (1994:112) typology of multilingual specialised communication, Figure 2-11 graphically presents health communication in a multilingual, multicultural country such as South Africa. The dualism inherent in public health communication (expert-led information aimed at a primarily lay recipient) affects the language practitioner's translation options. Generally viewed, interlingual and intercultural transfer would be sufficient when monolingual, monocultural, expert-led health communication is translated for use by health specialists. However, when expert-led communication is intended for a predominantly lay public, intralingual and intracultural transfer may be a necessary component of a translation approach.

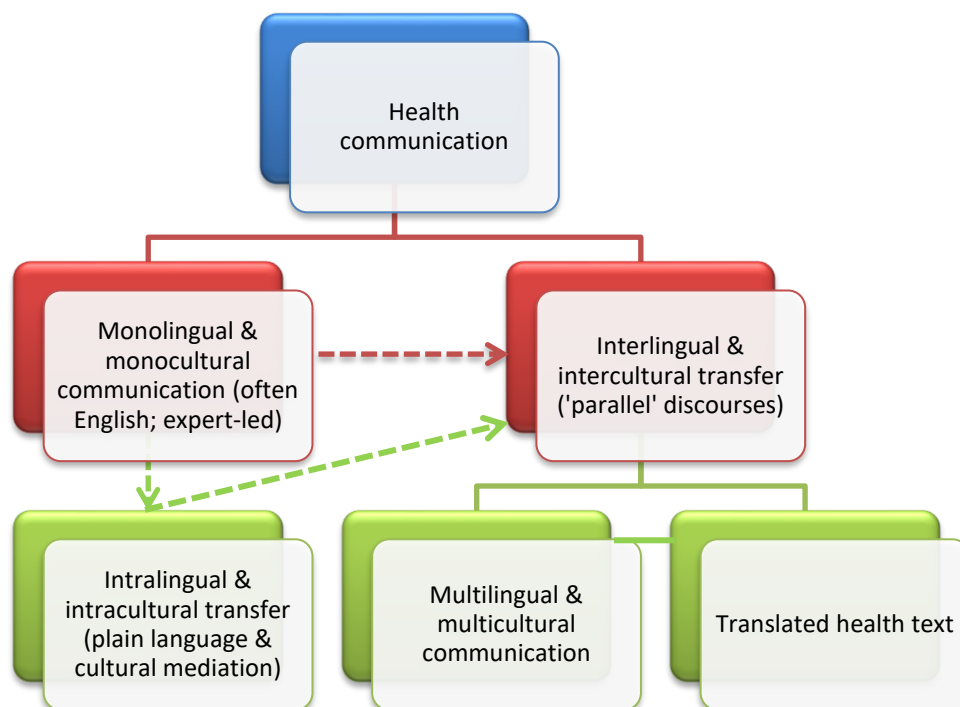


Figure 2-11: A typology of health communication

Despite the need for the mediation of medical knowledge to lay people, public health messages are sometimes regarded as "an unavoidable inconvenience" and the distortion of "'pure' knowledge" (Montalt-Resurrecció & Shuttleworth, 2012:12). This stems from the ideology that experts are separate from lay people, occupying a privileged position and holding power in a monological environment marked by highly specialised registers and discourses. In this monological, static view of communication, information is transmitted from the expert to the lay person as accurately as possible, and non-experts have little to say. A more dialogical view is

emerging, however, with patients starting to occupy the central position, and communication reflecting a variety of dialogues between different knowledge and discourse communities. Patient-centredness in communication is challenging because it is a radical departure from the doctor-centred or medicine-centred approaches that tie in well with the informational model of communication (Montalt-Resurrecció & Shuttleworth, 2012:13, 15, 19-20) (refer to paras. 2.6.1.1 and 2.7.1.1).

Because bureaucracies tend to favour the use of informational models of communication, they often task communication with disseminating the 'technical' health message (risk, disease symptoms and treatment available). They ignore sociocultural factors that influence message acceptance, care-seeking and treatment, and deny communication staff the autonomy to make decisions and incorporate participatory approaches (Kinsman *et al.*, 2015:2-4, 7-8, 14-15; Waisbord, 2007:2131, Waisbord, 2008:505, 513, 515). When communication becomes the subject of medical study, the medicalised approach to communication displaces sociocultural perspectives (Waisbord, 2008:514). As language practitioners usually act in the interests of all communication partners, it could be that they are facing more far-reaching choices when translating public health communication than is usual in most areas of translation (Montalt-Resurrecció & Shuttleworth, 2012:21).

Health communication is further complicated by the composition of communication staff. While the translation of health messages should preferably be done by trained, experienced professional language practitioners, this is not always the case. In the Spain public administration, language practitioners face texts containing medical, legal and pharmaceutical terms, for which they are ill-prepared (Valero-Garcés, 2010:205, 207). While medical doctors and public health experts have well-defined disciplines, communication staff in the medical field comprises a heterogeneous collection of people trained in various fields, as diverse as medicine, nursing, journalism, media liaison and graphic design (Gumucio-Dagron, 2008:79-80; Waisbord, 2008:515). The result is often mistranslations or inadequate translation with health-threatening implications (Gershon *et al.*, 2016:492; Karwacka, 2014:22).

The expert-lay person duality inherent in health communication necessitates the use of different text types, translation approaches, registers and vocabularies. According to the experience of the researcher, health documents submitted to the NLS in South Africa for translation into official languages could roughly be divided into legislative documents (Acts, Bills and regulations on health and safety, and amendments thereof) for publishing in the *Gazette*, and health policies, manuals, booklets, brochures, forms, leaflets and posters for dissemination to

the public. Language practitioners have to adapt their translation approach according to the demands of the text type submitted for translation.

A health leaflet about HIV/AIDS places its own demands on the translator, such as to avoid medical jargon, complicated syntax or unfamiliar vocabulary (Gülich & Raible, 1975, in Hatim & Mason, 1999:181; Karwacka, 2014:23). Health legislation, on the other hand, is characterised by legal language and formality in order to ensure an authoritative interpretation, indicate a legal duty, prevent confusion and ambiguity, and portray the exact meaning of the legal drafter (Bouharaoui, 2008). The instructional text that emanates from official bodies has a structured format, which is highly formulaic, and a language of its own (unemotive). The translator may or may not know the translation routine, which includes learnable terminologies, conventional formats and technical vocabularies. A literal translation approach, detached from the text, for example, would be applicable to the translation of health Bills and regulations and amendments thereof: the translation approach should be disciplined and methodical, and marked by constrained use of language (Hatim & Mason, 1999:189-190).

In contrast with official legislative documents, documents about health and health care aimed at the general public (such as manuals, video and radio texts, and booklets, brochures, leaflets or posters on health, safety or food) allow the translator a certain degree of creativity within formats and language variation (Hatim & Mason, 1999:192). Translators operate with greater degrees of latitude: their approaches are constantly modified; they tackle larger chunks of text; and they apply freer modes of translation (Hatim & Mason, 1999:192). While medical translators are precision translators, conducting considerable and time-consuming research to find precise equivalents (Cronin, 2003:109), language practitioners translating public health documents can apply some degree of linguistic and cultural mediation to make an expert-led text accessible to a lay person (compare to Figure 2-11). Even in developed countries such as France and England, a language practitioner may opt to diverge significantly from a source text to fulfil reader expectations (Hatim & Mason, 1999:204). The dualities in public health communication discussed above are summarised in Figure 2-12.



Figure 2-12: Dualities in public health communication summarised according to knowledge systems, target groups, media, translation approaches and messages³

The 1981 Löning model, as adapted by Herget and Alegre (2010), differentiates between four main levels of medical discourse. These levels layer medical text types, and identify the communication partners and aim of medical discourse associated with each level (refer to Table 2-2).

Table 2-2: Löning's (1981) model of medical discourse (as adapted by Herget and Alegre, 2010)

	Text type	Communication partners	Communication aim
Level 1	Science	Professional – professional	Transfer of current specialised knowledge
Level 2	Instruction	Professional – semi-professional (student/health practitioner/individual)	Transfer of basic knowledge
Level 3	Education	Professional – lay person	Education and practical instruction
Level 4	Popular science	Non-professional – lay person	Arousal of public interest in health issues

³ Images, from top to bottom: alamy.com/stock-photo-red-ekg; Ameena Matcha - shutterstock.com/image-photo/alternative-medicine-herbal; Chance Agrella - freerangestock.com/photos; @SBphoto - twenty20.com; consumerreports.org/cro/news/2014/04/7

The medical (pharmaceutical) text genre, the 'package insert', is positioned on Level 3: communication between a professional and lay person. This genre is, however, highly conventionalised and regulated as to content and structure, with a view to inform, instruct, warn and recommend. Comparing German and Portuguese package inserts, Herget and Alegre (2010) found hardly any differences in readability and user-friendliness. Differences encountered were linked to the sociocultural characteristics of the two countries.

2.7.4 Need for tailoring of public health communication in South Africa

In their research about the failure of health communication to change the health behaviour of South Africans, Mbananga (2003:36), and Mbananga and Becker (2002:206-207) found that information distributed to local communities, especially in rural areas, was poorly understood and that visual information included in posters on reproductive health (i.e. posters on HIV/AIDS, STDs, sexuality, family planning, and reproductive cancers) was problematic for older people. Mbananga (2003:38) also found that reproductive health information (RHI) in South Africa was void "of the reality of everyday life in target communities" because it did not reflect their knowledge and experience, norms and values, languages or culture. Because of the "very rigid subjective worlds" of people living in impoverished, deprived and underdeveloped areas (an environment not conducive to change), RHI developed by urban-based health professionals, who were socially, geographically, culturally and linguistically removed from the target community, could not succeed (Mbananga, 2003:37; Mbananga & Becker, 2002:195-196).

While sickness and illness and the socio-economic burden caused by illness and disease are important to communities, people are not interested in diagnoses or the causes of disease, which they experience as confusing academic and scientific jargon (Mbananga, 2003:39-40). When RHI focuses on causes, diagnosis and individual responsibility for risky behaviour (Jolley, 2014:72; Mbananga, 2003:39), the reader stays detached from the message which is seen as culturally irrelevant.

Explicit messages and pictures about sex, sexual activities, HIV/AIDS and STDs are not accepted by communities, not taken seriously, or socially sanctioned through ridicule, and as such may become barriers to learning and change (Cain *et al.*, 2011:476-478; Dyll-Myklebust & Zwane, 2015:67; Mbananga, 2003:43; Ndlovu, 2009:136, 157-159). While HIV prevention messages in English are explicit and detailed, featuring anatomical terms, the language that is permissible for sexual communication in African cultures varies considerably depending on the authority, gender, age or locality of the reader, the social context, and how sexuality is expressed by the language or culture group. Sexual terms vary from the anatomical to the

respectful; from the exact or vulgar to the vague or polite (Cain *et al.*, 2011:476-478; Clark, 2006:466-468).

South African language practitioners are often ill-equipped to deal with the lack of medical equivalents, cultural taboos that impede openness and intimacy, and collective cultures that value and practise indirect communication and politeness to a degree of submissiveness (Cain *et al.*, 2011:476-480, 486; Grant & Phil, 2006:57; Hagan *et al.*, 2013:427). When RHI is translated from English into the ten other official languages (which currently is practice in South Africa) and the rules of the original English text are retained, a direct translation approach is not the solution. An optimally acceptable and useful text, which could effect a change in sexual behaviour, can only be generated if the community participates in RHI development. The goal should be to find a balance in the distribution of knowledge between RHI developers and target communities (Mbananga, 2003:43; Ndlovu, 2009:135).

Tailoring of health messages is not without its challenges. In the written text, indirect communication reflected by the use of euphemisms, omissions, re-interpretations, generalities, long-winded explanations or summaries may obscure meaning. Metaphorical language or euphemisms may still reflect health concepts that are unknown to or different from those of the community, breeding ignorance (Cain *et al.*, 2011:486; Dyll-Myklebust & Zwane, 2015:78; Mbananga, 2003:39, 43). However, if health texts are not tailored to cultural contexts, they may not be accepted by the target reader, even when language proficiency poses no problem (Singleton & Krause, 2009).

2.8 Language practitioners as social and cultural mediators

The translation approaches used by South African language practitioners might reflect a tendency to text adaptation in order to improve reader accessibility. In the health domain, not only the sensitivity of the topic and text, but also the communication orientation of the reader might determine the degree of mediation and text adaptation by the language practitioner.

2.8.1 Different communication orientations of high-context and low-context cultures

Discussing the role shift of the interpreter to cultural mediator, Shisheng and Shuang (2012:160) conclude that the interpreter should be able to switch from one cultural orientation to another in order to mediate communication gaps caused by the diverse communication orientations of different cultures. Cultures prefer to communicate either through text or through context. Referring to Katan's model of contexting (2004), various researchers distinguish between high-context and low-context cultures, and their respective preferences for indirect or direct

approaches to discourse (Montalt & González-Davies, 2014:184; Shisheng & Shuang, 2012:149). In a high-context culture, such as some collectivist South African cultures, the emphasis is on context: the message should not be rushed through but be delivered implicitly and tactfully, and the subject should not be attacked forthrightly but be developed through argumentation and inductive reasoning. In low-context cultures (also found in South Africa), the emphasis is on text: the communication style is to "get to the point", and "clear, unambiguous and explicit communication" is favoured. The message should not be hidden in indirect communication because the recipient might get bored or fail to detect the message (Katan, 2004, in Shisheng & Shuang, 2012:149, 153.)

With reference especially to sensitive health texts, high-context communities and low-context communities require different communication strategies. While the tightly-woven high-context community favours a non-confrontational style of communication, indirect speech and dense, elaborated texts, the more loosely-knit low-context community favours facts, direct speech, consistency, substance and rules (Montalt & González-Davies, 2014:184; Singleton & Krause, 2009). Other communication strategies determined by context include politeness strategies and reference switching from one mode to another to indicate power and distance (Hatim & Mason, 1999:10-11, 112). Shifts of reference could be a shift in pronominal reference (for example, from the more informal "jy/jou" to the formal "u" in Afrikaans), in the area of tenses (from the past to the present or *vice versa*), in number (plural to singular) or in gender. When the language practitioner selects a translation approach suitable to a high-context community, the text might reflect cultural relevance by favouring indirect speech acts above direct speech acts, completeness above clarity, or respect and empathy above accuracy. Montalt and González-Davies (2014:23) stress that a medical text should have all of the above features – clarity and accuracy, cultural relevance, confidentiality, completeness of information, and respect and empathy.

High-context and low-context communication is often displayed on a continuum with Chinese languages, Japanese and Arabic indicated as languages used in high- context cultures; Dutch, German and Swiss occupying the other end; and English occupying some middle ground, leaning towards either the high-context or low-context end. While African languages are generally regarded as languages of high-context cultures, South African English is indicated as leaning towards low-context communication (Crafford, 2007:232). The relation between high-context and low-context cultures and a preference for more or less text or more implicit or explicit communication is graphically illustrated in Figure 2-13. Note that, while the positioning of high-context and low-context cultures on the graph is interpreted differently by various researchers and is by no means fixed, the model, in the opinion of the researcher, succeeds in

indicating the relation between high-context and low-context cultures and the need for different approaches to discourse.

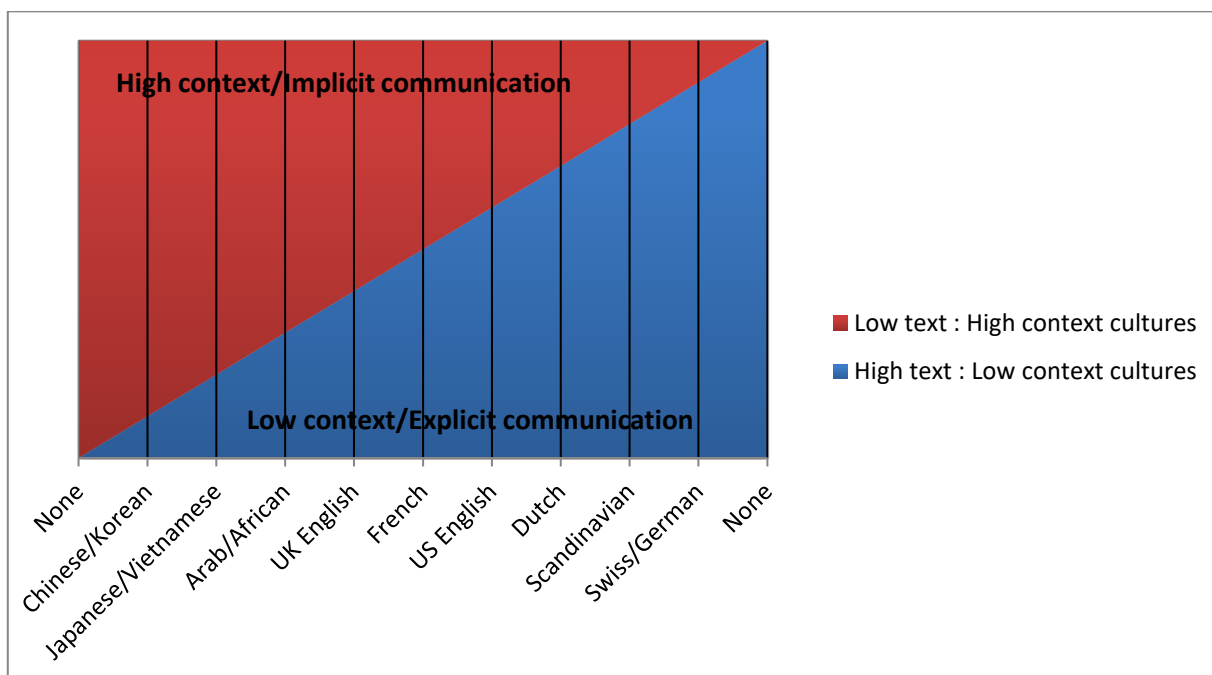


Figure 2-13: Relation between high-context and low-context cultures (based on Katan's model of contexting) (Shisheng & Shuang, 2012:149)

As early as 2002, Combrink (2002:7-8) citing Taft (1981), Gentzler (1993) and Katan (1999) already indicated that South African language practitioners should be able to participate to some extent in two cultures, and be aware of how their own identity could influence perception. She pleaded cultural sensitivity "to a point of sophistication" not only to enhance the products of translation, but also to respect the rich, complex cultures of South Africa as reflected in the various languages of the country (Combrink, 2002:15, 20-21).

2.8.2 From intermediary to social and cultural mediator

Although some Western practitioners still regard language practitioners as "walking dictionaries" rather than cultural mediators, Western societies are increasingly appreciating language practitioners who fill the breach between cultures divided by language and culture, effecting understanding (Salmeri, 2014:78; Valero-Garcés, 2006). The language practitioner acts as intermediary when the original communicator wishes to communicate relevant information to the target reader. As the source language communicator does not know the target language, a bilingual language practitioner is needed to help realise the communication objectives (Gutt, 2000:65-66). The intermediary, Valero-Garcés (2010:206) expands, is not simply a person who

knows the language, but someone who is trained to act as intermediary between the source text author and the recipient who are separated by more than just language. As intermediary, the language practitioner adheres to the traditional translation principles of fidelity and adequacy when he or she translates a text from one language to another.

Although the terms 'intermediary' and 'mediator' are sometimes used synonymously, 'intermediary' is increasingly being replaced with 'mediator' in the debate on the role of the translator in intercultural communication, as researchers agree that some degree of mediation might be necessary in translation that occurs not just between languages but also between cultures (Combrink, 2002:22; Durdureanu, 2011:52; Limon, 2010:38; Martínez-Sierra, 2008; Nord, 2006:33). To ensure communication that is adequately relevant to the target reader, the source language communicator might need more than just transcoding: he or she might need a translator's solid knowledge of the language and objects of the target culture (Gutt, 2000:67; Salmeri, 2014:86). Valero-Garcés (2006; 2010:209) agrees that mediation could entail translation solutions that do not depend exclusively on the source text, its function or the assignment, and that it might be necessary to change a text beyond the normal limits of translation (Valero-Garcés, 2006). When the interlinguistic mediator pays more attention to intercultural communication than to the loyal transmission of content, when he or she is allowed to add or suppress information, and to reformulate, the translator becomes an active participant in the conversation between the original author and text recipient (Valero-Garcés, 2006).

The above corresponds with Cronin's (2003:35, 41) statement that a view of translation as naïve, transparent and unmediated is no longer tenable, because translators contribute to establishing relations between cultures (also globally) and setting the conditions for the exchange of goods and ideas. Such an expanded conception of the role of translators implies that they have a rightful place to fill as "brokers" between divergent languages and cultures, and interveners in cultural, societal and political matters (Bowen, 2001:45; Cronin, 2003:67; Motsei, 2013:610-612). Translators become mediators, tasked with diplomacy, between two languages and two cultures, or even between two cultures speaking the same language (Durdureanu, 2011:55). This broader view of the role of translators also implies waiving restrictive views of translation practice, and educating the public and society at large as to what translators both know and can do (Cronin, 2003:67).

2.8.3 Fulfilling a social and cultural mediation role

Expanding the roles and competencies of language practitioners does not mean giving them *carte blanche*: social and cultural mediation by the language practitioner might be limited by

policies, codes of conduct, translation assignments, the medium used for transmission, own skills, and the receptiveness and/or participation of the target reader. Various researchers distinguish between degrees of mediation, using terms that indicate either intensification in mediation or opposing stances.

- One of the oldest and best known rules of translator conduct applicable to the mediation debate is the frequently quoted 1813 Schleiermacher maxim:

"Entweder der Übersetzer läßt den Schriftsteller möglichst in Ruhe, und bewegt den Leser ihm entgegen; oder er läßt den Leser möglichst in Ruhe und bewegt den Schriftsteller ihm entgegen" (Van Leuven-Zwart, 1992:44)/"[Either] the translator leaves the author in peace as much, as possible, and moves the reader towards him: or he leaves the reader in peace, as much as possible, and moves the author towards him" (Geertsema, 1996, in Wallmach, 2000:2).

This maxim is interpreted by Venuti (2013:3, 127) using the terms 'foreignisation' and 'domestication'. When the language practitioner applies the foreignising method of translation, he or she shows respect for the foreign by conducting no or minimal mediation; on the contrary, when a domesticating approach is applied, the translator intervenes in the source text freely by applying rewriting, paraphrasing and adapting (Venuti, 2013:3). Although Venuti advocates foreignisation, with its inherent respect for cultural otherness, he also questions Schleiermacher's view of an unmediated approach of foreignisation as the "true goal of all translation", stating that foreignness in a translation is only accessible if it is mediated (Venuti, 2013:2-3; Wallmach, 2002:1-2, citing Venuti, 1995).

- This is also the view of Hatim and Mason (1999:152) who state that unmediated transfer (no changes or adaptations) could mislead the target text reader and that some adjustments might be necessary. These authors use terms of intensification in mediation, distinguishing between no mediation, minimal mediation, focused mediation and maximal mediation. In the case of minimal mediation, when translator mediation is more neutral, the characteristics of the source text and discourse are usually relayed relatively intact from the source text to the target text reader. On the contrary, maximal intervention or mediation indicates a radical deviation from the source text and even the source text intention, and the sociocultural and socio-textual practices of the source culture (Hatim & Mason, 1999:152-153, 161).
- Yet another way of describing degrees of mediation in translation practice is by using terms indicating opposing stances. Valero-Garcés (2006), citing Cambridge (2002) and OFRIM (2001), differentiates between the impartial and advocacy models of translation and interpreting. In terms of the impartial model, the translator (or interpreter) as mere reproducer of messages should maintain a distant, non-critical attitude towards the text; on

the contrary, the translator (or interpreter) as advocate and mediator could become completely involved in the process. Valero-Garcés (2006) uses Hernández's (1997) distinction between translation as algorithmic activity and translation as heuristic activity to further illustrate these opposite points of view. When translation is viewed as an algorithmic activity, the algorithm or "recipe" is used for transferring information with minimal intervention by the "ego" or person. By contrast, in translation as heuristic activity, the person translating the text is fully aware of his or her responsibility of taking translation decisions when transferring information (Valero-Garcés, 2006).

- Again citing Hernández (1997), Valero-Garcés (2006) compares the above opposite points of view to 'invisible' and 'visible translation'. On the one hand, in 'invisible translation', the translator adopts a servant position with no decision-making responsibilities. This type of translation is applicable to the reproduction of a scientific-technical or literary text with emphasis on the original text. On the other hand, in 'visible translation', the translator adopts a critical attitude and claims intellectual responsibility to produce a translation that is appropriate and accessible to the target reader. This type of translation, in which the translator becomes 'visible' to a greater extent, is applicable in situations where there is social and cultural distance between the source text and target text reader, and a need for integration. While the 'invisible translator' is 'silent', the 'visible translator' becomes 'vocal' in exercising his or her vocation. (Valero-Garcés, 2006, citing Hernández, 1997)

Language practitioners could intervene in message transfer by feeding their knowledge and beliefs into the processing of the text, by making concessions to the reader, and by making the characteristics of the source text less visible. Deviations such as different lexical choices, different sentence arrangements, a different text structure, and a shift in point of view could, in the end, create a completely different text world. Taken together, all these departures reflect a different ideology, agency or value system, or a revision of ideology, to make the text more acceptable to a target reader. The goal could be to relay the intended meaning in the best possible way or to promote intentionally an ideology that is very different from that of the source text (Hatim & Mason, 1999:147-148, 155-158, 162; Marais, 2008:41). (For a discussion of translation approaches of hegemony or agency, including foreignising and domesticating translation approaches and approaches of text-world manipulation, refer to par. 3.3.2.3.)

The result is that language practitioners mediate to different degrees. Mediation by South African language practitioners could then be imagined as a degree continuum that has, at one end, no mediation and, at the other end, maximal mediation. Between those two end points, degrees of mediation could indicate various levels of involvement of the language practitioner in

sociocultural communication. As there are no clear divisions between the various levels of involvement, they form a continuum from the one to the other. The fifth objective of this study is to determine how South African language practitioners view themselves, i.e. as mere intermediaries or as social and cultural mediators when translating health communication for target groups (refer to Study Objective 5 in par. 1.5 and Theoretical Point of Departure 6 below).

Theoretical Point of Departure 6:

A propensity for adhering to the source text and translating with a high degree of fidelity to the source text author indicates an intermediary approach to translation. A propensity for adhering to the target culture and feeling at liberty to adapt the source text for assimilation by the target reader then indicates a social and cultural mediation approach to translation to some degree.

2.8.4 Social and cultural mediation in the public service and broader society

In the civil or public service, health texts directed at diverse communities have to be translated by language practitioners, each marked by their own culture and educational experience, and own conceptions of treatment and care, health and sickness, life and death. Differences attached to these health-related concepts, and to value concepts such as politeness, respect (including respect for elders), dignity, and individuality or a group identity, could intensify and even cause conflict when language is not shared. As topics such as food, sex and disease (including AIDS and cancer) are then treated differently by different cultures (some are even seen as taboo subjects), the language practitioner employed in the public service should know when and how to intervene in a text to prevent misunderstanding and communication breakdowns (Valero-Garcés, 2006).

Public service translation, Valero-Garcés (2006) argues, should be guided towards the reader and the effectiveness of the message. The target text should not be a mirror of the source text: the source text should be adapted and reformulated by a language practitioner as mediator using a variety of strategies. In the public service, only language practitioners who have mastered both the source and target languages and take a selective approach to information exchange between cultures are able to negotiate meaning between cultures and transmit the message to the target reader (Cronin, 2003:60; Dimitriu, 2010:22; Valero-Garcés, 2006). When the same text is translated to various cultural groups, the end-result should be the production of as many texts as cultures involved (Valero-Garcés, 2006).

Discussing the translator's responsibility in broader society, Cronin (2003:61, 73-74) argues that Anglophone monoglossia could be overstated and that translators could become "agents of

plurality" who contribute to diversity by offering access to varieties of understanding, assisting cultures to overcome "cultural blind spots" and deal effectively with societal problems. In a country such as South Africa, which still suffers because of a divisive past, a creative translation approach that carries exceptional responsibility, also the moral responsibility of promoting accessibility, change and democracy, is the "appropriate approach" (Meintjes, 1992:15-17). However, different solutions are needed for various kinds of problems and situations, and flexibility might be required of the language practitioner when requested to translate a specific health document. On the extremes of a degree of mediation continuum, one language practitioner might act as intermediary, closely adhering to the source text, while another might act as social and cultural mediator, questioning every aspect of a source text and producing a target text accessible to the target reader. The language practitioner's decision to select a specific approach to the translation of health communication might be affected by his or her ability to fulfil a mediator role and the extent to which he or she is willing to intervene in a text. South African language practitioners' mediation responsibility is formulated as Theoretical Point of Departure 7.

Theoretical Point of Departure 7:

In a multicultural, multilingual, developing South Africa, a high degree of flexibility – an adaptive capacity – should be the norm when South African language practitioners translate health texts to the profile of the recipient. An uncompromising hardline stance of representing only the source text author or only the target reader might lead to alienation of the source text author or target reader, and failure to establish dialogue between and participation by different stakeholders.

2.8.5 Competencies needed by language practitioners fulfilling a mediator role

To act as social and cultural mediator, a language practitioner needs certain essential and recommended skills.

2.8.5.1 Intralinguistic and interlinguistic competence

Within the South African context, with English as *lingua franca* (see par. 3.6.1), language practitioners are required to have a very good command of English and of their home language. Although they are expected to know their languages "inside and out", and attend translation institutions with their languages well in hand, they still have to be taught language as "a scientific object and not merely a reflex" (Viaggio, 1992:309). This is true for all language practitioners, without taking account of their approaches to the translation of health

communication (or their degree of text mediation) (refer to par. 2.8.4). Translators should manage language so well that they have what Viaggio (1992:310) calls "overriding translator's competence", which is applied to extremely poorly written texts. Referring to poorly written source texts, Rodrigues and Blaauw (2002:213) direct that translators should know to disregard the linguistic framing, infer the intended meaning which is incompetently conveyed, and express it suitably in a translation.

Various researchers agree that training in contrasting linguistics is helpful but insufficient for translation practice, pleading the need for a much more comprehensive competence that includes subject and text competencies in addition to bilingual competence (Dimitriu, 2010:16, 19-20; Neubert, 1994:14; Van Rensburg, 2014:557, 565, citing EMT, 2009). McAlester (1992:297), however, referring to inverse translation (from the mother-tongue into another language), argues that the requirement of native speaker linguistic competence could be dropped for some text forms and be replaced by a criterion of "communicational competence", which he states should include "near-native speaker competence" in the other language. As the South African language practitioner mostly translates from English into his or her mother-tongue, and as many are multilingual with English being only their third or fourth language, "near-native speaker competence" in English is often the case. If the language practitioner were to act as mediator, intralinguistic and interlinguistic competence would have to be complemented by communication and cultural competencies (Viaggio, 1992:307-308).

2.8.5.2 Communication competence

When translation is seen as mediated communication, the general laws of communication are of paramount importance (Viaggio, 1992:308). Translation students should therefore be taught the universal principles of human communication, linguistic communication, written linguistic communication, and mediated intralingual and interlingual communication. Citing Bachman (1990), Hatim and Mason (1999:205) describe communicative language ability as organisational competence (also grammatical and textual competence), pragmatic competence (also sociolinguistic competence such as register) and strategic competence (the ability to apply a strategy to achieve communicative goals). Strategic competence⁴ comprises procedural knowledge to plan, conduct and complete a translation project effectively, also by selecting the most appropriate translation approach, and the ability to detect and solve translation problems (Rabab'ah, 2008:97; Van Rensburg, 2014:559-562, citing PACTE, 2008, & Göpferich, 2009).

⁴Strategic competence is regarded as a metacognitive competence (by the Graz University's TransComp Project researching translation competencies) and as the most important competence (by the Barcelona research group PACTE at the Universitat Autònoma de Barcelona (Rabab'ah, 2008:97; Van Rensburg, 2014:559-562, citing PACTE, 2008, & Göpferich, 2009).

In the last few decades, the need for translation services in specialised communication has dramatically grown, increasing the need for language practitioners with communication competence and knowledge of different discourse conventions in an intercultural context (Budin, 1994:111, 113). When health communication is included in a development project, the language practitioner translating into his or her home language should be able to produce culturally relevant communication, reducing the gap between borrowed development initiatives and traditional practices. Although a language practitioner might not be trained in mediated communication, he or she might be in a position to exploit his or her language and cultural knowledge to benefit sustained development (Khan, 2014:764). If a language practitioner is to act as social and cultural mediator, intralinguistic and interlinguistic competence, and communication competence have to be complemented by cultural competence.

2.8.5.3 Cultural competence

To apply a mediating approach to the translation of public health communication, the South African language practitioner should have excellent cultural competence; that is, the ability to consider the cultures of both the sender and target of the communication, including cultural requirements, beliefs and practices, preferences and taboos (Krige, 2011:235, 239; Loogus, 2012:373, 381). Cultural competence also includes the ability to remove barriers preventing full understanding of the health message by tailoring the message to the cultural context of the recipient (Kai *et al.*, 2011:923; Krige, 2011:240-241, 244). Trained, competent language practitioners should be employed to deal with cultural differences in patients' understanding and preferences for care, and families' approaches to ownership of health information and decision making about the care of relatives (Grant & Phil, 2006:56; Kai *et al.*, 2011:918; Valero-Garcés, 2010:205; Waisbord, 2008:519). Professional competence is the fourth essential competence needed by a language practitioner fulfilling a mediator role in health communication.

2.8.5.4 Professional competence

Translation professionalism means acquiring the competencies needed for translation and interpreting, and constantly improving them (Nord, 2006:36). These include competencies of text reception and analysis, transfer and research, text production, and quality control (Hatim & Mason, 1999:204; Rabab'ah, 2008:97; Sales & Pinto, 2011:248-249). Translation professional competencies depend on information and communication technology (ICT) skills, which also implies access to hardware and software, also software for text recognition and conversion, and access to virtual networks of translation exchange (Cronin, 2003:46-47; Sales & Pinto, 2011:250, 253). Cronin (2003:112) describes translators not only as "travellers" between

languages and cultures, and between different disciplines such as the humanities and sciences, but also as "translational cyborgs" interacting with technology.

Research competence is essential when translators face a situation where no known or acceptable equivalent is available and have to search for acceptable terms (Peterson & Collada Ali, 2016:68; Sales & Pinto, 2011:252). Options available to a translator are: avoiding the concept (the "zero option"); coining a new term by using morphemes (plus their specifications) at hand; using loan words; paraphrasing; describing; or applying explicitation⁵ (Mabasa, 2006:28-29; Mohatlane, 2014b:132; Motsei, 2013:620, citing Mokitimi, 1998; Ndlovu, 2013:168; Peterson & Collada Ali, 2016:67-68). Translators should not hesitate to substitute the zero option by creatively producing what Miremedi (1992:137) calls "semantically and syntactically appropriate constructions and labels". Equivalents are also found in books and articles (also e-articles and e-books) on the translation topic or by comparing the source word to its equivalents in languages related to the target language. Language practitioners should be able to mine data – they should find the appropriate information about a subject in a very short time (Górnicz, 2013:130-131).

2.8.5.5 Thematic competence

While thematic competence might reduce the need for data-mining or research competence, and is highly recommended, especially in the health domain, it is not regarded as an essential competence for the language practitioner acting as social and cultural mediator. It is, however, indicated as an essential translation competence in the TransComp model and the European Master's in Translation (EMT) reference framework for competencies. Knowledge of the specific subject field is included in the Process of Acquisition of Translation Competence and Evaluation (PACTE) model under extralinguistic competence (Šeböková, 2010:44, 48; Van Rensburg, 2014:560, 562-564). Thematic competence is described as the thirst for knowledge, an eagerness to learn ("*weetgierigheid*" in Afrikaans), and the need to develop knowledge about subject fields (Chodkiewicz & Curie, 2012:40; Van Rensburg, 2014:566). Górnicz (2013:135,144) states that familiarity with the subject matter helps the medical translator to translate faster, but familiarity with the entire conceptual system of medicine is not needed to translate a particular medical text. While a subject specialist (health professional) has acquired thematic competence, he or she might lack all the essential competencies needed for producing texts accessible to non-professional target groups representing different cultures.

⁵ 'Explicitation' is to make information that is implicit in the source text explicit in the target text. This information is derived from the context or situation of the source text (Mohatlane, 2014b:126, citing Blum-Kulka, 2000).

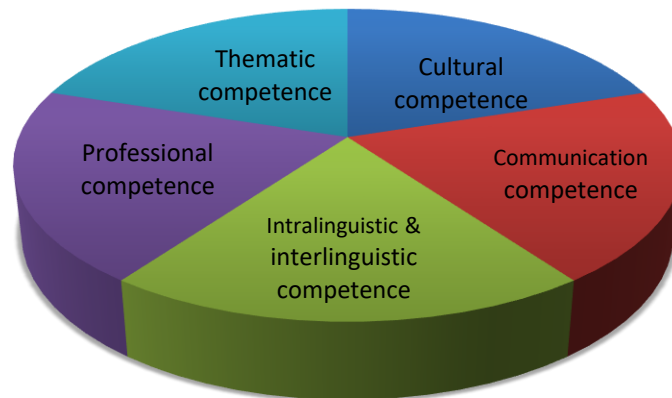


Figure 2-14: Essential and recommended competencies of the language practitioner fulfilling a social and cultural mediator role in the public health domain

Figure 2-14 illustrates the essential and recommended competencies of the language practitioner fulfilling a social and cultural mediator role in the public health domain. The EMT reference framework for competences identifies six interdependent or overlapping translator competencies, namely translation service provision, language competence, thematic competence, technological competence, information mining competence and intercultural competence (Chodkiewicz & Curie, 2012:45; Van Rensburg, 2014:564). In a study conducted in Poland on the relevance of these competencies, student and professional translators rated intercultural competence, language competence and information mining competence (research or professional competence) as the highest (Chodkiewicz & Curie, 2012:45). Van Rensburg (2014:570-571), comparing three translation quality standards⁶, notes that the American organisation ASTM International failed to include cultural aspects and research as quality standards. There is little doubt that South African language practitioners would need both cultural and research skills, in combination with linguistic and professional competencies, to act as social and cultural mediators when translating health messages for their respective target groups.

⁶They are the EN 15038 translation services – service requirements (2006) by the European Committee for Standardisation, the ASTM F2575 standard guide for quality assurance in translation (2006) by the American organisation ASTM International, and ISO/TS 11669 translation projects – general guidance by the International Organisation for Standardisation (2012).

2.9 Conclusion

This research is aimed at establishing the scope of translation approaches used by South African language practitioners translating public health communication for specific linguistic and cultural groups, in order to determine whether or not these language practitioners act as mere intermediaries or as social and cultural mediators to some extent when translating health messages.

This chapter contains the literature review conducted to answer Research Question 1: what communication concepts and strategies are associated with different translation approaches? In line with the interdisciplinary nature of this study, sources on communication, translation and culture were explored to link translation as health communication practice with either the informational or participatory models of communication. Within these models of communication, the South African language practitioner could either act as intermediary, transferring information from one language into another, or fulfil an intercultural and a social mediator role by interpreting or adapting text according to the social context and developmental needs of the receiving culture. Competencies needed by the language practitioner to deal with high-context and low-context cultures and existing dualities in health communication were identified.

The focus of this research is the intermediary or mediator role of South African language practitioners in health communication in a multicultural, multilingual, developing South Africa, placing this research firmly within the sociocultural communication tradition. Within the Constitutive Metamodel of Communication, the sociocultural communication tradition theorises communication as a process that produces and reproduces shared meaning. South African language practitioners who select a translation approach with a truly mediating quality will enhance intercultural understanding, CDSC, indigenous knowledge, indigenous languages and participation by the target reader. A merely intermediary stance by South African language practitioners translating health communication might indicate a lack of perspective about their potential to contribute to dialogue and intercultural communication in a transforming South Africa. A social and cultural mediator stance might indicate an awareness of such a broader outlook on translation.

Chapter 3 focuses on Research Question 2: which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa?

CHAPTER 3 LITERATURE REVIEW: TRANSLATION APPROACHES AVAILABLE TO LANGUAGE PRACTITIONERS TRANSLATING HEALTH COMMUNICATION

"Where Western theory and practice have focused on the individual as the agent of translation, treating the translator as a sort of 'black box' of linguistic transformation, translation processes in other cultural contexts present alternate possibilities" (Naudé, 2011:226).

3.1 Introduction

In Chapter 2, broad research lines link translation as health communication practice with either the informational or participatory model of communication. Within these models, the South African language practitioner acts as intermediary or as social and cultural mediator to some extent. To fulfil a mediator role, the language practitioner needs communication, cultural, linguistic and professional competencies. These competencies enable a language practitioner to deal with dualities in health communication and tailor texts to the needs of the target reader.

In this chapter, literature on health communication, translation, and translation as cultural mediation was researched and integrated to determine translation approaches that will allow the South African language practitioner to exercise a degree of mediation when translating health communication, answering Research Question 2: which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa? Divergent translation approaches, and their association with equally divergent communication processes, were investigated to present a continuum of translation approaches that allow social and cultural mediation to some extent. The expanded scope of translation approaches available to South African language practitioners, based on moves or shifts recognised in recent translation history, is discussed. While the sensibleness of a flexible process-based approach to translation is stated, the necessity of selecting approaches that allow the language practitioner a social and cultural mediator role in health communication in a developing South Africa is underlined. While the presentation of translation approaches as dichotomies could be criticised as an oversimplification, sufficient detail is provided to enable the portrayal of a continuum of translation approaches.

3.2 Linguistic-based and functionalist translation approaches

Translation has been described in many ways over many years, but especially as dichotomies of some kind, for example as a source text or target text, as faithful or free, or as a skill or an art.

It is important to investigate how translation dichotomies have been manipulated over the years to determine the position of translation within a specific discursive practice (Wallmach, 2000:3-4).

3.2.1 Literal to free

The most basic dichotomy is the literal and free translation distinction, which has been in existence for at least two millennia and is displayed in translation theories to some degree (Bassnett, 2011:162; Pedersen, 2014:68). The *ut interpretes/ut orator* distinction made by the Roman philosopher Cicero (106-43 BC) between literal and free translation has been a golden thread in the history of translation perspectives (Durdureanu, 2011:53; Van Leuven-Zwart, 1992:23). While free translation is defined as "translation in which more emphasis is given to overall meaning than to exact wording" (Richards & Schmidt, 2002:563), literal translation aims at the closest possible correspondence on word and structure level (Van Leuven-Zwart, 1992:55). According to Neubert (1994:20), a literal translation approach produces interlinear versions, even "fake word-for-word or construction-for-construction substitutions", which relate more to the source language than the source text.

In literal translation, the characteristics of the source language and the source text are left intact: the demands of the target reader are not met, and the language conventions and culture of the target reader are avoided. In contrast, in free translation, translation occurs from the perspective of the target reader, the target reader demands are central, and the translated text reads like an original (El-dali, 2011:31; Van Leuven-Zwart, 1992:23). Although the word-for-word substitution approach is often criticised, even ridiculed (refer to par. 3.2.2), translation is still seen primarily as a form of selection and substitution. In creating an alternative structure in the target text, some aspects or parts of a source text are kept and preserved or prioritised and others not. Cronin (2003:132-133) calls this a partial reproduction, as it captures some of the originality and cultural characteristics of the source text.

Hatim and Mason (1999:30-31, 111) argue that a literal translation is possible when the source text is stable; however, when a creative, interesting source text includes cross-cultural difficulties, a literal approach is inappropriate. In 2011, Susan Bassnett (2011:12) was still asking when a translator should closely follow a source text, reproducing each word, and when he or she should follow a free approach, translating meaning or the "sense". Bassnett acknowledges that while the inexperienced translator will opt for the word-for-word approach, the majority know the pitfalls of such an approach, also that 'too literal' could mean 'unreadable'. Translation models without regard for the broader picture, that is, for target reader expectations,

market pressures, context and culture, are disliked by many language practitioners and, for this reason, Bassnett suggests that translation scholars should engage more openly with translators working in the field (Bassnett, 2011:18-19; 2002:16). In Chapters 5 and 6, the voices of South African language practitioners about their selection of translation approaches in the health domain are heard.

3.2.2 Approaches of equivalence

After World War II, as a result of machine-aided translation, a scientific interest developed in contrastive or translation linguistics and the concept of 'equivalence' (Naudé, 2011:227; Van Leuven-Zwart, 1992:51-52). Understood in its strict scientific, mathematical sense as a relation of absolute symmetry and absolute interchangeability, equivalence became a serious obstacle and failed the test of time as a suitable basic concept in translation theory (Bassnett, 2002:33; Van Leuven-Zwart, 1992:52, 55). As early as the linguistic-oriented translation research of the late sixties, equivalence in translation already had to be redefined to explain its suitability and applicability to the field (Leonardi, 2000; Van Leuven-Zwart, 1992:54).

Since then, equivalence as a basic concept in translation theory has been criticised as vague, a "dead duck", imprecise and poorly defined, an "illusion of symmetry", as lacking theoretical status and as unmindful of the communication effects of translation (Baker, 1999:5-6; Bassnett, 2002:32; Gutt, 2000:208-211; Van Leuven-Zwart, 1992:54, citing Wills, 1977, Newmark, 1982 & Snell-Hornby, 1988). Combrink (2002:9) agrees that 'formal correspondence' and 'dynamic equivalence' might have come to the end of their useful existence, even though normative and prescriptive translation approaches still tend to shape thinking about translation.

➤ Formal equivalence

Notwithstanding the criticism, translation equivalence, defined as the extent to which meaning can be retained during interlingual transfer, is still widely discussed by theorists and used as basis for translator training (Baker, 1999:6; Naudé, 2011:226- 227; Richards & Schmidt, 2002:563). In this traditional approach to translation, the specific communicative value of the source text must be equalled (not only be captured) in the target text (Neubert, 1994:16; Nord, 1992:40; Van Leuven-Zwart, 1992:52-53). The translator has to bear in mind the original text, strive for similarity and correspondence, and produce a translation that is good, accurate and faithful to the original text (Naudé, 2011:227). (Refer to Figure 3-4 on page 85.)

Some years after the interest in the formal equivalence approach arose, to compensate for its apparent shortcomings, equivalence was redefined. Researchers such as Kade (1968) and

Koller (1987) made various distinctions based on the relations between words or the relations between words and meanings in language systems. While Kade focused on denotative equivalence between words in language systems, comprising total equivalence (a one-on-one relationship) to null equivalence (a total lack of equivalent terms in the target language), Koller distinguished, amongst others, between formal equivalence and pragmatic or communicative equivalence (Van Leuven-Zwart, 1992:52-53).

➤ Dynamic equivalence

Koller's last two categories call to mind the distinction made between formal correspondence and dynamic equivalence by Nida and Taber (Leonardi, 2000; Liu, 2012:242; Van Leuven-Zwart, 1992:53-54). While formal correspondence focuses attention on the form and content of the message, dynamic equivalence is based on equivalent effect – the target reader should accurately understand the message carried by the source text (Leonardi, 2000; Liu, 2012:242). While the target reader should respond to the target text in very much the same way that the source text reader would respond to the source text (equivalent effect), the language practitioner should still strive for the "closest natural equivalent" and a natural rendering that fits the target language and culture (Liu, 2012:243, citing Nida & Taber, 1969). Comparing English with Chinese, Liu (2012:243-244) reiterates Nida's warning that formal correspondence could cause an unfaithful rendering because of sociocultural and language structure differences between languages. An example of the dynamic equivalence approach to translation is included in Table 3-1.

Table 3-1: Obtaining an equivalent effect by applying the dynamic equivalence approach to translation (adapted from Liu, 2012:244)

	Translation approach	English version of the Chinese sentence: “巧妇难为无米之炊”
A	Word-for-word translation (formal correspondence)	clever-woman -difficult-do-without-rice-'s-cook
B	Literal translation	Even the cleverest woman cannot cook a meal without rice.
C	Dynamic equivalence (equivalent effect)	One cannot make bricks without straw.
D	Free translation	Nobody can make something out of nothing.

Although the dynamic equivalence approach promotes interlingual communication and understanding, it still demands the closest natural equivalent and has therefore been criticised as inadequate: the language practitioner is not free to add to the text to make meaning explicit (Gutt, 2000:80, citing Nida & Taber, 1969; Liu, 2012:246; Naudé, 2011:227; Van Leuven-Zwart, 1992:55).

➤ Functional equivalence

Gutt (2000:71) argues that variations of the equivalence approach are still aimed at effecting faithful translations. The requirement that the target text function should be equivalent to that of the source text brings to mind De Waard and Nida's (1986) functional equivalence approach (Liu, 2012:246; Naudé, 2011:227). Setting aside formal correspondence and focusing on texts "as part of the socioculture to which they belong", De Waard and Nida (1986) introduced functional equivalence based on the principle of equivalent effect (Naudé, 2011:228). Durdureanu (2011:55) regards Nida's approach of dynamic or functional equivalence as a midway position of "relative" equivalence that leaves the door open for the adjustment of languages. Developments in translation approaches of equivalence are represented in Table 3-2.

Table 3-2: Developments in translation approaches of equivalence

Translation approaches of equivalence – Timeline					
From 106 BC - Cicero - Literal to free					
From 1945 – Formal correspondence to a mid-way position of relative equivalence					
1945	1968	1969	1986	1987	1990s
World War II - Equivalence-based translation approaches	Kade - Denotative equivalence (total to null equivalence)	Nida & Taber - Formal correspondence - dynamic equivalence	De Waard & Nida - Functional equivalence	Koller - Pragmatic or communicative equivalence	Neubert, Hatim, Mason, Baker – Communicative equivalence at textual level

Various linguistic approaches that dominated the translation field in the 1990s still assume "a relation of equivalence" at a textual and communicative level, with no need for formal correspondence between segments of the source and target texts (Naudé, 2011:228).

➤ *Communicative equivalence at textual level*

In the textual perspective of translation equivalence, the translator's strategy involves assessing the source text in its setting and deciding on how to solve problems which are sure to arise from the differences and contrasts between the source language and target language. As the belief in the textual perspective of translation equivalence is that the correct translation of words and structure does not guarantee an adequate text, the focus is more on exploring correspondences beyond sentence level. The text is the "larger communicative event", and the text function of the original text (the communicative event) has to be recreated by the translator who achieves this by attaining cohesion on the text surface level and coherence on a semantic level (Baker, 1999:180, 218-219; Neubert, 1994:14-15). In this top-down translation approach [text > paragraph > sentence > word], equivalence is located at a textual and communicative level, and

distinguished by features such as cohesion, coherence, acceptability, intentionality and informativity (Baker, 1999:6, 218; Naudé, 2011:228; Neubert, 1994:16, 18).

These distinctive features, to a greater or lesser extent, typify a class of texts or type of text. Health texts then have recurrent features, which become the distinctive features of this type of text. When translating a health message, the translator should then pay attention to the lexical, grammatical, and stylistic markers of the health text. Before the translator attempts a translation, he or she should ask what is typically true of the type of text in the two languages the translator is working in. Such a generic approach would assist the translator, because one text is influenced by similar texts. As texts reflect the communication habits of the speakers of the language, translation problems encountered in a specific health text also appear in similar texts (Baker, 1999:113-114; Ilynska *et al.*, 2016:87; Neubert, 1994:15, 18).

The meanings or "communicative values" of a word, phrase, sentence or chunk of text are then determined by the text as a whole and the text type. Although fully-fledged textual equivalence is not required, the translator must test the transfer potential of the various source text components and integrate them into the target text, if a novice, even by applying the bottom-up approach [word > sentence > paragraph > text], thereby exploiting lower-text equivalence as much as possible (Baker, 1999:6; Neubert, 1994:19-20). The target text is built up step by step to reach communicative equivalence at textual level (Naudé, 2011:228).

Communicative equivalence, however, is not reached simply by achieving lower-text equivalence. As text type conventions govern how text chunks are organised in a text, and as this organisation or structure could differ considerably between source and target texts, the language practitioner might have to rearrange the "internal architecture" of a source text to achieve communicative equivalence (Neubert, 1994:21). Hatim and Mason (1990:113) state that language practitioners might have no choice but to renegotiate source text structure, take a more conventional or a more liberal attitude, and portray or soften frank speaking to enhance the credibility of a target text. (Refer to par. 2.8.1 about the different communication orientations of high-context and low-context cultures.)

Parallel texts, that is, a source text and its translations (or texts with similar structural patterns produced in different languages in near-identical communicative circumstances⁷) contain translation units that a translator may identify and use when he or she needs to construct a target text about a similar subject (Herget & Alegre, 2010). Resources such as parallel text

⁷Examples are medicine package inserts, health warnings and country progress reports on HIV/AIDS or the MDGs.

corpora are also used for the identification of medical translation units and the provision of translation equivalents in machine-aided human translation (Deléger *et al.*, 2009:700), which may be incorporated into the construction of a target text.

3.2.3 Functionalist approaches

In the communicative or functionalist approaches to translation [not to be confused with '*communicative equivalence*' above], the translator is expected to produce a translation that meets the requirements of the translation '*skopos*', that is, the purpose or scope of the translated text set out in the translation brief (Gentzler, 1998a:267-268; Nord, 1992:39). The overall frame of reference moves from the source text and its function to the function the target text is to achieve in the target culture – when taking translation decisions, the translator has to take the target text function into account (Gentzler, 1998a:267-268). The functionalist approach theory broke "the chain of 2,000 years of theory" revolving around the 'literal to free' axis and could be described as the first move in translation studies (Gentzler, 1998a:269) (refer to par. 3.2.1 and Figure 3-1 in par. 3.1.1).

The initial '*skopos* theory' developed by Katharina Reiss and Hans Vermeer in 1984 did not take any culture-specific conditions of the target group into account. Nord (1992:40), however, was concerned with the application of the translation in a specific culture community, and therefore adapted the general functionalist theory to include the concept of 'loyalty'. As neither the initiator of the communication nor the intended target group is in a position to check if the translation conforms to their expectations because they know only their side of the culture barrier, the responsibility rests with the language practitioner alone as "expert" on the source and target cultures and translation procedures. The moral responsibility of '*loyalty to all communication participants*' is added to the principle of '*functionality*' to create a functional text that conforms to the requirements of the translation *skopos* and respects the interests of all participants (Naudé, 2011:229; Nord, 1992:40).

Gentzler (1998a:269) notes that the functionalist approach allows the language practitioner to act as 'cultural worker' and participate in the production of a culture, a role that is repressed by the traditional approaches of equivalence. While the translator could determine the most important information and the translation approach (literal, faithful, communicative or adaptive), he or she should uphold the requirement of 'functionality + loyalty' in practice (Gentzler, 1998a:268-269; Neubert, 1994:23-24; Nord, 1992:40). Out of loyalty to the source of the communication, he or she should indicate which aspects of the source text were disregarded to meet the translation *skopos* and why. This approach represents an "intermediate position"

because the target text will have some of the influence of the source text. Source text authors might even consent to changes or adaptations if they were sure that their communicative intentions will be honoured (Nord, 2006:34, 40-41). Gentzler (1998a:268-269), citing Nord (1997), argues that the functionalist approach proved to be more valuable for effecting change in South Africa, also in the health domain, than approaches of equivalence. Fourie and Feinauer (2005:359) agree that the functionalist approach was more effective at communicating with the target culture than the linguistic approach.

➤ *Audience design*

'Audience design' is defined as the way the source text author and the translator gear their output on their perception of the target reader. When the translator deliberately uses plain language to make a text intelligible, removes alienating issues to make it culturally acceptable or deletes text for the sake of reader-acceptability, the distance and power distance between the sender and target are reduced, and the reader becomes more involved. Audience design is therefore an important component of *skopos* and the translation brief, and is crucial to translation as communication. Through the intentional use of words and the selective application of translation techniques, language practitioners could send "signals" to their readers about the way they view the world and infer meaning, thereby achieving a different audience design (Hatim & Mason, 1999:6-7, 12, 19, 83, 160-162; Ilynska *et al.*, 2016:87). In the case of mass communication, audience design is not so much a response to the target group: it is rather a communicator's initiative based on his or her mental image of the likely receiver in a sociocultural context. (Refer to par. 2.6.1.1 about the role of mass media in behaviour change communication and its hypodermic needle effect on the target audience.)

➤ *A partnership approach*

Rodrigues and Blaauw (2002:213, 217) argued that the functionalist and community approaches to translation do not fully meet all the language needs of the formerly disadvantaged communities of South Africa. They reasoned that translators should accept the responsibility of empowering both the source text author and the recipients of the communication by acting as intermediaries and producing texts that are accessible to readers "at all literacy levels" (refer to par. 3.6.7). Describing the translator as facilitator, ally of both the source text author and target reader, and as go-between, Rodrigues and Blaauw (2002:215, 219) suggested a partnership approach to translation: the "translator-facilitator" empowers both parties by conveying the intentions of the source author, understanding the expectations of the target group, and translating effectively. According to these authors, the target reader becomes

the "co-producer" and is responsible for 50 per cent of the translation process. Developments in functionalist approaches to translation are represented in Table 3-3.

Table 3-3: Developments in functionalist approaches to translation

Functionalist approaches to translation – Timeline			
Frame of reference = the function the target text is to achieve in the target culture			
1984	1992	1999	2002
Reiss & Vermeer – Original <i>skopos</i> theory (translation should meet requirements of translation brief)	Nord – <i>Skopos</i> + loyalty (functionality + loyalty to all communication participants; an intermediary approach)	Hatim & Mason – Audience design (message designed for audience as seen by source text author and translator)	Rodrigue & Blaauw – Partnership approach (the "translator-facilitator" empowers both source text author and target text reader; target reader is "co-producer" of target text)

The relation between an intermediary role for the language practitioner, the application of approaches of equivalence and the transmission model of communication (refer to par. 2.3.1) is described in Theoretical Statement 1.

Theoretical Statement 1:

The language practitioner assumes the position of "intermediary" when the source text remains the authoritative document; the source text function dominates the translation process; the communicative intentions of the source text are met; the target text has at least some of the influence of the source text; the target reader is introduced to the world of the source text author; the text does not reflect local knowledge and the recipient's observations of the outside world; and the message is not adjusted to local context and the culture of the recipient. In line with the transmission model of communication, the communication process is still linear, relaying the message from the source text author to the target recipient with the help of a bilingual language practitioner serving as intermediary or go-between.

3.3 Approaches of non-equivalence

Translation paradigm shifts, also called moves or turns in translation studies (refer to par. 3.2.3), have introduced new and challenging approaches of non-equivalence which, for the purposes of this study, are discussed as *adaptive translation approaches*, *culturally adaptive translation approaches* and *translation approaches of hegemony or agency* (Milton & Bandia, 2009:2; Naudé 2011:223). These broadly grouped translation approaches are associated with the manipulation thesis, the cultural turn, the power turn, the sociological turn and deconstruction. By following the development of translation theory – from the concepts of 'fidelity to the source

text' and 'equivalence' to the concepts of 'manipulation' and 'acceptability' – a "communicative understanding" of translation is reached (Torop, 2010:16). Naudé (2011:227) warns, however, that the multiple perspectives characterising translation should be regarded as supplementary and not be seen as mutually exclusive.

3.3.1 Translation paradigm shifts introducing approaches of non-equivalence

Lefevere and Bassnett (1990) were the first to name the move from *translation as text* to *translation as culture* 'the cultural turn' (Naudé, 2011:230; Snell-Hornby, 2006:50). Wolf (2010:29) identifies the 'sociological turn', which involves language practitioners as agents of change, as well as power relations and social discursive practices that affect the language practitioner's selection of translation approaches. Naudé (2011:230) identifies three shifts or turns in descriptive translation studies, namely the manipulation thesis, the cultural turn and the power turn. Li and Cheng (2011:258) focused on deconstruction which "rejects the central position of the source text and enhances the status of both the target text and translators". These paradigm shifts are graphically represented in Figure 3-1, using the suggestion that they could be compared to a pendulum action "between faithfulness to the original or freedom from that original" (Wallmach, 2000:14). Each paradigm shift is summarised below to introduce approaches of non-equivalence available to language practitioners today.

- *Manipulation thesis posited in 1985*

The manipulation thesis postulated that all source texts are manipulated to some degree for a specific purpose. The emphasis shifted from a source text and language orientation to a target text and target system orientation: it was for the recipient culture to decide what to translate and for what purpose. Translators were therefore translating in the interest of their culture and not in the interest of the source text or source culture (Snell-Hornby, 2006:48-49). As the function of the translation in the target culture was essential, translations were seen as a primary literary tool that could be used by institutions such as government to "manipulate" a given society to construct the kind of culture it desired (Gentzler, 1998b:x; Naudé, 2011:230; Snell-Hornby, 2006:49).

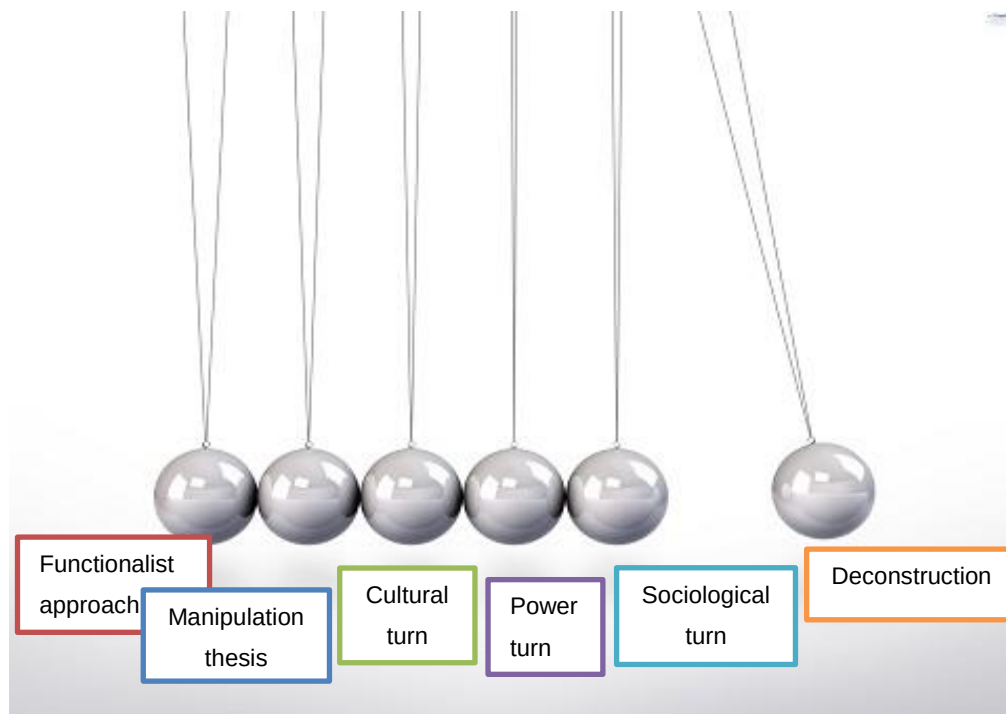


Figure 3-1: Translation paradigm shifts introducing new approaches to translation (Image: psdgraphics.com)

- *The cultural turn in the 1990s*⁸

The cultural turn has been described as the abandoning of the linguistic approach to translation, including the concept of 'equivalence', and as a movement from translation as text to translation as culture and politics (Naudé, 2011:230; Snell-Hornby, 2006:50, 164). It introduced the principles that translation is much more than a linguistic matter, that no translator can be separated from his or her cultural background and that all translations are influenced by culture, politics and ideology (Shuping, 2013:56). Naudé (2011:223), summarising the implications of translation studies for language practice in Africa, describes this as a movement away from prescriptive and normative translation approaches to approaches which made way for the translator to function as cultural mediator and agent of change.

⁸ Snell-Hornby contests the date, calling it the cultural turn of the 1980s. The term was coined in 1990 by Bassnett and Lefevere in the introduction to *Translation, History and Culture* (Snell-Hornby, 2006:47, 50).

- *The power turn in the 2000s*⁹

Following the cultural turn in translation studies, and also linked to postcolonial translation theory, is the so-called power turn, which was marked by questions such as "Under what circumstances do translations have maximum impact?" and "How does translation relate to cultural dominance ... and cultural resistance?" (Tymoczko & Gentzler, 2002, in Naudé, 2011:230). Translation no longer served as an "imperialist tool", ensuring colonial copies of the European original, but highlighted globalisation and localisation, demarcating cultural worlds (Naudé, 2011:230-231). In the postcolonial approach articulated by non-Western writers, translation was seen as "creative rewriting" and the translator as the "liberator" who freed the translated text from the source text and a subordinate position. Translation became a linguistic exchange, a dialogic process with no absolute hegemony (Bassnett, 2008:6).

- *The sociological turn of the 2010s*¹⁰

Wolf (2010:29, 31) introduced the 'sociological turn', thereby broadening the 'power turn', to focus on language practitioners as social agents, each with their own history, social networks, approaches to the profession and working processes. Viewing translation as a social practice exercised within social contexts, Wolf (2010:31, 33-34) focussed on the ethical and sociopolitical responsibilities of language practitioners, also when selecting translation approaches. (Also refer to the first-order sociocultural model of communication in par. 2.4.1 and Theoretical Point of Departure 5 in par. 2.7.2.) Citing Pym (1997), Wolf (2010:36-37) maintained that language practitioners are ultimately responsible to their profession and fellow language practitioners, denying any primary responsibility to the source text, the commissioner or the reader. As social agents, language practitioners should have the right to abandon supposed neutrality and invisibility, on the condition that they act professionally and responsibly. They should not be trained for the market, but for society to enable them to help shape cultures and societies (Wolf, 2010:43).

- *A shift to deconstructionism*¹¹

In the move to deconstructionism, the source text was seen as dependent on the target text, as there was a difference between what the source text could refer to and what it has referred to. The source text might even have been advanced by the shift in languages and diverse target

⁹ Advocated by Tymoczko and Gentzler in 2002 (Branchadell, 2005:6).

¹⁰ Wolf noted as early as 2005 that a sociological turn was under way in translation studies (Snell-Hornby, 2006:172).

¹¹ Yan and Huang (2014:493) regard this shift as an aspect of the cultural turn, while Zhu (2012:49) claims that deconstruction is pushing translation studies into a new cultural turn.

texts (Yan & Huang, 2014:493). Focussing on Derrida's conceptualisation of translation as 'deconstruction', Li and Cheng (2011:258-259) portrayed translation as a swerving away from the source text off into different directions. Deconstruction theory conferred upon translators the right to rewrite and allowed subjectivity to a point of translator visibility (Li & Cheng, 2011:262). By viewing translation as "regulated transformation" and "productive writing", and the target text as an original text, deconstruction theory overturned the privileged position of the source text and its author (Kruger, 2004:57, 60-61, 68). Although the potential for equivalence still existed, it was no longer a norm for translation practice (Kruger, 2004:49, 62). Kruger (2004:53) warns though that deconstruction theory does not propagate 'freeplay' in translation – a signifier cannot just mean anything, although gaps between source and target texts, languages and cultures allow translation by rewriting. (Compare to Mohan's "controlled liberty" under adaptive translation approaches – see par. 3.3.2.1.)

3.3.2 Approaches of non-equivalence

The translation paradigm shifts introduced new and challenging translation approaches of non-equivalence, for the purposes of this study organised as *adaptive translation approaches*, *culturally adaptive translation approaches* and *translation approaches of hegemony or agency* (refer to paras. 3.3.2.1 to 3.3.2.3, and Figure 3-2). The upward, expanding arrow in Figure 3-2 not only illustrates expanding translation options but also illustrates the increasing visibility of the language practitioner in becoming a social and cultural mediator and an agent of change (Naudé, 2011:223).

Briefly, the role of translator emerged within linguistic-based translation approaches, expanded to include functionalist approaches, and expanded further towards culture-centred approaches, to such an extent that Torop (2010:16) describes the translator as "perhaps the most important cultural figure of our time". Naudé (2011:223) argues that these expansions transcend Eurocentric views and dominant Western practices of translation and recognise the role of the translator as an agent of change (refer to par. 2.6.1 about the role of the language practitioner in CDSC). Naudé (2011:226) believes that many non-Western translation models are closer to those emerging at present and could be pointing to translation approaches that may be used more in the future.

The different adaptive translation approaches should not be seen as mutually exclusive or as all-inclusive, nor should they be regarded as clearly demarcated approaches to translation. They should, however, be recognised as translation approaches that require the application of

communication and cultural competencies by language practitioners, in addition to intra- and interlinguistic skills, as referred to in par. 2.8.5.

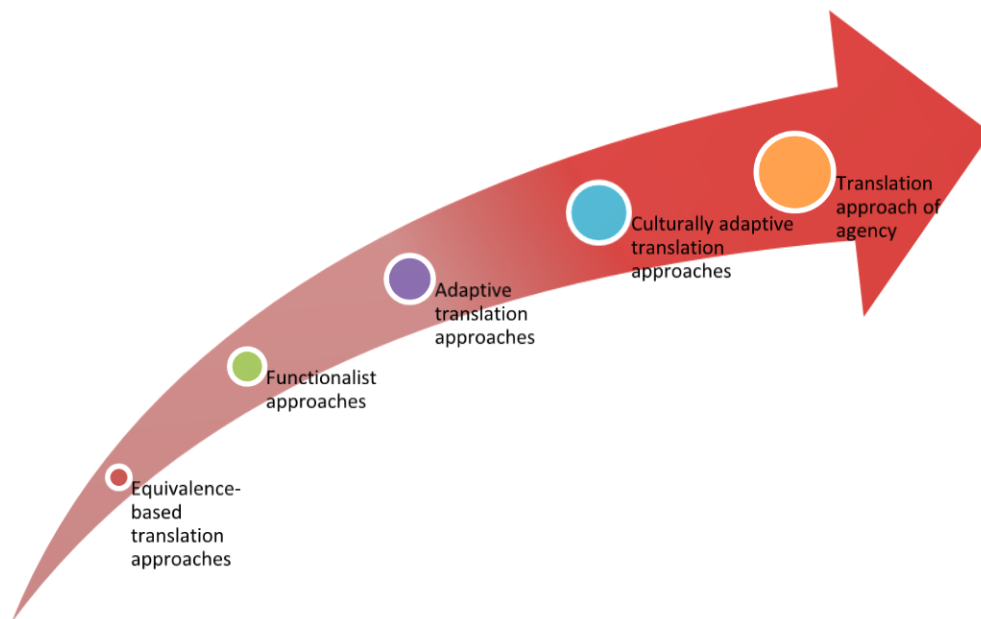


Figure 3-2: Moving from equivalence-based to functionalist and adaptive translation approaches, and a visible agency role for the language practitioner

3.3.2.1 Adaptive translation approaches

Adaptive translation approaches are briefly discussed as 'translation as rewriting', 'translation as creativity, recreation and transcreation', 'translation as recontextualisation, including reformulation and determinologisation', and 'translation as summary'.

- *Translation as rewriting*

Bassnett (2011:40-42) argues that a translation has to be deemed an adaptation when it starts to move away from a source text. As the source text is reshaped by the skilful translator for a new target group, translation effectively becomes rewriting. By interpreting the source text, exercising judgment, and making conscious linguistic and other choices, the translator rewrites the source text according to the style and conventions of the culture of the target group. In translating, the language practitioner may even be drafting a totally new document (Ndlovu, 2009:193). Durdureanu (2011:59) states that translation is "potentially the most influential" type of rewriting, because, through translation, the image of the source text author and the source text is projected in the target culture. Both Durdureanu (2011:59) and Shafieì (2012:128) refer to the English translator/rewriter Edward Fitzgerald who took the liberty in translation of

"improving" the work of the Persian poet Omar Khayyam to such an extent that Shafiei (2012:128) calls it ideological manipulation and a distortion of the poet's true image. This also brings to mind 'decentering' of the source text, which may entail altering the source and target text together in order to improve the quality of both texts (refer to par. 3.3.2.2). According to Dimitriu (2010:19), when an enhanced source text is rewritten in a target language, language practitioners are actively intervening in a text or re-creating. While acting as cultural mediators, they could be introducing new concepts, new genres and various linguistic innovations.

- *Translation as creativity, re-creation and transcreation*

Mohan (2011:115-116) describes creativity in translation as a conscious reworking and transforming of context, a "controlled liberty" comprising a prerequisite linguistic role and the freedom to apply translation creativity. The creative language practitioner combines original transfer strategies creatively, and their creations are well founded and well motivated (Mohan, 2011:117). In this regard, Mohan mirrors Kruger's (2004:53) view of translation as a regulated activity that does not imply free play (refer to deconstructionism in par. 3.3.1). Adaptive translation approaches have been correlated with the Sanskrit/Indian term 'rupantar' ('change in form') and with the definition of translation as 'transcreation' (translation + re-creation) which have emerged in countries such as Brazil and Mexico (Gentzler, 2013:12-13, citing Tymoczko, 2007, & Mukherjee, 1994). Pedersen (2014:59-60, 69) argues that transcreation could also be compared to functionalist approaches to translation, because it is also aimed at achieving an equivalent effect in the target culture, tailoring words and meaning for the audience.

- *Translation as recontextualisation, including reformulation and terminologisation*

When translation is viewed as an intertextual practice, the source text is first decontextualised and then creatively recontextualised based on the target text language and culture (Sakellariou, 2015:42; Venuti, 2013:169-170). Marais (2011b:375) proposes the concepts 'reworking', 'breaking down' and 'rebuilding' to put forth a non-Western perspective of translation. In health communication, specialised terms are recontextualised by making the concepts relevant to a lay audience, and reformulated to increase their intelligibility and accessibility (Montalt-Resurrecció & Shuttleworth, 2012:15-16; Wildsmith-Cromarty, 2012:165). While terminologisation is the process through which a term is transformed into a differentiated term (the labelling of concepts by terminologists), determinologisation involves translation strategies such as explanation, definition, exemplification, illustration, analogy, comparison, and substitution by a more popular term to make a concept more accessible to the lay reader (Montalt-Resurrecció & Shuttleworth, 2012:16). Sakellariou (2015:43) concludes that "constant intertextual interaction" between a

source and target text (reflected by decontextualisation, recontextualisation, reformulation and determinologisation) disrupts the concept of equivalence and the priority of the source text.

- *Translation by summary*

Adaptation, however, could also take the form of a summary. To meet the expectation of readers and adhere to cultural conventions, a language practitioner may, in the translation process, summarise a text and make stylistic adjustments. A source text may have been synthesised, and the target text equivalent been edited in different ways – tailored according to an in-house or other prescribed style or for a particular readership (Bassnett, 2011:139, 143). Despite these manipulations, the reader is still invited to accept the final text as a true and accurate version of the source text (Bassnett, 2011:143). Gentzler (2013:10-13), commenting on the USA which has the highest number of immigrants worldwide and an increasingly multilingual culture, acknowledges that the lines between translating, adaptation, abridgement, summarising and paraphrasing are indeed becoming obscured. Fidelity to the source text is not important, and variation and changes are allowable. In health communication, to make medical knowledge available to a lay audience, a text could be reformulated intralingually from a highly specialised genre into a genre addressing the lay person, using translation by summary (Montalt-Resurrecció & Shuttleworth, 2012:23).

3.3.2.2 Culturally adaptive translation approaches

When the number and variety of cultural terms and expressions in texts are considered, the need for culturally adaptive translation approaches becomes apparent. Culture-bound terms describe areas of culture such as time; jobs, positions and professions; food and drink; measurements; sports, music and arts; colour; and geography; and include "social signs" of identity, politeness, rituals, fashion and games (Durdureanu, 2011:54-56, citing Vinay & Darbelnet, 1958, Catford, 1964, Guiraud, 1983, Santoyo, 2010, & Dimitriu, 2002).

Especially relevant to this study is non-native South African English speakers' lack of understanding of English terms commonly found in health communication, including health screening tools, such as the pain descriptors 'tender', 'piercing', 'sensitive', 'dull', 'intense', 'gnawing', 'radiating', 'numb', and 'splitting', which may not form part of the language of pain in the local culture (Shaikh *et al.*, 2013) (refer to par. 2.7.4 about the need for tailoring of public health communication in South Africa). Similarly, a lack of understanding of psychiatric terms, such as 'depression', 'detachment', 'having the blues', 'crying spells', 'emotional trauma', 'feeling on guard', and 'feeling hopeless', to describe disorders and emotions could be explained by the fact that emotions are experienced and expressed differently by different cultural groups (Hagan

et al., 2013:427; Smit et al., 2006:215, 219-220). Culturally adaptive translation approaches are discussed as '*decentering*', '*cultural transposition*', and '*committee consensus approach*'. A case study is also included.

- *Decentering*

Realising that language practitioners should not ignore the cultural features of a text, various translation theorists have offered different solutions to dealing with the translatability or untranslatability of cultural terms (Bassnett, 2002:30, 42). Generally, these solutions are aimed at either retaining the cultural features of the source text or adapting them to the cultural specificities of the target culture. Some theorists offer a middle ground, stating that a good translation is a delicate balancing act between what is foreign and what is known (Durdureanu, 2011:54). Such a balancing approach could entail the decentering of both the source and target texts, altering them together in order to improve the quality of both texts (Durdureanu, 2011:53, citing Werner & Campbell, 1970; Ndlovu, 2009:193; Smit et al., 2006:217). (Also refer to par. 3.3.2.1 about translation as rewriting.)

- *Cultural transposition*

In translation, intercultural dissimilarities could be dealt with by applying a process of cultural decoding, encoding, and re-coding or cultural transposition (Montalt & González-Davies, 2014:180; Salmeri, 2014:79-80, citing Hervey, Higgins & Haywood, 1995). The initial *Hervey and Higgins linear model of cultural transposition*, illustrated by Salmeri (2014:80) on a graded scale, starts with a strong source text orientation and a low degree of adaptation and expands to a target audience orientation and a high degree of adaptation (Montalt & González-Davies, 2014:180) (refer to Figure 3-3.)

When a translation carries the cultural and linguistic features of the source text, the translator may have applied exoticism (source language/culture transference) or cultural borrowing (rendering of source language expressions). Calque involves loan translation or literal, word-for-word translation and, while unidiomatic to the target reader, might be familiar to a large extent (Montalt & González-Davies, 2014:181; Salmeri, 2014:80). Communicative translation involves cultural substitution by using culture-specific idioms and expressions, and existing target culture concepts. Although the propositional meaning differs, the impact on the target reader is the same¹².

¹² Also compare to the dynamic equivalence approach to translation based on equivalent effect (par. 3.2.2) and cultural transplantation.

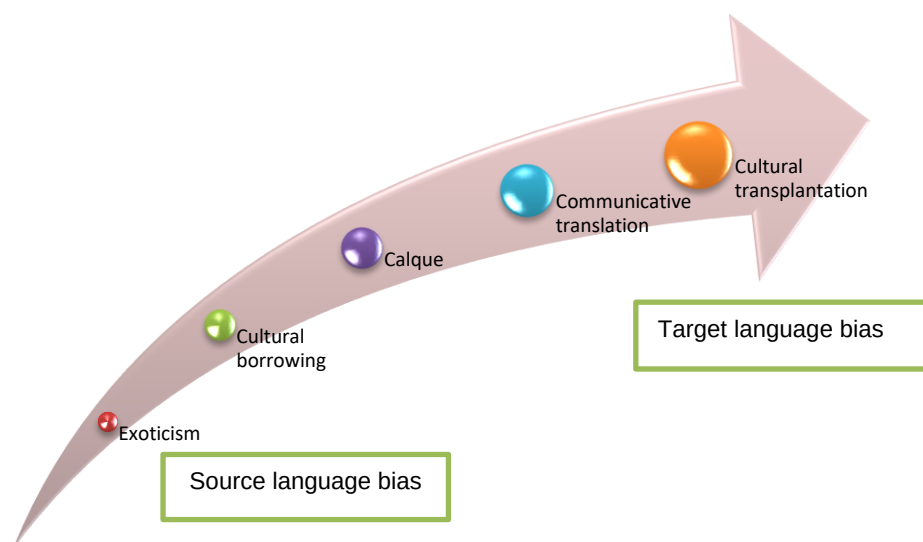


Figure 3-3: Cultural transposition indicating source or target language bias (Montalt & González-Davies, 2014:180; Salmeri, 2014:79-80)

On the upper point of this scale, in cultural transplantation, the translator must find equivalents with similar cultural connotations. Salmeri (2014:84-85) states that adaptation is applied whenever context reflected in the source text does not exist in the target culture and some form of re-creation is needed (refer to translation as creativity, re-creation and transcreation as discussed in par. 3.3.2.1). Adaptation is then applied to achieve an "equivalence of situations" (Salmeri, 2014:85).

- *Committee consensus approach*

To achieve content validity and semantic equivalence in health screening tools, Smit *et al.* (2006:216-217) propose a combination of back-translation, decentering and a committee consensus approach when compiling and translating such tools. The committee consensus approach is used when languages have dissimilar linguistic roots, such as English and Japanese, to prevent the introduction of cultural bias into the translated text (Furukawa *et al.*, 2014:144). An original text, such as a health assessment or an educational leaflet, is translated individually by several translators and the translations are then reviewed by the group of translators (the committee) to achieve a consensus text. When the language practitioners are from a background where the norm is not to criticise each other, supervision by a skilled adjudicator is imperative (Furukawa *et al.*, 2014:144). Cultural adaptation of health texts by individual language practitioners could involve the removal of biases, the selection of suitable registers and wording, and the substitution of source text jargon and idioms to ensure understanding within the world view of the target reader (Smit *et al.*, 2006:216, 218, 220).

➤ A case study

Lamenting the shortage of appropriate health measures in isiZulu, a 14-member study team involved traditional healers and trained medical staff in a process of translating HIV outcome measures (surveys and scales) into isiZulu for use with isiZulu-speaking residents in KwaZulu-Natal. By involving both trained medical staff and traditional healthcare providers in language translation and the cultural adaptation of these measures, Goggin *et al.* (2010:276) "...deliberately used the translation process to build bridges between...two worlds". Goggin *et al.* (2010:274) acknowledged that the task was more difficult when an inter-language translation was needed compared to an intra-language translation.

The study team presented the following examples:

- A measure of nutritional intake required an understanding of the types of food locally consumed.
- An adaption of measurement systems (inch-pound to metric) was necessary.
- Culturally laden health constructs such as 'quality of life' and 'anorexia nervosa' might have had a different meaning or no relevance at all (Goggin *et al.*, 2010:274-275).

Applying a pragmatic translation approach (*Principles of Good Practice*, 2005) created for the translation and cultural adaptation of patient-reported outcome measures, the Goggin team involved health practitioners who were Zulu or fluent in isiZulu (Goggin *et al.*, 2010:275). The Goggin team could, however, be criticised for not involving trained South African language practitioners from the start of the project. El-dali (2011:36) emphasises that translators should have linguistic competence and communicative competence in both the source and target language (refer to paras. 2.8.5.1 and 2.8.5.3).

The Goggin team approach was comprised of the following ten steps:

Step 1: Preparation: this included an explanation of the concepts used in the instruments.

Step 2: Forward translation: two isiZulu-speaking team members completed independent translations of the measures.

Step 3: Reconciliation: describing the traditional health practitioners as "experts in Zulu culture and language", the team involved them in reconciling the different translations.

Step 4: Back-translation: the reconciled version was then back-translated into English.

Step 5: Back-translation review: the back-translation was compared word-for-word to the original English source text.

Step 6: Harmonisation: quality control was done by ensuring conceptual equivalence between the source and target language versions.

Step 7: Cognitive debriefing: three isiZulu-speaking first-year nursing students were asked to review the questionnaires, as they represented the ultimate target population of sexually active isiZulu speakers.

Step 8: Review of cognitive debriefing results and finalisation: feedback was obtained from the above nurses on the readability, complexity and appropriateness of the translated versions (Goggin *et al.*, 2010:281).

Step 9: Proofreading: by proofreading, minor errors and typos could be corrected. Two independent professional forward translations by paid consultants were compared to the finalised versions.

Step 10: Final report: the previous nine steps were documented.

The Goggin team concluded that the best translation came from working with members of the target population. According to them, the translation by the biomedically trained isiZulu speakers was less accurate than those provided by the traditional health practitioners. The Goggin team further concluded that the traditional health practitioners had a richer understanding of psycho-social concepts, as they were conducting the majority of their work in isiZulu compared to the biomedically trained health-team members, who primarily worked in English. To streamline their translation and cultural adaptation approach, the Goggin team suggested consolidating the ten steps into three stages, combining steps 1-3, 4-7 and 8-10. When applying the streamlined version to an isiXhosa translation project, they again did not involve professional isiXhosa language practitioners fluent in isiXhosa and English from the start of their project. However, their streamlined approach was less time-consuming and could be executed using a limited budget (Goggin *et al.*, 2010:286-287).

Involving representatives from both bio-medicine and traditional health care, as well as the recipients of care, in a pragmatic translation model is typical of the participatory approach to development communication and a clear indication that the Goggin team understood the dualities of public health communication in South Africa (refer to paras. 2.6.1.2 and 2.7.3). The question of how the involvement, cooperation and participation of trained professional language practitioners would have enhanced the outcomes of both these projects remains.

3.3.2.3 Translation approaches of hegemony or agency

Translator agency is defined as "the translator's power to change societies by means of their translation choices, i.e. both what and how they translate" (Marais, 2011a:189, citing Tymoczko, 2007). In the past two decades, language practitioners have been described as intermediaries, mediators, intercultural agents, social agents, agents of ideology and agents of power (refer to paras. 1.8, 2.5, 2.8.4 and 3.3.1). In the South African context, in the last decade, the language practitioner has also been described as an agent of empowerment, change and transformation (Naudé, 2011:223). Naudé (2011:223) points to the fact that translators have always been agents of change, but that their power and role have not always been recognised. Translation approaches promoting hegemony or agency are briefly discussed as '*translation approaches of text-world manipulation*', '*foreignising or domesticating translation approaches*' and '*mitigatory or subversive translation approaches*'.

- *Translation approaches of text-world manipulation*

As early as 1999, Hatim and Mason (1999:143-144, 147) argued that translators' conscious and unconscious choices have ideological consequences because based on their translation choices a 'text-world' may or may not be relayed to the text receiver who lives and works in a different world. The translator may decide to filter the world of the source text through his or her own world view to effect a different result (Venuti, 2013:54-55) (Also refer to par. 2.6.2 regarding sociocultural norms and the subjectivity of the language practitioner.) A discourse is, however, a two-way process: although passively subjected to a text-world, text users may actively apply "agent deletion" by ignoring the world view of the text producer for their own purposes and to a different effect (Hatim & Mason, 1999:144, 147).

Bassnett (2008:8) states that, especially beyond Western boundaries, translators are constrained by the different constructions of reality in the source and target texts (in the words of Lefevere, by different "conceptual and textual grids"). The outcome of the target text is then determined by the translator's creative manipulation of these cultural and textual grids. Nord (2002) states that translation approaches of equivalence are not a safeguard against the conscious or unconscious manipulation of texts by language practitioners and, as countermeasure, proposes 'loyalty' to both the source text writer and the target audience (refer to par. 3.2.3). By revealing their translation purposes, motivating their translational decisions and deliberating the possible consequences of their actions on all persons involved, translators might become more responsible cultural mediators (Nord, 2002).

- *Foreignising or domesticating translation approaches*

Venuti (1995) uses the terms 'domesticating translation' and 'foreignising translation' to indicate translation approaches of hegemony or agency (Hatim & Mason, 1999:145; Venuti, 2013:127-129) (refer to par. 2.8.3). In the dominant culture, when foreign cultural values are re-expressed in familiar terms, domesticating translation has a normalising effect. Domesticating translation, however, deprives "foreign" or minority-language text producers of their "voice", because it has the effect of assimilating the "foreign" or minority culture into the dominant or hegemonic culture. Many translators avoid assimilation into the dominant language and culture by using translation as a tool to expand, enrich or diversify their languages (Gentzler, 2013:23; Venuti, 2013:127).

Two contrasting images of the translator have thus emerged since the 1990s: one is that of intercultural mediator who contributes to the continuity and dissemination of a culture; the other is that of contributor to cultural stereotyping and the inequality of power relations, that is, cultures and languages subjecting minority languages and cultures to domination (Bassnett, 2008:4-5). In paras. 2.6.1 and 2.6.1.1, modernisation and the DOI communication model are interpreted as disregarding indigenous languages, cultures and knowledge, and substituting them for European languages, a Western metropolitan culture and Western practices (i.e. the assimilation of minority languages into the dominant culture). By contrast, the participatory communication model under the "multiplicity paradigm" promotes cultural identity, the re-distribution of power, self-management and self-development (i.e. expansion and enrichment of minority languages).

According to Venuti (1995), translators from minority groups face fundamental ideological choices: to support or to challenge the dominant culture and language. In the case of a dominant source language (such as South African English), translators from minority groups may consciously choose not to relay the discourse practices of the culture associated with the dominant source language in an effort to prevent the tendency of the less secure or minority-status language to absorb the practices of the dominant language and therefore to be undermined by it (Hatim & Mason, 1999:145-146). Hatim and Mason (1999:146) conclude that the default may be to import into the minority target text the discourse practices of the dominant source language culture, which may already have major media output in the country of the minority language. Ndlovu (2009:159; 2013:161), discussing the translation of non-lexicalised medical terms by isiZulu translators, states that these translators' decisions demonstrate their attempt to conform to the grammar rules and patterns of the isiZulu language.

- *Mitigatory or subversive translation approaches*

Translation approaches that promote hegemony or agency are especially relevant in countries marked by linguistic or social inequality, such as South Africa. Basing her statement mainly on translation work done for the Truth and Reconciliation Commission in South Africa, Coetzee (2013:383, 399) infers that much of the translation work done in South Africa happens from indigenous languages into English for the benefit of monolingual English speakers, confirming monolingual privilege. While this might not be true in all contexts (refer to par. 3.6.1), there is no doubt that translation in South Africa functions asymmetrically (with English being the *lingua franca*) and that the burden to translate, whatever the direction, falls on those who speak languages in addition to English (Coetzee, 2013:394).

By re-defining the contexts in which they mediate, language practitioners could mitigate conflict and tension, contributing to stability, or promote subversion, undermining social structures (Bassnett, 2008:9; Pérez-González, 2012:169, 174). Translators may indeed have an activist agenda, intervening in texts based on their ideological beliefs or convictions, following a political aim or acting in solidarity with a social or political group (Baker, 2013:23; Wolf, 2012:140). As language practitioners are influenced by their own personal and professional allegiances – allegiances that powerful clients or employers might not even be aware of – a mere intermediary role for the language practitioner with minimal source and target culture pressures could be questioned (Pérez-González, 2012:174-175).

When networks¹³ of politically engaged language practitioners challenge the status quo and resist social structures, they gain visibility within the wider process of resistance (Baker, 2013:23; Pérez-González, 2012:171). They are no longer neutral, disinterested or apolitical: as social and cultural activists, they accept responsibility for the outcome of their work (Baker, 2013:23; Wolf, 2012:136, 140) (refer to Figure 3-2). Aiming to challenge institutions and the world order, they choose texts for translation to support their world view, distribute anti-war messages or demonstrate support for radical political change. Translating or interpreting free of charge, they disseminate counter messages and, by using hybrid language, deliberately downgrade English, the dominant language (Baker, 2013:23-28, 32, 37).

¹³Examples are: Babels, with about 9 000 registered volunteers in 2005, fighting cultural domination; ECOS, traductores e interprets por la solidaridad; Tlaxcala, The International Network of Translators for Linguistic Diversity; and smaller groups with more restricted anti-war agendas such as Translators for Peace and Translators United for Peace (Baker, 2013:24, 26; Wolf, 2010:39, 2012:140-141).

More relevant to this study are networks of language practitioners who promote health development by acting as mediators, advocates or activists. Traducteurs sans Frontières (TSF) and its USA sister organisation, Translators without Borders (TWB), promote health development projects or assist in mitigating health crises such as the Ebola outbreak by translating health messages free of charge (Pérez-González, 2012:172). Current projects include the Wiki Project, which involves the translation of about 1 900 medical articles into 90 languages, and the translation of important documents into Arabic, Farsi, Kurdish, Urdu, and Pashto for distribution among refugees in Greece (TWB, 2017).

3.3.3 Translation approaches summarised

The impact of language practitioners as mediators and the extent of their contribution to postmodern societies are still largely misunderstood. Because they mediate between state organisations and lay people, act as advocate for the disabled or uninformed patient, and promote citizens' access to public services and welfare benefits, language practitioners should not be denied agency and a participatory role, and should not be restricted by institutional agendas and strict codes of practice (Pérez-González, 2012:169-170, 172). The different approaches to translation that enable the language practitioner to fulfil an intermediary or a social and cultural mediator role to some extent are summarised in Figure 3-4.

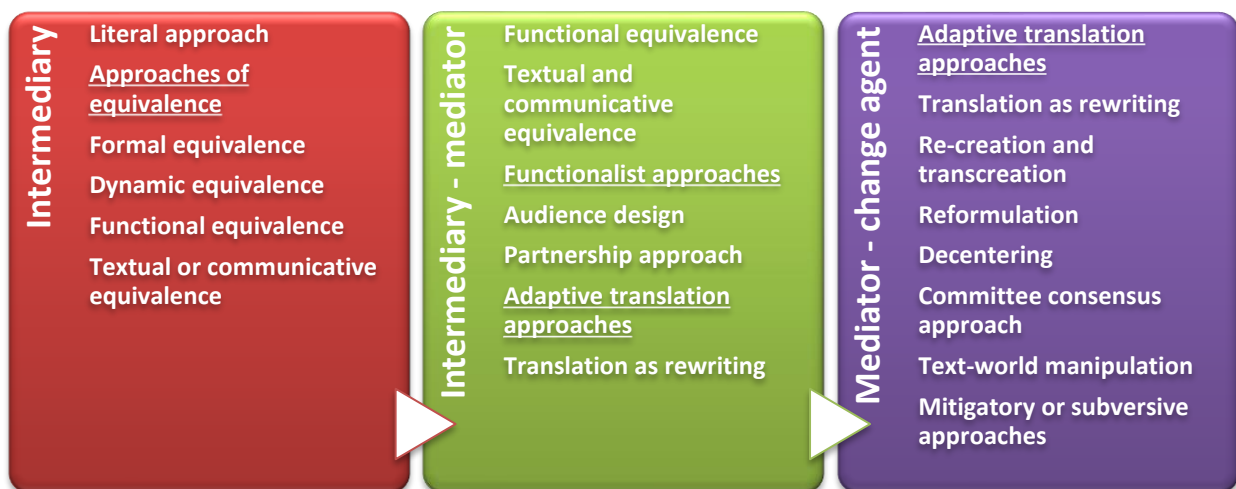


Figure 3-4: Summary of translation approaches enabling an intermediary or a mediator role for the language practitioner in health communication to some degree

3.4 A pragmatic process-based approach to translation

The different approaches to translation (from total equivalence to approaches of agency) could be seen as complementary, even when adopted within a single domain such as the health domain. Language practitioners who readily use a cultural adaptation approach when translating a leaflet on HIV/AIDS testing and counselling might select an approach of equivalence when translating secondary legislation such as health regulations into their mother-tongue. The legal document type might necessitate an approach that closely imitates that of the source text. A specific approach to translation is therefore not proposed as best practice to the exclusion of other legitimate approaches (refer to paras. 3.3 and 3.3.2). Within the context of a multilingual, multicultural South Africa, and taking into account Dimitriu's (2010:27) conclusion that translation is a "multilayered process" that is affected by sociocultural relationships, the researcher proposes a pragmatic process-based approach to translation, described below in Theoretical Statement 2.

Theoretical Statement 2:

In a multilingual, multicultural South Africa, a pragmatic process-based approach to translation informed by the translation brief and incorporating intralanguage translation, translation research, a considered translation approach, inverse translation and quality checking is proposed for the translation of public health communication. Broadly agreeing with the Translation and Editing Protocol applied by the NLS in South Africa, this approach allows the language practitioner to act as an intermediary or a social and cultural mediator to some extent.

The following 10-step process-based approach to the translation of public health communication is dependent on the language practitioner acquiring the necessary competencies (refer to par. 2.8.5).

3.4.1 Ten-step process-based approach

This pragmatic approach to translation is illustrated in Figure 3-5 as a continuing sequence of stages or tasks in a circular flow. The final, clean copy of the translation should correlate with the translation brief, which guides the translation process.

Step 1: Consideration of translation brief: the brief includes the name of the client or translation requester, a motivation for the request, a (negotiable) due date and the target group, e.g. rural isiXhosa-speaking farm labourers in the Eastern Cape, and guides all subsequent translation

decisions. If the source text was originally compiled for English-speaking urban residents, a pre-translation text analysis might indicate the need for intralanguage translation (Steps 2 and 3).

Step 2: Pre-translation text analysis: this involves obtaining a thorough understanding of the source text content and context, so that the translator adequately interprets the original text and the translation requirements (Gutt, 2000:225; Montalt & González-Davies, 2014:24). A pre-translation text analysis requires sufficient mastery of the source text language and culture to recognise cross-language and cross-cultural interferences (Gutt, 2000:233; Rodrigues & Blaauw, 2002:218).



Figure 3-5: Ten-step pragmatic process-based approach to the translation of public health communication

Step 3: Editing of source text or intralanguage translation: from the experience of the researcher, in the South African context, many source texts are compiled in English by non-native English language speakers. The quality of the source text submitted for translation may be such that editing, partial rewriting or an intralanguage translation (application of plain language) is needed before a translation can be attempted (refer to par. 2.8.5.1 about intralinguistic competence, also "overriding translator's competence", and par. 3.6.4 about the need for plain language).

Step 4: Translation research and background documentation (Montalt & González-Davies, 2014:24): this involves researching the health topic and applicable terms, as well as consulting with experts and terminologists on medical term use and term development, obtaining the necessary background documents to ensure consistent term use, and comparing existing source and target texts on the topic, if available. Thematic competence (refer to par. 2.8.5.5) may reduce the need for data-mining or research.

Step 5: Choosing a translation approach: this involves a decision by the language practitioner to adopt a certain approach when producing the target text (refer to par. 2.8.5.2). The language practitioner's selection of a translation approach is influenced by factors such as the source language, the language practitioner's interlinguistic competence, the linguistic relationships between the source and target languages, inverse translation, the need for cultural mediation, the literacy and health literacy levels of the target group, the need for plain language use, and ideological and political considerations (refer to par. 3.6). Chan (2009:390) argues that the language practitioner's lack of mastery of the English language and/or desire to impose his or her own interpretation on the source text could be the motivation for selecting a more creative adaptive translation approach.

Step 6: Translation: this involves the construction of the target text, which, according to Gutt (2000:233), means selecting properties that resemble the original interpretation closely enough, consistent with the principle of relevance for the target group (refer to par. 3.5 about the concepts guiding translation approaches). This step could be compared to digging foundations and erecting pillars that support all other factual information (Montalt & González-Davies, 2014:24). The macro-structure of the target text may, however, not coincide with that of the source text, because, in constructing a target text devoid of any serious source text deficiencies, so-called 'corrective translation' may be required (Sapire, 1994:36-37). The target text which is then an improvement on the unpolished source text could be back-translated to produce a new source language text that is equivalent to the target text and a faithful rendering. Such an elaborate process could be prevented by editing the source text first (see Step 3 above).

Step 7: Mind exercise of back-translation: this entails a comparison of interpretations and is done to ensure that the interpretation in the target text resembles the source text (Gutt, 2000:233).

Step 8: Quality checking: the target text is revised and edited against the source text or on its own (Montalt & González-Davies, 2014:25). Post-translation editing is the logical end-stage of the translation process – a final reflection on translation problems, and the choices and

interventions made to overcome them, and a final readjustment of the text (Dimitriu, 2010:25-26). The language practitioner responsible for performing quality checking should ensure that there are no discrepancies between the source and target text that may constitute an ethical issue (Dimitriu, 2010:26) (refer to par. 3.6 about ethical decision making by language practitioners).

Step 9: Refining the format: this may include changes to the format to enhance the acceptability of the target text to the reader.

Step 10: Delivery of a final, clean copy of the target text to the client on or before the due date: delivery of the target text may be accompanied by a letter to the client motivating the need for editing of the source text to facilitate its translation, and changes necessitated by the source text (such as the correction of obviously incorrect factual information, incorrect referencing or incomplete text). Changes necessitated by target culture requirements (such as cultural adaptation and treatment of cultural taboos or "respectful restraints") could also be motivated (Ndlovu, 2009:193).

Step 11 (optional): Feedback requested from client: clients could reflect and comment on the final translation delivered. Changes made by the client to a final target text without consulting the translation service provider may lead to a statement of non-accountability for the target text as a whole by the translation service provider.

3.5 Concepts guiding translators' choices: from fidelity to loyalty to manipulation

Bassnett (2002:13), quoting Dante Gabriel Rossetti (1861) and Edward Fitzgerald (1851), describes two polar views of translation: at the one extreme, the translator represses his or her own creative impulses and exercises self-denial (Rossetti); at the opposite extreme, the translator takes the liberty to "upgrade" the source text and has fun doing so (Fitzgerald) (refer to par. 3.3.2.1 about 'rewriting'). Bassnett equates these two views with two hierarchical relationships in which the translator either is faithful to the source language author or has no responsibility to the source text author and culture at all. Nord (2006:29-40) describes a mid-way position based on the concept of loyalty to all communication partners (refer to par. 3.2.3 and Figure 3-6).

While faithfulness/fidelity in translation implies adhering to the wishes of the source text author to the point of translator self-denial (see Rossetti above), loyalty means being fair, loyal and responsible to all stakeholders in the translation process (Nord, 2006:29, 33). Debating fidelity and loyalty in specialised translation, Nord (2006:29-32) argues that the language practitioner,

while being loyal to all communication partners, could produce a functional text that achieves its purpose.



Figure 3-6: Concepts guiding translators' choices (refer to par. 3.3.1)
(Images, from left to right: quotehd.com; Tom Scott - gizmodo.co.uk/2015/05; bookdepository.com/Translation-Resistance-Activism-Maria-Tymoczko/)

Questioning the usefulness of fidelity in a global era, Cronin (2003:68-70) argues that translators should practise a form of infidelity by making people realise that there are other ways of interpreting and responding to the world. When translation only produces what he calls reproductions, replicas, doubles or copies, diversity and transformation are threatened, as homogeneity is encouraged by the dominant language and culture (Cronin, 2003:128-130) (refer to par. 3.2.2).

Based on the relevance theory of communication, Gutt (2000) explains the application of direct and indirect translation: in so-called 'direct translation', the translator strives to convey all that is conveyed by the source text (complete interpretive resemblance); in so-called 'indirect translation', the translator tries to convey what he or she regards as most relevant to the target reader (interpretive resemblance in relevant aspects). The lower the degree of interpretive resemblance required, the freer the translator is to adapt the context for the target reader (Smith, 2002:108-110, 116). While Gutt's relevance theory (the attainment of optimal relevance in the target text) accepts the concept of faithfulness as a basic tenet, it also has the success of

communication as precondition. By encouraging the language practitioner to select a translation approach that meets the needs of the target reader and the translation objective, and make provision for cultural background as well, the relevance theory allows manipulation approaches a foot in the door (Sapire, 1994:38; Smith, 2002:116; Xi, 2012:39).

Proponents of the manipulation principle seriously question the concept of fidelity as guiding principle in translation, regarding it as prescriptive and traditional: they believe all translation to be rewriting and rewriting to be manipulation in the service of power (Sapire, 1994:34-35, citing Bassnett & Lefevere, 1990, & Lefevere, 1992). When the standard of fidelity in translation is rejected for the sake of a political, social or other agenda (a manipulative aspect), the translation is regarded as unfaithful (Sapire, 1994:35-36). Chan (2009:390) states that, in the modernist era, the tendency was for translators to offer their interpretations of source texts, thereby becoming manipulative rewriters of source texts. In the post-modern era, language practitioners applying manipulative and adaptive translation approaches could, however, also be seen as actively intervening in texts, aiming to be subversive and resistant (Baker, 2013:23-25; Chan, 2009:397). (Translation approaches associated with the concepts 'manipulation' and 'adaptation' are discussed in par. 3.3.2 as approaches of non-equivalence.)

The language practitioner's choice of approach to the translation of a health message is, however, not simply an inclination of being loyal more to the source text author or the target reader: it is a purposeful, professional decision that he or she should be able to motivate intellectually and ethically, as well as from other perspectives. As cultural mediator, the translator has to work to achieve cross-cultural understanding: he or she has to bring two divergent linguistic systems, incongruent cultures and different extra-linguistic domains into contact (Loogus, 2012:372-374; Torop, 2010:13-14). In the end, the language practitioner has to decide in favour of either the original author or the target culture addressee, as he or she "cannot serve two masters at the same time" (Loogus, 2012:377). The relation between the translator's choice of translation approach and the fulfilment of an intermediary or a social and cultural mediator role in the health domain is formulated as Theoretical Statement 3:

Theoretical Statement 3:

The basic dichotomy (literal to free, faithful to unfaithful, equivalent to manipulative, sender- to target-oriented) marking the extremes on a continuum of translation approaches (refer to Figures 3-4 and 3-6) implies a translation choice that reflects an intermediary or a social and cultural mediator mindset to a greater or lesser degree (Bassnett, 2011:162). In the South African context, language practitioners using translation approaches of adaptation and agency (acting as cultural mediators) might assist in creating health messages that are accessible to the South African reader.

3.6 Factors affecting language practitioners' selection of translation approach

With respect to a great variety of texts, because the language of the target reader rarely allows the translator to convey exactly what the source text is conveying, the translator needs to take decisions about the translation approach to be adopted (Gutt, 2000:8, citing Wills, 1982). The selection of translation approaches by South African language practitioners dealing with health texts is, however, also affected by aspects such as the source text language and culture, the translation brief and the language practitioner's training background. For the purposes of this study, the factors affecting language practitioners' choice of translation approach are summarised under the headings: English as major source language; quality of English source texts; intralingual translation; the need for plain language; relation between source and target language; inverse translation; literacy and health literacy levels of the target group; South Africa's cultural diversity; and ideological and political considerations.

3.6.1 English as major source language

Although 11 languages were proclaimed equal by the Constitution of the Republic of South Africa in 1996, linguistic inequality prevails. In a functionally multicultural South Africa, English as the *lingua franca* of state, business, education and health usually is translated into one or more of the other official languages, for example Afrikaans, Siswati, and Tshivenda (Dimitriu, 2010:15; Hagan *et al.*, 2013:425, South Africa, 1996). However, only about 10 per cent of the South African population (2,9 percent of Black Africans) speak English as a first language (Statistics South Africa, 2012:23-24, 27). The remainder speak "local Englishes" such as Cape Flats English, Black South African English, Afrikaans English and Indian English (Beukes, 2009:46; Dimitriu, 2010:12-13, 18, 25; Linnegar, in Van de Poel *et al.*, 2012:568). In 2008, data from the National Income Dynamics Study suggested that only 47 per cent of adults in South Africa were English language proficient, with African and Coloured adults having the lowest English language proficiency (41% and 47%, respectively) (Posel & Zeller, 2010:17-18).

The existence of a *lingua franca* (English) does not necessarily reduce the need for translation of health communication as most translation in the field of medicine involves English, either as source or as target language (Montalt & González-Davies, 2014:18). Kadenge and Nkomo (2011:261, 263) report a similar situation in Zimbabwe where English is also the dominant language used for the production of technical texts, including health texts, with only some translation from indigenous languages into English. The need for the translation of public health communication from English into indigenous languages could be explained by the number of citizens, in both rural and urban areas, who have relatively low English proficiency (Casale & Posel, 2010:12; Shaikh *et al.*, 2013:2, 7) (refer to par. 3.6.7 on the literacy and health literacy levels of the target group). In this study, the emphasis is on English as the major source language of public health communication, which is then translated into one or more of the other 10 official South African languages.

Chan (2009:390) states that adaptive translation approaches are often selected by language practitioners who do not have sufficient knowledge of the source language and that the test of fidelity or accuracy is simply not applicable to their translations. Lack of mastery of the source language is, however, not the only reason for selecting an adaptive approach: other reasons were the desire to reflect the style of the source text or "to impose their own interpretations on the source texts". Mohatlane (2014a:40) warns against focussing on the linguistic barriers of a source text in an attempt to produce an equivalent target text, thereby ignoring mastery of the culture of both the source and target texts. The effect of English as source language on the South African language practitioner's selection of a translation approach is formulated as Theoretical Statement 4.

Theoretical Statement 4:

The language practitioner's command of English, or lack thereof, might be a reason for his or her selecting an approach to the translation of health communication. Experienced translators well versed in English might realise that an equivalent translation approach would alienate the target reader and select an approach more suitable to a low-context or high-context culture (refer to Figure 2-13). Inexperienced translators or translators with a poor command of English might select an adaptive approach such as 'translation by summary' to avoid the considerable research or term creation necessary for creating an equivalent health or medical text.

3.6.2 Quality of English source texts

Depending on the communicative competency of the source text author, English texts either may be accepted for translation or must be edited first to facilitate their translation into other

official languages. Language practitioners sometimes have to deal with poor quality medical or health source texts compiled by non-professional writers whose usage of the English language is affected by their mother-tongue (Burns & Kim, 2011:58; Linnegar, 2009:3; Montalt & González-Davies, 2014:22; Tlaka, 2001:24). In addition, texts are often not received as print-ready texts, and translators are expected to revise and edit texts before attempting a translation (Montalt & González-Davies, 2014:22; Rodrigues & Blaauw, 2002:214).

Rodrigues and Blaauw (2002:214-215, 218) state that the "translator-facilitator" should understand the underlying meaning of the text or the intention of the source text communicator and introduce the target text reader to the world of the source text, thereby fostering understanding. In a new translation approach suggested by these authors, the language practitioner should ensure that both the source and target text are acceptable to their respective readers, first by systematically analysing the source text and then by editing poorly written texts (refer to par. 3.4.1 about the suggested pragmatic process-based approach to translation). For this purpose, a new generation of language workers – imaginative interpreters of texts – should be trained to intervene textually or rewrite if necessary (Pope, 2000, in Dimitriu, 2010:18; Rodrigues & Blaauw, 2002:218).

Health texts in English submitted to the NLS for translation into official languages will be revised or parts thereof rewritten only if absolutely necessary. Rewriting is unavoidable when the English source text is ambiguous, unclear, misleading, too formal or informal (unsuitable register) or, for some reason, incomprehensible. With good cause, Dimitriu (2010:19) asks, "who rewrites, for whom, what for, and under what circumstances?" The effect of the quality of the English health text on the language practitioner's selection of a translation approach is formulated as Theoretical Statement 5.

Theoretical Statement 5:

The approach adopted by the language practitioner for the translation of an English health text might vary depending on the quality of the text. Intervention in source texts could be limited to editing of grammar and language, but rewriting might be required to produce a source text suitable for the cultural group.

3.6.3 Intralingual translation

To prevent misunderstanding in health communication between expert and non-expert cultures, intralingual translation or "same-language transfers" might be a requirement of the translation approach (Dimitriu, 2010:23-24). One example is the patient information leaflet (PIL or package

insert), which describes medicines and may have to be reformulated, explained or illustrated to increase its readability for the lay person (Montalt-Resurrecció & Shuttleworth, 2012:18-19). By rewriting in the same language, switching registers, reformulating unfamiliar, ambiguous or confusing parts, and removing offensive language, language practitioners not only perform intralingual translation but also act as cultural mediators between the expert and lay culture (Dimitriu, 2010:23-24; Montalt-Resurrecció, 2012:15). Intralanguage translation is often the result of a pre-translation text analysis and is a necessary step to ensure that unfamiliar cultural patterns in the source text do not lead to mistranslation or misinterpretation in intercultural communication (Dimitriu, 2010:23). Referring to the needs and expectations of diverse sociocultural groups, Dimitriu (2010:16) pleads for the adjustment of translator training to context, which includes enhanced English competence, a focus on pre-translation text analysis, and intralingual translation.

3.6.4 The need for plain language

Written patient information is often perceived by the reader as not user-friendly and difficult to read because of the use of too many difficult words and unfamiliar medical jargon, the order of presentation of information and information overload (Dowse *et al.*, 2011:508-509; Mayer & Villaire, 2009). South African language practitioners translating written health communication could improve the readability, accessibility and usefulness of such texts if they use plain language (Mayer & Villaire, 2009). However, if the source text author views the translator as the first reader of the medical text (refer to par. 2.3) and applies *writing for translation*, that is, translator-friendly documents, more accessible target texts can be produced (St. Amant, 2013:3-7). The European Union (EU) launched a clear writing campaign in 2010 to encourage drafters to write more clearly to make the translator's job easier (EU, 2012:19-21). Burns and Kim (2011:59-60), however, warn that plain language is not baby talk, nor simplified English; plain language is clear, straightforward expression that enables the reader to concentrate on the message. Warning that alternatives to medical jargon could be inaccurate or misleading, these authors propose using jargon in "clearly written linguistic structures", defining medical terms, and using the appropriate level of detail and the appropriate tone.

Plain language in text drafting and translating should be used taking high-context societies into account, because a translation approach based on plain language use at the expense of much needed contextual information could be counter-productive (Burns & Kim, 2011:62). To improve the accessibility of an illustrated PIL containing information about antiretroviral medication (ARM) for low-literate readers in rural Eastern Cape, Dowse *et al.* (2011:512) used a minimum number of words to describe each point, kept sentences short and paid careful attention to

format and layout. The authors proposed additional information to provide context and the inclusion of pictograms that were less graphic. They also found that the majority of their respondents (90 per cent) chose to read the isiXhosa version of the leaflet and concluded that, within the largely monolingual, English-centred health-care environment, patients still prefer information presented in their mother-tongue (Dowse *et al.*, 2011:511-513).

Theoretical Statement 6:

The inclusion of intralingual translation and plain language use in a translation approach to health communication may improve the accessibility and readability of the medical text for the lay person. The South African language practitioner who rewrites in the same language and reformulates using plain language might be acting as intralingual mediator, thereby improving the accessibility of a medical or health text for the lay person.

3.6.5 Relation between source and target language

Language practitioners' selection of translation approaches is affected by the higher status given to English (in relation to other official languages), the underdevelopment of the formerly marginalised African languages (in relation to English and Afrikaans) and the different origins of South African languages – English and Afrikaans being West Germanic languages, and the African languages belonging to the South Eastern Bantu subgroup (Zulu, 2013:281).

Unlike translation between English and Afrikaans (developed, related West Germanic dialects), translation between English and the African languages involves translation from a developed language into an unrelated, developing language. African languages suffered a development backlog in the apartheid years (pre-1994), because of socio-political subordination and lack of institutional support causing neglect at all levels (also educational). Variation in dialects across regions, even between cities, urban slang, code-switching, and speakers' negative attitudes about the functional value of their languages are still affecting the development of these languages (Bamgbose, 2011:5; Beukes, 1992:35; Cain *et al.*, 2011:478-479; Goggin *et al.*, 2010:273-274; Mojela, 2002:201-202; Motsei, 2013:609; Wildsmith-Cromarty, 2012:157-159; Yu & Dumisa, 2015:65).

Before 1994, because African languages were seldom used in technical, economic and scientific fields, parallel discourses were lacking and an accessible translation from medical English into medical isiZulu would "require considerable resources of adaptation and explanation" – translation approaches not supported by bilingual dictionaries. Translations into African languages were also "of rather restricted intelligibility" because of the State's

requirement to produce purist translations based on the coinage of unfamiliar terms by language committees (Trew, 1994:73, 77-78). Nearly two decades later, in 2013, well-established corresponding medical discourses in each of the nine African languages were still lacking, and isiNdebele and isiZulu translators were still using transference (pure loan words) and transliteration (indigenised loan words), paraphrasing, paraphrasing plus omission, paraphrasing plus transference, paraphrasing plus transliteration, and pure loaning preceded by an explanation, amongst other common strategies, when translating health texts (Ndlovu, 2013:162-163, 168; Ndhlovu, 2014:331-342).

Unintelligibility in African language translation was, however, also caused by textual factors such as the tendency in English writing towards low levels of explicit cohesion (Trew, 1994:80). While redundancy might be considered as inelegant in English, discourses in the African languages are such that readers expect relatively high levels of explicit cohesion (Ndlovu, 2009:62, 193; Trew, 1994:80). Ndlovu (2009:62-63, 71) explains the impossibility of reproducing the same network of lexical cohesion in isiZulu as in English, and describes the need to add information to, or to paraphrase chunks of, a health text to make explicit in isiZulu what is implicit in English. Mohatlane (2014a:40-41; 2014b:133) also describes the level of explicitation required in Sesotho translation to introduce information that is implicit in the source text. By increasing the levels of cohesion, the translator is assisting the reader to reach understanding. (Refer to par. 2.8.1 about the communication orientations of high-context and low-context cultures.)

In their selection of approaches, African language practitioners have to consider people's actual communication practices, their linguistic behaviour, the status of their languages in the health domain, the sociocultural context of the source and target text, and the integration of local culture and knowledge with professional knowledge (Beukes, 2009:44-46; Mbananga, 2003:43-44; Mohatlane, 2014a:40). They have to do this against a background of attitudinal problems regarding the role of African languages in higher domains, the South African government's disregard for the relationship between language and social development, the amount of redress needed to enhance previously marginalised languages and the hegemonic position of English (Beukes, 2009:35, 37, 43, 45). This presents language practitioners translating into African languages with the opportunity to develop alternate approaches to translation (Naudé, 2011:226; Ndlovu, 2013:168). Theoretical Statement 7 expresses this opportunity to apply innovative and adaptive translation approaches.

Theoretical Statement 7:

South African language practitioners translating into African languages have to select a translation approach that overcomes obstacles such as regional and social corpora variety, that is, the absence of uncontested standard corpora, lack of dictionaries and reference works, and, in the case of health communication, lack of (medical) terminology. As parallel discourses are lacking, language practitioners need a broader range of skills and competencies to use target language resources innovatively (Trew, 1994:80). Translation from English into Xitsonga, Tshivenda, the Nguni languages (isiZulu, isiXhosa, Siswati, and isiNdebele) and the Sotho languages (Setswana, Sesotho, and Sepedi) creates opportunities for language practitioners to "experiment" with adaptive translation approaches (translation approaches of non-equivalence) to achieve the desired results.

3.6.6 Inverse translation

South African language practitioners translating health communication may be requested to translate from their mother-tongue into English; that is, to conduct inverse translation. Although the ideal direction for translation is from source language into one's mother-tongue, the argument being that proficiency in one's mother-tongue is usually higher than in other languages, Dimitriu (2010:15) observes an increasing number of translations into English by non-mother-tongue speakers of English. Because translations could be handled competently by non-native speakers (Dimitriu 2010:15; McAllester, 1992:294; Naudé, 2008:73-74), the NLS also expects of their language practitioners to apply inverse translation, especially when correspondence from the public (covering any topic) has to be translated.

Because letter writers are often semi-literate, using slang or regional dialects that are intelligible only to native speakers, inverse translation may be the better option to ensure a competent or adequate English target text. Bassnett (2011:102, 104) agrees that language practitioners should be able to interpret and translate the "text that exists between the lines", the untranslatable "layers of meaning that are embedded in a particular culture". As cultural mediator, the translator must find a way to convey to the target reader those elements of a text that are culture bound that otherwise would go unnoticed (Bassnett, 2011:116, 124).

Theoretical Statement 8:

When texts contain slang, regional dialects or cultural restraints, inverse translation by a non-native speaker of English might be the better translation approach to effect cultural mediation and a competent English target text.

3.6.7 Literacy and health literacy levels of target group

In 2012, eighteen per cent of the adult population in South Africa was either totally illiterate or functionally illiterate; that is, they had received no education at all or had dropped out of school before completing primary education (DBE, 2013:29-30). The relatively high literacy rate of 92,9 per cent reported by Statistics South Africa (StatsSA) in 2012, that is, people aged 15 and over who could read and write, appeared inflated when the nine million South Africans with no formal education (Pretorius, 2013; UNESCO, 2012) and the results of the Annual National Assessment (ANA) of 2014 were taken into account (DBE, 2014:81, 84). According to the ANA report, 41 per cent of learners in Grade 9 (at least 15 years old and completing the last compulsory school year) did not achieve the basic requirements for their first additional language, while 16 per cent did not achieve the basic requirements for their home language. Printed health education material may be of little assistance to South Africans with limited literacy skills (Dowse *et al.*, 2011:508-509; Schmidt von Wühlisch & Pascoe, 2010:22).

Researchers often draw a correlation between general literacy and health literacy, and between limited English proficiency and low health literacy (Deumert, 2010:53-54; Dowse *et al.*, 2011:511-512; Kickbush, 2001:290; Lie *et al.*, 2012:14; Markova & Broome, 2007:241; Schmidt von Wühlisch & Pascoe, 2010:22; Singleton & Krause, 2009). In a study completed in 2002 in the Eastern Cape in a rural and urban area on the understanding of RHI, Mbananga and Becker (2002:200-201, 206) found that the higher the level of education, the better the understanding of written and visual information. Kickbush (2001:289, 291), however, indicated a complex interface between general literacy and health literacy. Considering the high death rate of teachers in Africa owing to HIV/AIDS and high HIV/AIDS rates in African countries that report high literacy rates, such as South Africa and Zimbabwe, she concluded that general literacy and health literacy do not necessarily correlate. Mayer and Villaire (2009) agreed that neither high school education nor advanced reading skills guarantee health literacy.

In 2013, Themane and Taole (2013:534) found no significant associations between the sexual behaviour of student-teachers in rural Limpopo and their knowledge of HIV/AIDS. Similarly, Abiona *et al.* (2014:762, 765) found no direct relationship between exposure to information and accurate knowledge about HIV/AIDS among university students in four countries, including South Africa: about 39% of South African students with inaccurate knowledge perceived themselves as "very knowledgeable" about the disease. In 2017, Hogg *et al.* (2017:2) also reported low levels of accurate knowledge about the origins of HIV/AIDS among adolescents in Soweto. As indicated in Theoretical Statement 9, the literacy and health literacy levels of the

target group should be a determinant in the selection of a translation approach by the language practitioner.

Theoretical Statement 9:

South African language practitioners should consider the literacy and health literacy levels of their target group, the accessibility of the information, and how health knowledge is sought and shared in a community when selecting a suitable approach to the translation of a health message (Ndlovu, 2009:128-130). The language practitioner who sees him- or herself as loyal to only the source text and source text author, paying no regard to the target group's literacy and health literacy levels, might be acting merely as go-between or intermediary in the communication situation.

3.6.8 South Africa's cultural diversity

South Africa's linguistic diversity is indicative of its cultural diversity. From a health communication perspective, language practitioners not only have to deal with the duality of professional and non-professional cultures (experts and lay recipients), but also need to consider diverse, often incompatible, approaches to health within the health profession and among the recipients of health care. Alongside Western biomedicine, the work of thousands of traditional health practitioners (traditional healers and surgeons) is legalised and regulated, whether or not it is supported by science (Jacobs, 2013:2). Traditional medicine, with about 26,6 million users (an estimated 72 per cent of Black South Africans), is by no means an alternative practice in South Africa (Mander *et al.*, 2007, cited in Sobiecki, 2014:1).

Flint (2015:4328-4329) warns that language practitioners should recognise the diverse goals and outcomes of the biomedical and traditional health-care systems, especially as the language used for describing both systems seems to be interchangeable. While many traditional healers call themselves doctor or professor and use largely biomedical terms to describe their work, the lexicons of traditional medicine translate poorly into English and other European languages. In South Africa, the challenge is to interpret and translate African traditional medicine concepts into other languages such as English. These concepts are culturally encoded in the languages of the indigenous peoples, according to Sobiecki (2014:1-2, 5, 7-8), in, for example, metaphors of the effects of plants and plant combinations, and are "therefore masked".

Durdureanu (2011:51, 53, 56), however, argues that so-called untranslatable terms could be negotiated so that the reader may perceive the culture and otherness of another world. In recent writing, the Xhosa practices *ukuziba* and *ukuthwala* were paraphrased as follows: *ukuziba* –

"when a young couple steal for themselves the right to marry to force the hand of the elders"; and *ukuthwala* – "forced marriage abduction", "customary marriage abduction" or "a modus operandi of taking girls often without their knowledge or even consent into marriage" (Jacobs, 2013:1, 4). These examples illustrate Durdureanu's (2011:56) argument that cultural terms in a source text could be transferred to an acceptable degree. (Refer to paras. 2.7.3 and 2.7.4 about the dualities, and the need for tailoring, of public health communication.)

Theoretical Statement 10

South African language practitioners who take the cultural elements of a health text into account when choosing a translation approach, might succeed in effectively translating biomedical or traditional medicine concepts for the target text reader. The selection of a culturally adaptive translation approach might be an indication of the willingness of the language practitioner to act as cultural mediator to some extent.

3.6.9 Ideological and political considerations

As language practitioners act in a specific sociocultural context, translation is never neutral but tends to be an ideological activity (Hatim & Mason, 1999:145-146). Kruger and Crots (2014:149) state that complex relationships are at play when language practitioners make translation choices: firstly, they have to consider their responsibility to the client, the text and the profession; secondly, they have a responsibility to society at large, that is, to oppose injustice and promote equity; and, thirdly, they have to be aware of their personal convictions which may influence what and how they translate. Citing Chesterman (2001) and Pym (2012), these researchers state that any activist role for language practitioners falls outside their professional domain, as they do not need to commit themselves to the content of the text they are translating (Kruger & Crots, 2014:151-152). Milton and Bandia (2009: 2-4, 10, 15) put forth an opposite view, indicating that translation practices such as creative rewriting, adaptation and text manipulation could be motivated by the desire to strengthen nationalism, instigate change, preserve minority language cultures, denounce neo-colonialism and promote certain ideas, even revolutionary ideals. Baker (2013:24) is adamant that translation is a tool for changing the world and a site where language practitioners can exercise their agency. (Refer to mitigatory and subversive translation approaches in par. 3.3.2.3.)

Theoretical Statement 11 assumes a link between language practitioners' personal convictions and the extent of text mediation.

Theoretical Statement 11:

South African language practitioners could mediate to some extent. While some would draw the line at an agency role, promoting social development and change, others might commit themselves fully to the message and the target culture, and an activist role in society. Language practitioners might, however, also prefer the role of intermediary, equating professional conduct to neutrality and a responsibility to only their profession or a service attitude and a primary allegiance to the client.

3.7 Relation between translation approach and degree of mediation in health communication

The relation between translation approaches and an intermediary or a mediator role for the language practitioner in health communication is illustrated in Table 3-4. The table should be read like a matrix with the rows representing (as indicated in the labels) the communication tradition and model, the development communication model, the health communication model, the concept guiding translation, the translation approach, the degree of mediation and the communication goal. Each column links the communication theory and translation practice in reaching a communication goal. If the goal is social change and development (see the last entry), the language practitioner translating health communication should preferably be acting as mediator and social agent within CDSC and a PD model of communication, which emerged within the sociocultural communication tradition (Column 3).

While Columns 1 and 3 represent opposite communication and translation orientations (informational vs participatory; source text vs target reader), Column 2 indicates a hybrid orientation and the involvement of all stakeholders in a semi-participatory approach to communication. This study is aimed at determining South African language practitioners' selection of approaches when translating public health communication for the use of indigenous communities. Its ultimate goal is to determine how language practitioners view themselves, i.e as mere intermediaries or as social and cultural mediators to some extent.

Table 3-4: Link between translation approach and an intermediary or a mediator role for the language practitioner in health communication

Broad research lines linking translation approaches to an intermediary or mediator role for language practitioners in health communication			
Communication tradition:	Cybernetic communication tradition (Craig, 1999:133-134)	Hybrid of cybernetic and sociocultural communication traditions (Craig, 1999:145)	Sociocultural communication tradition (Craig, 1999:133-134)
Communication model:	Transmission model of communication (Figure 2-2)	Transmission & sociocultural models of communication (Figure 2-2 & Table 2-1)	First order sociocultural model of communication (Craig, 1999:134 & Table 2-1)
Development communication model:	DOI model (Figure 2-6)	DOI & PD models (Figure 2-6)	PD model (Figure 2-6)
Health communication:	Behaviour change communication (Figure 2-9)	Behaviour change communication & CDSC (Figure 2-9)	CDSC (Figure 2-9)
Guiding concept in translating:	Loyal only to source text author and culture (Figure 3-6)	Loyal to all stakeholders (Figure 3-6)	Loyal only to target reader and culture (Figure 3-6)
Translation approach:	Equivalence-based translation approaches (Figure 3-2)	Functionalist and adaptive translation approaches (Figure 3-2)	Culturally adaptive approaches and approaches of agency (Figure 3-2)
Degree of mediation:	Language practitioner as intermediary (Figure 3-4)	Language practitioner as intermediary or mediator (Figure 3-4)	Language practitioner as mediator or social agent (Figure 3-4)
Goal:	Behaviour change	Behaviour and social change	<i>Social change and development</i>



3.8 Conclusion

In this literature review, an answer was sought to Research Question 2: which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for

language practitioners translating public health communication in South Africa? This will be done by giving language practitioners the opportunity to indicate their choices of approach and state whether or not they regard themselves as mere intermediaries or as social and cultural mediators to some extent. Language practitioners who indicate preferences for faithful, equivalence-based translation approaches may not succeed in (re)producing health messages that are acceptable or accessible to a target group. Then again, those who select an adaptive translation approach, changing a source text to such an extent that the health message is compromised, may not be achieving the desired health outcome.

The basic dichotomy that is evident in the literature reviewed (literal to free, faithful to unfaithful, equivalent to manipulative, sender- to target-oriented) marks the extremes on a continuum of translation approaches (compare to Figures 3-4 and 3-6) and implies a translation choice that reflects an intermediary mindset or a social and cultural mediator mindset to a greater or lesser degree. The language practitioner assumes the position of intermediary when the source text remains the authoritative document and the source text function dominates the translation process. Reflecting the transmission model of communication, the communication process is linear: the message is relayed from the source text author to the target recipient by a bilingual language practitioner acting as intermediary or go-between. In the South African context, language practitioners using translation approaches of adaptation and cultural adaptation, creating health messages that are accessible and acceptable to the reader, might assist in improving the health of communities.

In this chapter, a pragmatic process-based approach to translation informed by the translation brief and incorporating intralanguage translation, translation research, a considered translation approach, inverse translation and quality checking was introduced. Broadly agreeing with the Translation and Editing Protocol applied by the NLS, this approach allows the language practitioner to act as an intermediary or a social and cultural mediator to some extent.

Chapter 3 concluded by demonstrating the link between (culturally) adaptive translation approaches, a mediator role for the language practitioner in health communication, and the PD model to reach the goal of social change and development in the health domain.

In Chapter 4, the application of a mixed-methods research design and methodology to obtain South African language practitioners' views on their selection of translation approaches, the extent of adaptation of health messages, and an intermediary or a social and cultural mediator role is discussed.

CHAPTER 4 MIXED-METHODS RESEARCH DESIGN AND METHODOLOGY

"The type of research I advocate should be sensitive to hybrid forms of knowledge – between Western, scientific knowledge and indigenous knowledge... In short, it should be sensitive to both locality (that is contextuality) and universality" (Marais, 2011b:377).

4.1 Introduction and aim of study

In Chapter 3, the focus of the literature study shifted to the different translation approaches available to South African language practitioners translating health communication for indigenous communities. The goal was to identify those translation approaches that position the language practitioner as intermediary within a transmission model of communication and those that imply a social and cultural mediator role for the language practitioner in a sociocultural communication model. Together these approaches constitute a continuum of translation approaches that is graphically represented in Figure 3-2.

4.2 Study objectives and applicable research methods

Taking into account the need for accessible health communication in a developing South Africa, the key research question was formulated as follows: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?* To narrow and focus this question, specific research questions and concurrent study objectives were formulated (refer to paras. 1.4 and 1.5). To arrive at answers to these questions and meet the study objectives, each question was associated with either quantitative or qualitative research in a mixed-methods research design (refer to Table 4-1, Rows 3-5, on page 106). A two-phase sequential mixed-methods research design comprising a survey (Phase 1) and personal interviews (Phase 2) followed the literature reviews reported in Chapters 2 and 3 (refer to Figure 1-1).

The literature reviews answering Study Objectives 1 and 2 provided the background information needed for the employment of empirical methods to arrive at answers to Research Questions 3, 4 and 5, and meet the corresponding study objectives. The overall interpretation and meta-inferences are the response to the key research question indicated in the "need to study" block in Figure 1-1.

Table 4-1: Study objectives met by literature reviews or empirical methods

	Research question	Study objective	Research method	Chapter orientation
1	What communication concepts and strategies are associated with different translation approaches?	To determine the communication concepts and strategies associated with different translation approaches.	Literature study 1	Chapter 2
2	Which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa?	To determine translation approaches that lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa.	Literature study 2	Chapter 3
3	Which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?	To determine the approaches selected by South African language practitioners translating public health messages for the use of South African communities.	Section B of self-administered questionnaire	Chapter 5
4	To what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?	To determine to what extent health messages are adapted or manipulated by South African language practitioners to improve their accessibility to the target group.	Section C of self-administered questionnaire, with a nested qualitative design	Chapter 5
5	How do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent?	To determine, by means of personal interviews, how South African language practitioners translating health communication for target groups view themselves, i.e. as mere intermediaries or as social and cultural mediators to some extent.	Personal interviews	Chapter 6

Figure 4-1 illustrates the broad outline of the study design.

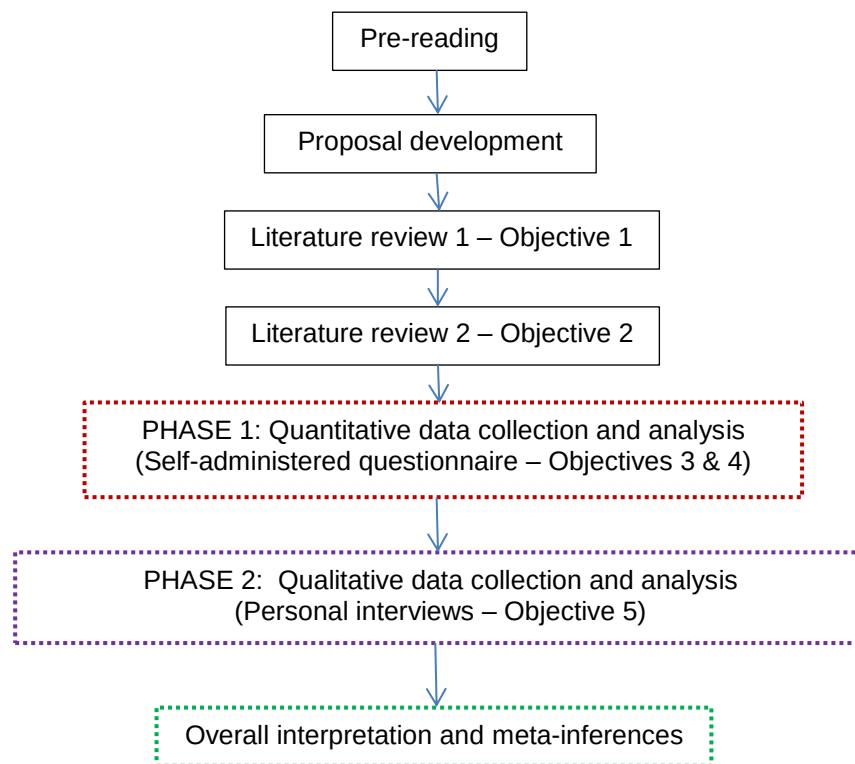


Figure 4-1: Flow diagram illustrating the broad outline of the study design, including mixed methods

4.3 Empirical study

In this study, a quantitative research method (a self-administered questionnaire) was combined with a qualitative research method (personal interviews) in a two-phase sequential design, first to determine and explain the translation approaches used by South African language practitioners translating health communication and the extent of their adaptation of health messages, and then to explore whether or not these language practitioners viewed themselves as mere intermediaries or as social and cultural mediators. A single research method might not have produced sufficient data or data with the necessary depth or richness to describe the scope of translation approaches used by language practitioners, and their views on an intermediary or social and cultural mediator role for language practitioners in a multilingual, multicultural, developing South Africa. Referring to Research Questions 3, 4 and 5, progression from a general conceptual focus to a specific focus for the study is illustrated in Figure 4-2 using a funnel as a metaphor (see Marshall & Rossman, 2011:63, borrowing from Benbow, 1994).

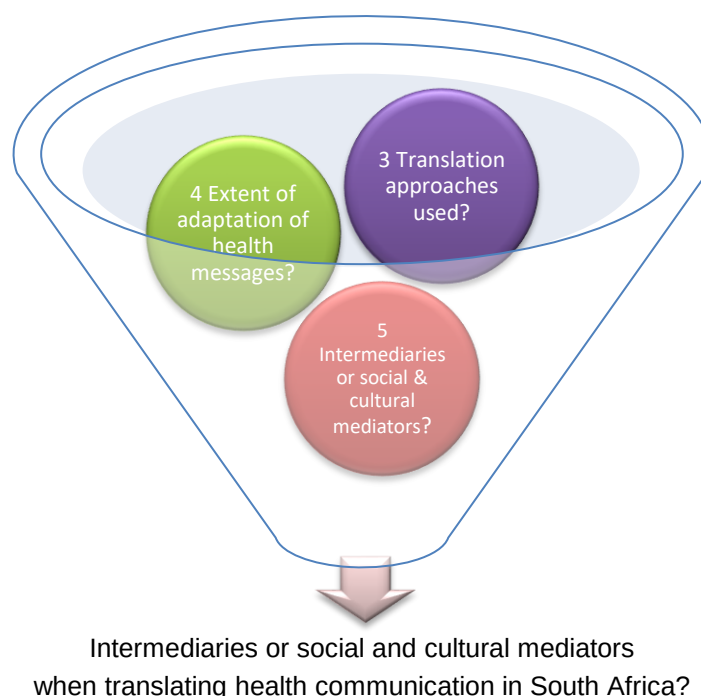


Figure 4-2: Conceptual funnel illustrating focus of study

Creswell (2003:75-76, 208), supported by Wisdom and Creswell (2013:2), confirms that a mixed-methods approach is appropriate when there is a need to explore and explain a topic and examine it in depth.

4.4 Mixed-methods research

In mixed-methods research, dictated by the research questions, quantitative and qualitative research methods are intentionally integrated or combined to assess the frequency of constructs and explore their meaning, thereby drawing on the strengths of both mainstream approaches to research. As the assumption is that the use of diverse types of data best leads to knowledge about the research problem, the strategy of inquiry involves collecting both numeric data and text information (Creswell, 2003:12, 18, 21; Creswell *et al.*, 2011:4; Hashemi & Babaii, 2013:829). The nature of study method/s employed, questions posed, data obtained, and analyses conducted in quantitative and qualitative research and in a mixed-methods study is compared and summarised in Table 4-2 on page 110.

Creswell (2003:210), citing Tashakkori and Teddlie (2003), notes that mixed-methods research is characterised by verb use such as integrate and synthesise, and is called multimethod, multimethodology or, as in this study, mixed-methods. Mixed-methods research is then defined as the collection and analysis of both quantitative and qualitative data in a single study or

programme of study OR as multiple methods of data collection and multiple forms of data analysis in a single study or programme of study (Creswell, 2003:208, 210; Hashemi & Babaii, 2013:829, citing Hanson *et al.*, 2005). Referring specifically to South Africa, Mertens (2011:196-197) states that mixed-methods research should be considered where there is a need to involve diverse participants in research, explore knowledge and beliefs about social change, and capture cultural complexities. In this study, mixed-methods research was implemented for the following reasons:

- As the research problem involved the scope of translation approaches used by language practitioners (determined numerically – Phase 1) and language practitioners' views on their role as an intermediary or mediator (determined orally or verbatim – Phase 2), a combination of quantitative and qualitative data would provide the best understanding of the research problem.
- Because the approaches used by language practitioners translating health communication, as expressed by language practitioners themselves, were researched, the goal of the research was to rely as much as possible on the views of study participants (see Creswell, 2003:8-9, citing, amongst others, Lincoln & Guba, 2000, and Schwandt, 2000; Creswell *et al.*, 2011:4; Soiferman, 2010:3). By applying quantitative and qualitative research methods, generalisation and in-depth understanding could be reached (Phases 1 and 2 of the research) (Hashemi & Babaii, 2013:830).
- Survey results (Phase 1) were used to inform personal interviews with selected individuals believed to represent diverse views (Phase 2) and the results obtained from these methods were combined or compared for a more complete response to the research question (Creswell, 2003:210) (refer to Chapters 5, 6 and 7).
- Qualitative data obtained through personal interviews (Phase 2) provided insight into data obtained quantitatively (Phase 1) and extended meaning, and, for this reason, was prioritised (see Creswell *et al.*, 2006:5; Todd, 1979:603-604).
- By triangulating data sources (literature reviews, survey, personal interviews and observations made during interviews), the restrictions and limitations inherent in any single method, including its biases, could be limited or neutralised (Creswell, 2003:15). The intention was that findings from various data sources – in this case, within one study – would converge to facilitate or confirm the analysis and interpretation of results. In case of divergence, triangulation enriches explanations (Todd, 1979:607).

- Though not participatory from beginning to end, the mixed-methods design gave language practitioners the opportunity to participate in every phase of data collection: the nine interviewees also participated in the survey.
- By including quantitative and qualitative study methods in a mixed-methods approach, multiple views could be generated, such as a grandstand view (Phase 1) and depth and a multi-layered view indicating the nuances of the research topic (Phase 2) (Creswell *et al.*, 2006:2; Hesse-Biber, 2010:455-456).

Table 4-2: Quantitative and qualitative research and mixed-methods research summarised and compared (Creswell, 2003:17)

	Quantitative research	Qualitative research	Mixed-methods research
Methods employed	Predetermined methods	Emerging methods	Predetermined & emerging methods
Questions posed	Instrument-based questions	Open-ended questions	Both closed & open-ended questions
Data obtained	Performance data Attitude data Observational data Census data	Interview data Observation data Document data Audiovisual data	Multiple forms of data
Analyses conducted	Statistical	Observation Text analysis	Statistical Observation Text analysis

While mixed-methods research is a practical, outcomes-based method of inquiry leading to further action and the elimination of doubt (Cameron, 2009:141), the complexities of its designs (whether parallel, sequential or convergent) create disadvantages unique to this method of inquiry. As applicable to this study, the mixed-methods design required knowledge about the application of quantitative and qualitative research in the research field, careful planning to describe all aspects of research, and a plan for the integration of data, which was a challenging phase (refer to par. 4.13). To collect and analyse both numeric and text data was labour intensive and time consuming, and required more resources (Cameron, 2009:145; Creswell *et al.*, 2011:8; Wisdom & Creswell, 2013). It also increased the complexity of evaluations. Creswell (2003:23, 210) and Hesse-Biber (2010:467) note that qualities of character such as reflection to consider the usefulness of various study methods, willingness to update research skills, objectivity to conduct survey research, and consideration of participants to invite participation and give feedback assist the researcher engaging in mixed-methods research.

4.5 Strategy of inquiry selected for this study

Firstly, quantitative data was collected about the scope of translation approaches used by language practitioners translating health communication and the extent of their adaptation of health messages by surveying 74 participants believed to be representative of the population. This was followed by the collection and analysis of qualitative data from selected individuals about a social and cultural mediator role for language practitioners translating health communication (see Creswell, 2003:212; Wisdom & Creswell, 2013). Although quantitative data was collected first and dealt with comprehensively, qualitative data collection was prioritised because the emphasis was on gaining insight and expanding meaning by giving language practitioners a voice in this research. A theoretical perspective guided the compilation of research instruments (refer to Table 4-6) and served as framework for data interpretation. Findings were integrated at data interpretation (refer to Figure 4-5). Table 4-3 displays the criteria determining the strategy of inquiry selected for this study.

Table 4-3: Criteria informing the sequential mixed-methods strategy of inquiry

	Criterion	Strategy of inquiry
1	Data collection implementation sequence	quan – QUAL
2	Priority given to data collection and analysis	<u>Phase 1:</u> quan – Study Objective 3 quan & QUAL – Study Objective 4 <u>Phase 2:</u> QUAL – Study Objective 5
3	Stage of data integration	At data interpretation
4	Use of an overall theoretical perspective	Theory informed compilation of research instruments and data interpretation

The results of the literature review informed data collection through the self-administered questionnaire, while the literature review and survey data informed data collection through personal interviews. The interviews were conducted last and completed data collection from language practitioners participating in the translation of health communication. Creswell (2003:215) mentions the straightforward nature of this mixed-methods model as both a strength and weakness: while its clearly delineated stages facilitate description and reporting, the demarcation extends the time needed for data collection. The two-phase sequential mixed-methods study approach following literature reviews and responding to Study Objectives 3 to 5 is illustrated in Figure 4-3 on page 112.

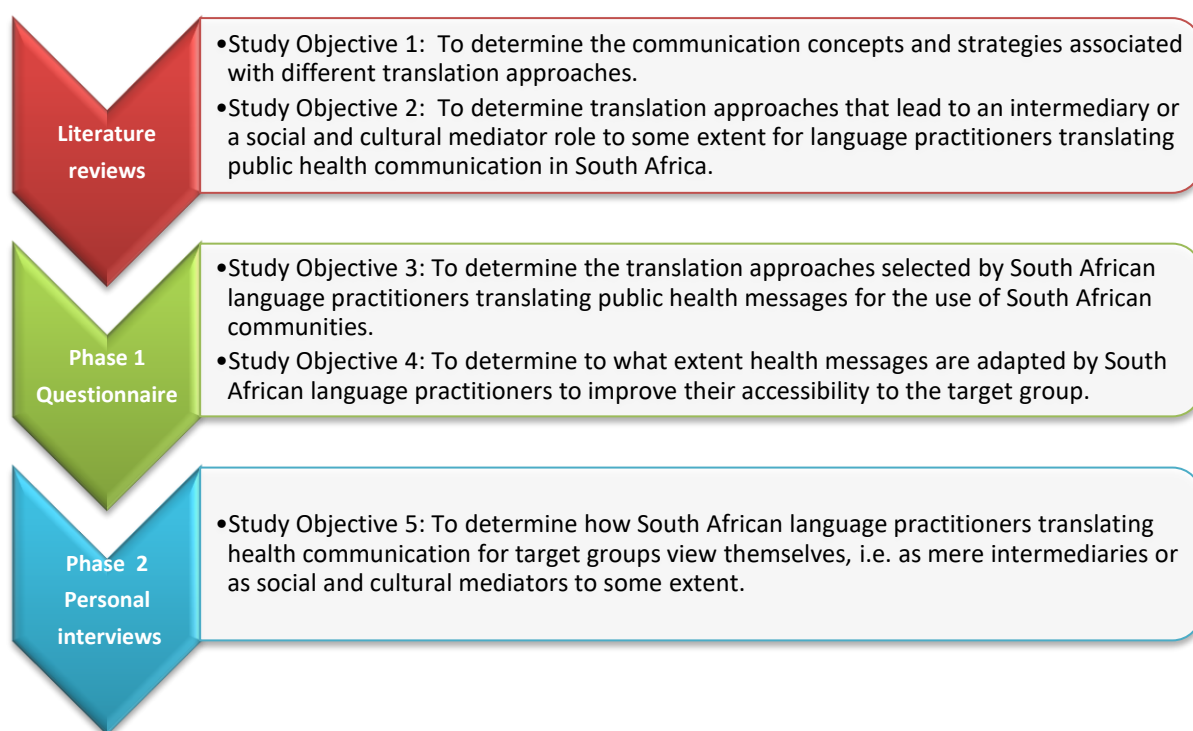
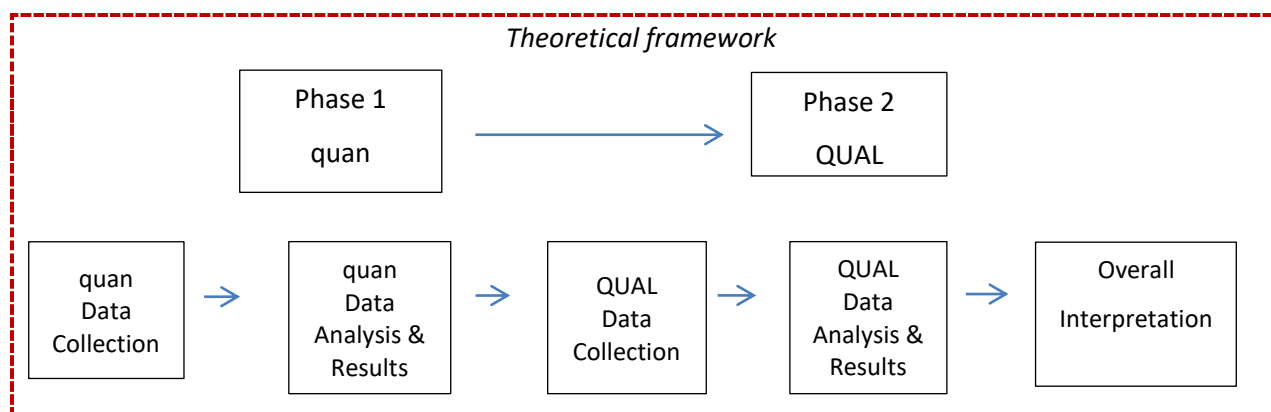


Figure 4-3: Sequential data collection strategy following literature reviews and responding to Study Objectives 3-5

In Phase 1 of data collection, the researcher conducted a survey using a questionnaire with a nested design as measuring instrument. Section B of the questionnaire elicited data about the scope of translation approaches selected by South African language practitioners when translating health communication for indigenous language groups (see Creswell *et al.*, 2011:6, 8). Section C, which contained three chunks of health text, invited respondents to self-evaluate the extent of their adaptation of health messages, and included open questions to elicit further response. In Phase 2 of data collection, personal interviews were conducted with seven South African language practitioners to determine whether or not they regarded themselves as mere intermediaries or as social and cultural mediators when translating public health communication. Language practitioners believed to be information-rich cases were involved to obtain their views on an intermediary or mediator role for language practitioners (Teddlie & Yu, 2007:88).

The specific sequential explanatory research design selected for this study is visually represented in Figure 4-4 (Cameron, 2009:145; Creswell, 2003:213-214; Hesse-Biber, 2010:462).



LEGEND:

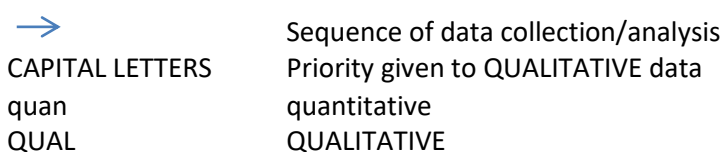


Figure 4-4: Sequential explanatory research design selected for this study

4.6 Phase 1: Quantitative data collection

Survey research was carried out to capture and describe the scope of translation approaches used by language practitioners. As the data was quantified and treated statistically to confirm or refute knowledge claims, the researcher remained independent, uncovering meaning objectively in the collected data (see Creswell, 2003:154; Williams, 2007:66).

4.6.1 Population and sampling

Quantitative data collection often involves gathering data from a large number of people, typically representative, so that the sample can be generalised to the larger population. If random sampling is used, each individual has an equal probability of being selected, facilitating statistical generalisation of data (Creswell, 2003:220; Onwuegbuzie & Leech, 2010:881-882). As all language practitioners in South Africa translating health communication are not included in a single database or accreditation register, everybody in the target population could not be accessed and invited for participation in this study, and study findings could therefore be generalised only to the accessible population (see Onwuegbuzie & Leech, 2010:882).

4.6.1.1 Accessible population

To gain access to the target population, three subsets of language practitioners in South Africa (bodies or networks of language practitioners) were considered as sample frames:

- NLS
- SATI
- Various smaller networks of language practitioners.

SATI and the NLS consented to the researcher's request to invite language practitioners from these institutions to participate in the study (refer to Annexures A, B and C). Thirty five language practitioners from two NLS Directorates, namely Translation and Editing (TE) and the Terminology Coordination Section (TCS), were invited to participate in the survey. TE renders translation and editing services to various government departments and statutory bodies, while TCS develops multilingual terminologies to support government communication in all the official languages.

In 2011, SATI had about 800 members comprising translators, interpreters, editors, proof-readers, text reviewers, terminologists, copywriters and lexicographers representing 50 languages, including the 11 official South African languages. Established more than 50 years ago as a non-profit professional body for mainly English and Afrikaans language practitioners, it now focuses on including all 11 official South African languages (SATI, 2014). An analysis of the SATI database of language practitioners (October 2016), using the search option "Find a language practitioner", indicated that 350 individuals and agencies were offering translation services from English into other official languages, of whom 153 indicated "health sciences" as a field of specialisation (refer to Table 4-4).

In an effort to reach language practitioners in all provinces, the researcher also obtained the names of freelance translators and agencies listed on websites such as exporthelp.co.za/network/sa_translation_services, translatorscafe.com and yellowpages.co.za. Because of the duplication of names, the time it would take to exclude language practitioners and agencies who were also SATI members, and email addresses that were expired or not included, these efforts proved to be ineffective.

Table 4-4: Breakdown of SATI members offering translation services in official SA languages

	Source language	Target language	*Number of SATI members offering translation services in official SA languages	*SATI members (working in official SA languages) who indicated health sciences as field of specialisation
1	English	Afrikaans	134	42
2	English	isiZulu	33	16
3	English	isiXhosa	31	15
4	English	isiNdebele	17	10
5	English	Siswati	15	10
6	English	Setswana	29	12
7	English	Sesotho	31	14
8	English	Sepedi	22	11
9	English	Tshivenda	18	12
10	English	Xitsonga	20	11
TOTALS			350	153

*The figures above indicate only those SATI members who elected to be included in the SATI database (October 2016).

4.6.1.2 Sampling procedure

Because a central database of South African language practitioners conducting translation work in the public health domain is lacking, a probability sampling method was unfeasible. A nonprobability sampling method based on predefined groups was thus used to represent the population. A combination of purposive, cluster and availability sampling was conducted by first identifying the NLS and SATI as available clusters for inclusion in the study and then systematically inviting all language practitioners identified in these clusters to participate in the study (see Creswell, 2003:156; Kruger & Crots, 2014:162). Although cluster sampling is an efficient probability sampling technique saving time and money, the clusters in this study were sampled purposively (see Teddlie & Yu, 2007:79). Trochim (2006) argues that, in purposive sampling, the views of a target population will most likely be obtained, but also warns that too much weight might be given to clusters that are more readily accessible. The sample does not involve stratification of the population in terms of gender, age or income, because these characteristics were not identified as relevant to the study topic.

4.6.1.3 Sample size

A survey by Kruger and Crots (2014:162-163), exploring South African translator strategies when translating ethically contentious documents, achieved a sample size of 31 respondents,

which, according to these authors, was very similar to that of other studies making use of SATI as sampling frame. As the SATI sample frame constituted by far the greater part of the accessible target population and greater weight would be given to qualitative research, the researcher decided that the sample size of 74 eventually reached enabled exploration of the scope of translation approaches used by South African language practitioners. Table 4-5 displays the sample frames selected for this study.

Table 4-5: Estimated size of accessible population of language practitioners with a language combination comprising official South African languages

No.	Sample frames	Accessible target population (N)	Accessible target population (%)
1	NLS – TE & TCS Directorates	35	9,09
2	SATI	350	90,91
Totals		385	100,00

4.6.2 Instrument and instrument development

As no measuring instrument could be found in any literature on the translation approaches of South African language practitioners to public health communication and their adaptation of health messages, the researcher designed a questionnaire as survey instrument based on data obtained during the literature reviews (refer to Annexure D). Questionnaire items reflected the theoretical statements and/or theoretical points of departure formulated in the literature reviews about the research topic (refer to Chapters 2 and 3, and Table 4-6 on pages 119-120).

The measuring instrument consisted of three sections:

Section A: Demographic data

Demographic data included six items, namely: main profession in language practice; years of translation experience; highest level of expertise in health translation; highest level of translation training; main translation direction/s; and location of place of work.

Section B: Approach to the translation of health communication

Seeking responses to Research Question 3, this section comprised 18 items based on a Likert-type scale, measuring respondents' agreement with statements about the selection of translation approaches to health communication. These 18 items were subdivided into three subclusters: a response of "strongly agree" to Items 1 to 4 would indicate an equivalence approach to translation and/or an intermediary stance by the language practitioner; a response of "strongly agree" to Items 5 to 9 would indicate a functionalist approach to translation and an

intermediary or mediator stance by the language practitioner to some extent; and a response of "strongly agree" to Items 10 to 18 would indicate an adaptive or creative approach to translation and a mediator stance to some extent by the language practitioner. All items in Sections B were based on theoretical statements formulated in Chapter 3 of the study and some of these items were also linked to specific theoretical points of departure formulated in Chapter 2 (refer to Table 4-6).

Section C: Extent of adaptation of health messages

Section C of the measuring instrument contained three text chunks purposefully selected to determine whether or not language practitioners were likely to adapt a health message to improve its accessibility to the target reader, thereby seeking an answer to Research Question 4. Concerning each text chunk, respondents were instructed to indicate, on a Likert scale indicating likelihood, to what extent they would apply nine specific adaptation options to the text. Each text chunk also included an open question allowing respondents to add other options that they would consider. All Section C items were based on Theoretical Points of Departure 5 and 7, as supported by Theoretical Statements 3, 6, 7 and 10 (refer to Table 4-6).

Respondents' responses to questionnaire items assisted the researcher in identifying individuals for participation in Phase 2 of data collection. These individuals indicated either a strong intermediary or mediator stance or a stance of intermediary or mediator to some extent, and the expectation was that they would provide information that would explain their stances in greater depth. The relation between research questions, theoretical points of departure and/or theoretical statements, survey items, scales of measure and data analyses required is summarised in Table 4-6.

4.6.2.1 Invitation to participate in survey and accompanying document

The researcher drafted three emails inviting participation by NLS colleagues, SATI members (including those of agencies) and members of various smaller networks of language practitioners. Each email included the title and aim of the research study, an invitation to participate, completion and return instructions, assurances of confidentiality and anonymity, and the option to complete either a hard copy (in the case of NLS colleagues) or an MS Word or fillable pdf version of the questionnaire. Respondents were thanked for their willingness to participate in the survey and ensured of the value of their input. Each email also contained an attachment "More information about the study" which gave background to the study, revealed financial support by the researcher's employer, indicated the time needed for completion of the questionnaire and invited feedback. Return options included emailing the completed pdf or

Word version of the questionnaire to the researcher or, in the case of colleagues, delivering it by hand.

4.6.2.2 Instrument validity

As a quantitative research instrument had to be designed for this study, the researcher took steps to ensure the validity of the new instrument. A preliminary list of questionnaire items was generated based on the literature review and discussed with three individuals who are expert at scholarly research in communication sciences, translation theory and practice, and industrial communication protocols, respectively. Modifications included a reduction in the total number of items to reduce the time needed to complete the questionnaire, rewording of some items to ensure clarity and changing dichotomous items to 4-point Likert-type scale items. The researcher also requested the above three scholarly experts to rate the final, revised draft of the survey instrument according to language use, content, face and construct validity, and appropriateness of scales of measure, thereby applying expert review as quality analysis technique. Each evaluator was also provided with the necessary background documentation, including copies of Tables 4-1 and 4-6, and was requested to rate the measuring instrument by considering the following five questions:

- 1 Are the items phrased appropriately and clearly? [Language use]
- 2 Do the items on the instrument represent the content being measured? [Content validity]
- 3 Do the instrument items appear relevant, important and interesting to the respondents?
[Face validity]
- 4 Are the questionnaire items underpinned by key constructs or concepts? [Construct validity]
- 5 Will the scale measure what it is intended to measure? [Scale appropriateness]

(See Humbley & Zumbo, in Creswell, 2003:158; Onwuegbuzie *et al.*, 2007:116-118.)

Based on their evaluation, the questionnaire was preliminarily deemed a valid and reliable tool for assessing the views of language practitioners about the research topic in an exploratory study.

Table 4-6: Relation between research questions, theoretical points of view/statements, survey items, scales of measure and data analyses required (see Lund Research Ltd., 2012)

Questionnaire Section	Variable OR Research question (RQ)	Survey items	Number of variable OR relating theoretical statement (TS)	Scales of measure	Analysis required
Section A: Demographic data	Variables:	Section A: Items 1-6	Variables 1-6	Categorical scales:	Quantitative analysis
	Nominal variable – categories <i>Main profession</i>	Item 1	Variable 1	Nominal scale – categories	
	Nominal variable – categories <i>Years of translation experience</i>	Item 2	Variable 2	Nominal scale – categories	
	Ordinal variable – level <i>Highest level of expertise in health translation</i>	Item 3	Variable 3	Ordinal scale – levels	
	Ordinal variable – level <i>Highest level of translation training</i>	Item 4	Variable 4	Ordinal scale – levels	
	Nominal variable – categories <i>Main translation direction</i>	Item 5	Variable 5	Nominal scale –categories	
	Dichotomous variable – <i>Location (Urban/Rural)</i>	Item 6	Variable 6	Dichotomous scale (designed) – <i>Urban/Rural</i>	

Section B: Approach to the translation of health messages	RQ 3: Which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?	Section B: Items 1-15	Theoretical Statements (TS 1-10) supported by Theoretical Points of Departure (TPD)	4-point Likert scale indicating agreement Ordinal scale (<i>Strongly disagree-Disagree-Agree- Strongly agree</i>)	Quantitative analysis Descriptive and inferential statistics
		Item 1 Item 2 Item 3 Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 12 Item 13 Item 14 Item 15 Item 16 Item 17 Item 18	TS 1 TS 1 (also TPD 6) TS 1 (also TPD 6) TS 11 TS 2 TS 2, 6, 9 TS 2, 5 TS 10, 8 TS 6, 7 TS 3, 10 (also TPD 6) TS 4, 7 TS 10 TS 10, 3 TS 10, 9 TS 7 (also TPD 3) TS 7 (also TPD 3) TS 7 (also TPD 4) TS 3 (also TPD 4)		
Section C: Extent of adaptation of health message	RQ 4: To what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?	Section C: Text chunks 1-3: (10 options each)	TPD 7, 5, supported by TS 3, 6, 7, 10	Likert scale indicating likelihood Option 1-9: Ordinal scale (<i>Not at all- Very little-Somewhat-To a great extent</i>) Option 10: Open-ended question	Descriptive and inferential statistics Qualitative analysis

4.6.3 Pre-test

As the measuring instrument was compiled specifically for this study, a pre-test was conducted to ensure validity and reliability, and minimum effort and expense in filling in the questionnaire. Six language practitioners representing the translation directions Afrikaans>English, English>Afrikaans, English>isiNdebele and English>Xitsonga were requested to pre-test the measuring instrument and give their opinions about the appropriateness of questionnaire items, readability, sensitivity with respect to a possibly embarrassing item, wording, formatting and the effort (and time) required to complete the questionnaire (see Brink *et al.*, 2012:174-175; Creswell, 2003:158; Onwuegbuzie *et al.*, 2007:125). The advice of an NWU statistician was obtained during pre-testing to prevent compromising statistics when making changes to the instrument. Based on feedback from pre-testers and the statistician, Section A items were refined to include more options; Section B's 5-point Likert-type scale items were changed to 4-point Likert-type scale items; and the format of Section C was adapted from only open-ended questions to 4-point Likert-type scale items combined with open-ended questions to reduce the time needed for completion. The wording of some Section C items was also changed to ensure well-defined constructs and plain language use throughout.

4.6.4 Administering the instrument

To ensure the highest possible response rate within the time constraints of the study, the researcher used the following four-phase administering process (see Salant & Dillman, 1994, as cited in Creswell, 2003:158):

- 1 Emails inviting participation were sent to language practitioners (translators and terminologists) within NLS, comprising Sample Frame 1 (n=35).
- 2 Emails inviting participation by SATI members (individual freelance language practitioners and translation agencies) comprising Sample Frame 2 were forwarded by SATI (n=350).
- 3 All respondents had the option of completing either an MS Word or a fillable pdf version. Two weeks after receiving the initial instrument in Word and pdf by email, NLS colleagues were also given the option of completing a hard copy version of the questionnaire.
- 4 Two weeks after SATI members received the initial request, a follow-up email including the questionnaire in MS Word format only was sent to some SATI members who indicated health sciences as a field of specialisation on the SATI website.

Seventy-seven (77) completed questionnaires were returned between 6 August 2016 and 13 September 2016. Data collection was limited to this five-week period to allow further (qualitative) data collection by means of personal interviews. Five questionnaires were discarded: two reached the researcher after the cut-off date and three did not meet the inclusion criteria. Inclusion criteria were South African language practitioners:

- employed or freelancing as translators;
- whose language combination/s comprised official South African languages; and
- who had a level of expertise in the translation of health or health-related documents intended for the public.

Other demographic data collected from respondents, such as years of translation experience and level of translation training, was used to consider links between demographics and the selection of translation approaches or the extent of adaptation or manipulation of health communication, but did not serve as either inclusion or exclusion criteria.

4.6.5 Return rate of questionnaire

Because the researcher was in a position to follow up on the return of questionnaires and due to the voluntary participation of her colleagues at NLS, the return rate for Sample Frame 1 was above satisfactory. Sample Frame 1, however, constituted only 9,01 per cent of the accessible target population, nevertheless contributing to the average return percentage of 19,22 per cent. The return rate, according to sample frame and translation direction, is set out in Tables 4-7 and Figure 5-5, respectively.

Table 4-7: Return rate according to sample frame

	Sample Frame	Number of questionnaires distributed	Number of returns	Return percentage
1	NLS	35	31	88,57%
2	SATI (Refer to Table 4-4)	350	43	12,29%
Totals		385	74	19,22%

4.6.6 Descriptive and inferential statistics

Data collected in Phase 1 was captured on an Excel spreadsheet and forwarded to a statistician for analysis. Descriptive and inferential statistics were used for summarising and visualising the data obtained through the survey instrument (refer to Chapter 5).

4.7 Validity and reliability of quantitative findings

In a mixed-methods design, the validity and credibility of both strands of research (quantitative and qualitative) have to be determined so that the research can be regarded as legitimate (reference). In this study, the focus was on a unified validity framework for assessing inference quality, i.e. the quality of meta-inferences drawn on the basis of the findings of the quantitative and qualitative research methods used (refer to par. 4.11). The strength of meta-inferences lies in the fact that they combine quantitative and qualitative perspectives in an integrative framework to provide an overall interpretation, conclusion or explanation (Hashemi & Babaii, 2013:831, citing Tashakkori & Teddlie, 2008; Onwuegbuzie & Johnson, 2006:48, 55). As the data integration phase could be a threat to the validity of a mixed-methods study, triangulation (based on the funnel metaphor illustrated in Figure 4-2) was used to determine the validity and reliability of findings (Borrego *et al.*, 2009:60; Hesse-Biber, 2010:466; Todd, 1979:602).

Respondents from Phase 1 of the data collection, who participated in Phase 2 of the study, linked quantitative and qualitative data collection and enabled generalisation of findings obtained in Phase 2 to the accessible population of Phase 1. By linking methods in the data-gathering phase (by drawing interviewees from a quantitative research sample), the validity of the findings could be assessed. Discrepancies found in Phase 1 of the study could be pursued in depth in Phase 2, enhancing the validity of findings (see Hesse-Biber, 2010:465-466).

4.8 Phase 2: Qualitative data collection

Data about participants' views on being an intermediary or social and cultural mediator when translating health communication for their respective target groups was collected by means of personal interviews between 20 September 2016 and 12 November 2016.

4.8.1 Basic characteristics of qualitative inquiry

Marshall and Rossman (2011:2-3) describe qualitative research as pragmatic, interpretive and based on the lived experiences of people. As a broad approach to the study of social phenomena, qualitative research involves multiple methods of inquiry that are interactive and humanistic. The basic characteristics of qualitative inquiry and their applicability to this study are displayed in Table 4-8 on page 124.

Table 4-8: Characteristics of qualitative inquiry as applicable to this research

Basic characteristics of qualitative inquiry	As applied in Phase 2 of this research
Qualitative inquiry typically focuses on individuals, groups, processes or organisations	To reflect the diversity of the accessible population, purposive sampling was applied and "outliers" deliberately included.
It often takes place in a natural setting, such as the office or home office of the participant.	Most personal interviews were conducted at their places of work.
It involves multiple methods of inquiry that are interactive and humanistic	Methods of inquiry included personal interviews and observations by the researcher.
The researcher has to build rapport and credibility with participants and be sensitive towards them to encourage responses and replication.	All of these requirements had to be applied before, during and after conducting personal interviews.
Qualitative inquiry is not tightly prefigured, but changes and is refined as the inquirer learns what to ask to whom.	An interview guide was used during personal interviews, but the order and number of questions varied with each interview.
As coding and categorisation are applied to data, theory and general understandings develop into a broad interpretation	Text (or word) data were coded and categorised and checked against existing literature on the topic.
By analysing narratives from participants holding divergent views, qualitative research establishes a holistic, panoramic view of a social phenomenon.	To provide the bigger picture, meta-inferences were drawn from the results of the comparative analysis of data.
The involvement of the researcher in data collection, analysis and interpretation implies a personal lens in a specific sociopolitical moment.	The researcher's role was stated and clarified (refer to par. 4.8.3).
It is a systematic and rigorous form of inquiry and it emphasises the voices of participants through quotes.	The categorisation of data was supported by quotes, as it was the intention of this study that language practitioners should be heard.

(Barbour, 2001:1115-1116; Creswell, 2003:4, 181-182, building on the thoughts of Rossman & Rallis, 1998; Marshall & Rossman, 2011:2-3, 69)

4.8.2 The specific qualitative strategy of inquiry – phenomenological

Historically, qualitative methodologists organised the field by developing long typologies. By analysing these typologies, Marshall and Rossman (2011:17-20) found a focus on three major genres, namely society and culture (ethnographic approaches), individual lived experiences (phenomenological approaches), and language and communication (sociolinguistic approaches). Although this study related to talk and text (sociolinguistic approaches) and

involved society and culture (ethnographic approaches), its research focus was on individual lived experiences and therefore a phenomenological approach was followed. The family of phenomenological approaches typically applies long, in-depth interviews with individuals who have experienced the phenomenon of interest. The aim of the qualitative inquiry was to explore and describe language practitioners' views on mediation, that is, whether or not they regard themselves as mere intermediaries or as social and cultural mediators. The assumption was that participants had similar, divergent or outlier experiences representing an intermediary or mediator stance to some degree when translating health communication. By analysing and comparing their unique expressions, the essence of these experiences could be identified (see Barbour, 2001:1115-1116).

4.8.3 Researcher's role and statement

Fassinger and Morrow (2013:71-72) argue that, in qualitative research, researchers should examine their biases and world views, and be aware of their "insider/outsider" status. In this research, the researcher was aware that her language experiences (in the language combination English>Afrikaans) differed markedly from those of African language practitioners, placing her to some extent in an "outsider" position (refer to par. 3.6.5 about the relation between source and target language). Unlike Afrikaans, African languages are underrepresented in scholarly literature. The researcher therefore decided to adopt an open and learning stance, encouraging participants to voice their concerns (see Fassinger & Morrow, 2013:74). The researcher, however, has also been sharing a working environment with African language practitioners for more than ten years. This allowed the researcher to observe the diverse communication orientations of different cultures and aroused her interest in variation in translation approaches.

The researcher's academic background (communication sciences and translation studies) and experience as translator/editor enabled her to study a topic that involved various disciplines. As language practitioner, she became aware of translation challenges specific to health communication and the approaches employed by language practitioners to cope with these challenges. Like many other language practitioners in the language combination English>Afrikaans (related West Germanic languages), the researcher was also well schooled in the equivalence tradition of translation. The researcher strove to remain objective and unbiased when conducting research; she carefully observed attitudes and assimilated the views of colleagues about the topic.

Although the researcher conducted some "backyard" research – research at the researcher's place of work – it did not compromise her ability to disclose information and raise difficult issues (see Glesne & Peshkin, 1992, in Creswell, 2003:184). On the contrary, the involvement of colleagues in data collection broadened perspectives on the topic and helped establish a benchmark against which deviation could be determined. By recording and analysing the views of colleagues according to procedures described in par. 4.8.7, researcher bias could be neutralised. Permission was obtained from NLS management to involve colleagues in research, and the Department of Arts and Culture (DAC) supported the researcher by granting her a study bursary for a period of four years (see Creswell, 2003:64).

4.8.4 Language practitioners as extratextual sources

While qualitative research has been criticised for marginalising groups in society by making them the passive objects of study, the intention of this study was to let language practitioners speak, to listen to their voices, especially voices disregarded in the past, and to learn from them (Marshall & Rossman, 2011:20). The expectation was that language practitioners would reveal different points of view about their role as intermediaries or mediators to some extent in translating health communication.

Toury (1995:65-66) warns against the pitfalls of using extratextual sources, such as the statements of language practitioners, to determine translational norms, because such statements could be biased or subjective. However, he also admits that extratextual sources are "legitimate sources for the study of norms" and "a possible key to the analysis of actual behaviour". Toury (1995) argues that normative pronouncements by language practitioners should not be accepted at face value but be "given an explication in such a way as to place them in a narrow and precise framework".

4.8.5 Site of qualitative data collection

The researcher purposefully chose the NLS as study site because she suspected that colleagues were employing translation approaches that were innovative and novel. Because the researcher knew the working environment well, steps could be taken to ensure that data collection caused no disruption to service delivery. In analysing data and reporting findings, the researcher undertook to protect the privacy of participants by making sure that no-one was named and treating all information as confidential. Data were synthesised in such a manner that no data or findings could be related to a particular participant. The NLS respected the research process by allowing the researcher access to participants and data, and making no demands that compromised data collection or analysis.

4.8.6 Sampling

In this phase of data collection, the strategic and purposive sampling of information-rich cases was applied to ensure the spread of participants required (those with an intermediary or a social and cultural mediator stance to some degree) (see Barbour, 2001:1115-1116). Study participants from the NLS and SATI sample frames (refer to Table 4-7) were purposefully selected to participate in personal interviews. As they had already been exposed to the survey conducted in Phase 1, they were likely to have formed a view on their intermediary or mediator role in the translation of health communication. Because the researcher wished to represent all language groups in the presentation of data, purposive sampling also involved inviting respondents from all language groups to be interviewed (see Cleary *et al.*, 2014:473).

4.8.7 Personal interviews

All language practitioners purposefully selected to be interviewed accepted the invitation, and read and signed an informed consent form (refer to Annexure G). Using two interview aids, an interview guide consisting of 10 questions (refer to Annexure E) and a graphical representation of translation approaches (Figure 3-2), the researcher conducted nine personal interviews. The researcher was convinced that at least one of these interviewees constituted an outlier which, in the context of this study, means fulfilling either an intermediary or a mediator role at all times. None of the interviewees showed any interest in the graphical representation of translation approaches, but all of them used and consulted the interview guide during their interview. A digital tape recorder was used for recording interviews with the participants' consent. All interviewees appreciated the opportunity to be interviewed.

The advantages and limitations of personal interviews, as they applied to this study, are set out in Table 4-9 on page 128.

Table 4-9: The advantages and limitations of personal interviews as they applied to this study (Cleary *et al.*, 2014:474)

Advantages	Limitations
• The researcher could adapt the flow of the interview to allow interviewees time to relax and respond.	• Interviewees were not equally articulate and perceptive.
• Personal views, including indigenous stories, were obtained.	• "Indirect" information was obtained, as it was filtered through the views of interviewees.
• Individual participation allowed expression of personal beliefs and views.	• Personal interviews lacked the shared experience of a group.
• The researcher could probe responses privately.	• Personal interviews lacked the synergistic 'sparking-off' between group members.
• The researcher could control the line of questioning.	• Interviewing skills were a requirement.
• The structured questions designed elicited rich information.	• An interview guide must be pre-tested.

4.8.8 Observational data

In addition to interview data, the researcher recorded observational data after finalisation of each personal interview by using a personal interview memory aid (refer to Annexure F). The observational data consisted of demographic, descriptive and reflective notes, and included a word portrait of the participant, a description of the physical setting, a reconstruction of the course of the dialogue, and accounts of particular events. The reconstruction of the dialogue assisted the researcher in positioning the interviewee as an intermediary or a social and cultural mediator to some extent.

4.9 Data analysis and interpretation

Data obtained from the personal interviews were analysed thematically and supported by a literature check to describe language practitioners' views on an intermediary or social and cultural mediator role to some extent when translating health communication. Data analysis involves making sense of open-ended text data supplied by participants. It involves the preparation, analysis, representation and interpretation of data to explore and explain its wider meaning. The data analysis process is described step by step below (Creswell, 2003:190-195).

Step 1: Organisation and preparation of data

After completing the memory aid, the researcher transcribed the recorded interview. All transcriptions were checked against the digital recordings, also by playing them back at reduced speed, to ensure correctness of wording, punctuation, and meaning. As the order of questions put to interviewees varied, the transcriptions were re-ordered in accordance with the interview

guide. The transcriptions were added together into one document in a table format, and columns added to allow space for identifying themes, subcategories and main categories. Each transcription was colour coded to facilitate referencing.

Step 2: Obtaining a general sense of the data

This was achieved by reading through all data first and considering its overall meaning. The observation entered into the memory aid regarding the interviewee being either an intermediary or a social and cultural mediator to some extent was reaffirmed by carefully rereading each transcription.

Step 3: Coding of data

Creswell (2003:192) describes coding as the organisation of data through segmentation of sentences/paragraphs into categories and the labelling of categories with a term, often *in vivo* (in the actual language of the participant). In this study, coding was done as follows:

- 1 The researcher first decided on terms, identifying segments of data as 'themes', such as the segments "hospital language" and "plain language". Themes were then be clustered into 'subcategories', and subcategories grouped under a 'main category'.
- 2 All segments identified as themes were entered into the themes column, and subcategories and main categories into the categories column. All data were coded.
- 3 Themes relating to each other were grouped, turned into a subcategory and the subcategory labelled. Subcategories relating to each other were grouped, turned into a main category and the main category labelled. The main categories with their subcategories portrayed either an intermediary or a mediator stance by the language practitioner.
- 4 To enable a comparative analysis of data, two separate data analysis documents were created. The document "Qualitative analysis of interview data: Intermediary stance" contained the main categories, subcategories and themes, and quotes, supporting an intermediary stance; the document "Qualitative analysis of interview data: Mediator stance" contained the main categories, subcategories and themes, and quotes, supporting a mediator stance. Main categories and subcategories were replicated, where applicable, to enable comparison of data.
- 5 Data categorised under either "Intermediary stance" or "Mediator stance" were analysed comparatively and checked against existing literature.

Step 4: Description of main categories, subcategories and themes for analysis

The eight main categories generated displayed the multiple perspectives of participants and were supported by quotes. The connections between categories and themes were indicated (refer to Tables 6-3 to 6-10).

Step 5: Representation of findings

The qualitative narrative describing the findings of the analysis (refer to Chapter 6) contained the demographic data of interviewees, detailed discussions of main categories, subcategories and interconnected themes, and tables comparing data.

Step 6: Interpretation of data

Data was interpreted based on the researcher's experiences, the research question, the comparison of findings and a final comparison with literature about the topic. Questions raised by the qualitative data were considered during triangulation of data findings.

4.10 Validation of findings

Unlike validity in quantitative research, validity in qualitative research implies accurate and credible research findings from the viewpoint of the researcher, the participant and the reader (Creswell & Miller, 2000, in Creswell, 2003:195-196; Marshall & Rossman, 2011:40). Strategies used in this study to ensure findings that would be accurate, credible and authentic are set out in Table 4-10 on page 131.

4.11 Overall validity/accuracy/credibility of study

In this study, as advocated by mixed-methods writers such as Tashakkori and Teddlie (1998), validity procedures were used to check the validity of quantitative data and the accuracy of qualitative findings (Creswell, 2003:221) (refer to par. 4.10). Research findings were released together with the study design so that readers could determine for themselves the overall credibility of the study (see Neuman, 2000, in Creswell, 2003:67). Marshall and Rossman (2011:39, 44), however, argue that methodological discussions of validity cannot be separated from ethical research principles and practices, whose application to the study is declared explicitly in par. 4.12.

Table 4-10: Strategies to ensure accurate, credible, authentic findings

Strategy		Steps implemented and reason/s for implementation
1.	Triangulation	• Different data sources (literature reviews, survey, individuals and observation) were used to reach coherent and convergent findings. • Care was taken to check the accuracy of interpretation with participants and across different data sources (see Creswell, 2003:66).
2.	Member-checking	• One participant interviewed personally was requested to confirm topics identified from the interview transcription. • Where utterances or statements by interviewees seemed to be ambiguous or unclear, the researcher met/made contact with the interviewee to clarify meaning and remove any indistinctness.
3.	Rich, thick description	• The interview settings were described in detail to give readers the element of shared experiences (see Creswell, 2003:196) (see Annexure F – memory aid). • Data was collected until data saturation was reached to ensure dense descriptive data.
4.	Clarification of researcher bias	• The role of the researcher was clarified in the form of a personal statement to enable reader judgement about prolonged engagement and researcher bias (refer to par. 4.8.3). • The researcher's training and working experience, and possible contribution to the study, was revealed.
5.	Presentation of alternative explanations or disconfirming evidence	• Survey respondents believed to be information-rich cases were interviewed personally to obtain different views about an intermediary or mediator role for the language practitioner. • The divergent perspectives of interviewees about an intermediary or mediator role for language practitioners in health communication were described in detail.
6.	Prolonged engagement in the field	• As language practitioner employed in the research setting, the researcher could convey detail about the site and interviewees, while considering confidentiality and privacy. • Having been employed by the NLS for 11 years allowed the researcher to develop an in-depth understanding of the research problem.
7.	Feedback from independent reviewers	• Recommendations made by an independent reviewer about the identification of themes, subcategories and categories were accepted and incorporated into the study to improve its acceptability and legitimacy.
8.	Development of an audit trail	• The techniques, methods and strategies employed to conduct the qualitative study were described in detail to enable process auditing. • Raw information collected (digital recordings of interviews and observational notes) were made available to the study leader to enable a document audit, and will be kept in a safe place for five years and then be destroyed.

4.12 Application of ethical research principles and practices to this study

Referring to ethics and trustworthiness, and the researcher's relationship with participants and the larger community of discourse, Marshall and Rossman (2011:44-49) conclude that moral principles such as respect for persons, beneficence and social justice should not be reduced to only procedural matters such as obtaining informed consent, but that the position of the researcher and interactions involving power, status, social identity and cultural differences should be explored.

4.12.1 Ethical clearance

Survey respondents and interviewees were informed that ethical approval was gained from the North-West University's ethical clearance committee to conduct this study. [Ethical clearance: NWU-00324-14-S7.] They were also informed that the committee assessed the potential for risk as minimal because they did not foresee any physical, psychological, social, economic or legal harm to participants. The study's aim and research questions were also submitted to participants.

4.12.2 Ethical issues in data collection

To gain access to study participants at research sites, permission was obtained from individuals in authority. Letters requesting permission explained the nature of the study, the time that should be given up for participation, the potential impact of the study and expected research outcomes (see Creswell, 2003:65). Marshall and Rossman (2011:47) urge that respect for persons implies that researchers do not use participants as a means to an end. Respecting participants also means respecting research sites (Creswell, 2003:64). These two issues are discussed in more detail below.

- Respecting participants

Ndimande (2012:217, 221-223) agrees that participants should not simply be used as sources of data, but be empowered in the process of research. Discussing the use of indigenous languages in "decolonizing research", he underlines the need of implementing indigenous protocols that are usually not addressed in mainstream research such as protocols of respect and of acknowledging cultural values. Such protocols could include the use of code-switching, such as from English to an indigenous language, bringing food to the interview, being patient with participants and asking questions that are respectful of participants. The researcher was aware of her status as "insider/outsider", recognised participants' notions of respect, expressed her willingness to work with participants rather than impose any attitudes or ideas and valued participants' contributions to discussions.

By voicing their opinions, participants were not harmed in any way, nor were they put at risk. Adhering to the central dictum *primum non nocere* (first, do no harm) encapsulated in the ethical principle 'beneficence' posed no problem in this study (Marshall & Rossman, 2011:47). To the contrary, participation in the study enabled language practitioners representing indigenous languages to raise issues such as lack of medical terminology and resources in indigenous languages and research needs. Interviewees were given equal opportunity to express their opinions about an intermediary or a social and cultural mediator role for language practitioners when translating health communication for indigenous communities.

The informed consent form (Annexure G) signed by all interviewees indicated their consent to be interviewed. The form acknowledged the interviewees' right to withdraw from the study, anonymous participation and the confidentiality of data obtained. It also indicated the purpose and benefits of the research, and stated that no risk or discomfort was foreseen. In case of enquiries, it also contained the contact details of the researcher and supervisor (see Creswell, 2002, in Creswell, 2003:64-65; Marshall & Rossman, 2011:47-48).

Marshall and Rossman (2011:48) question the concept of being free to participate in or withdraw from a study if one is a civil servant and obligated by ties with the government to participate. All interviewees were on equal footing with the researcher. Colleagues were not coerced in any way to participate and participation was entirely voluntary. Being sensitive to the multicultural research setting, the researcher also made no moral appeal for participation, even though Lunenburg (2012), referring to Etzioni's compliance types, relates a professional person to normative organisations administering normative power. Interviewees were invited to participate and simply given the opportunity to deny or accept the invitation.

As the involvement of participants was sought during data collection, and during analysis (as needed), and not during more or all phases of this research, formal means of reciprocation between the researcher and study participants marking participatory action research were not considered. The researcher undertook to give feedback to NLS management and survey participants by making the results available to them in report form and writing an article on this research for the SATI journal, *Muratho*.

- Respecting research sites

Research sites were left undisturbed after interviews were conducted, and the time and duration of interviews did not intrude on the flow of activities at the NLS (Creswell, 2003:65).

The nature of the study was such that the disclosure of any harmful information in data collection was not foreseen. Language practitioners doing translation work have to treat all

documents submitted for translation confidentially and, in this study, participants were not invited or tempted to disclose confidential information about any document submitted for translation. Language practitioners who were SATI members also committed themselves to abiding by the Institute's code of ethics, *"to share their professional knowledge with other members, but to maintain a relationship of trust with their clients/employers and to treat all information that comes to their attention in the course of their work as confidential"* (SATI, n.d.).

4.12.3 Ethical issues in data analysis and interpretation

The study protected the anonymity of study participants by ensuring that names were dissociated from responses during data collection and recording, including transcription, as well as during data coding and interpretation, and report writing. During qualitative data collection, colour coding was used to distinguish between data sets and protect the identity of participants. Data was shared with only two individuals involved in this study, namely a co-coder and the study leader.

The researcher had reasonable doubt that quantitative and qualitative findings would align with each other. For historical and other reasons, there are fewer language practitioners working in African languages than in the language combination English>Afrikaans. While survey data might be representative of the population, it might not be representative in terms of language combinations and, by implication, cultural diversity (see Hesse-Biber, 2010:461; Kruger & Crots, 2014:164). Qualitative inquiry was therefore a prerequisite in this research.

4.13 Overall interpretation of findings

The sequential explanatory research design and methodology applied to this study was concluded by a summative interpretation of findings based on the data triangulation plan illustrated in Figure 4-5 on page 135. The aim of data triangulation was to draw meta-inferences to formulate the final outcome of the study, thereby answering the key research question. By integrating the initial inferences obtained from both strands of this research, as checked against literature, into meta-inferences, a more comprehensive understanding of the topic could be reached (see Cameron, 2009:144, 147-148). Landrum and Garza (2015:205-206) state that when quantitative and qualitative analyses are incorporated and examined together, a more complete picture is obtained. The authors, however, warn that both methods should be respected and their boundaries honoured.

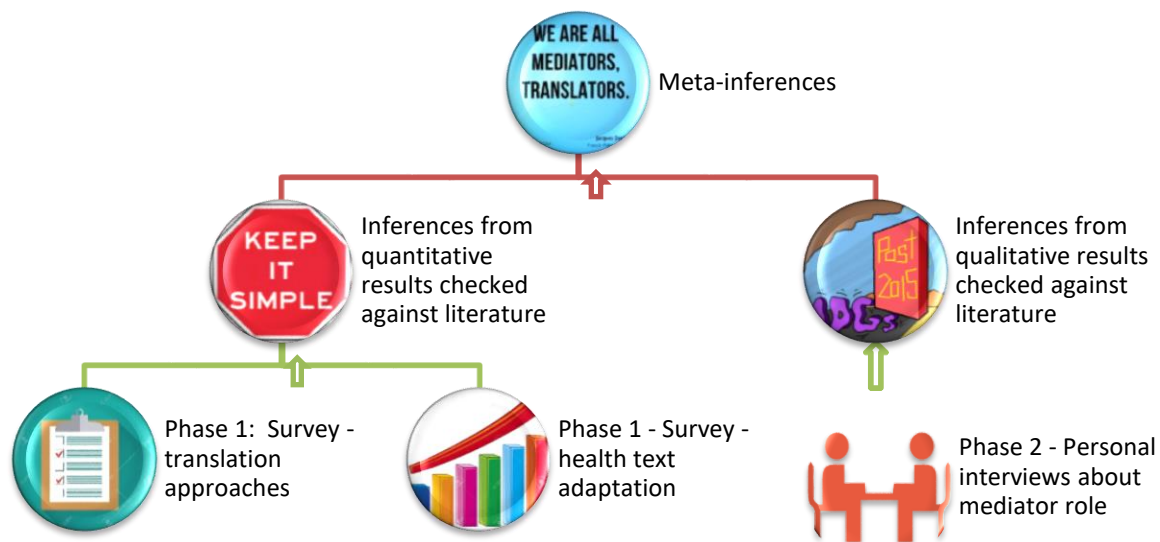


Figure 4-5: Overall interpretation of data based on data triangulation (Images: top to bottom, left to right: quotehd.com; recovery12; Amypollard – Cafod, WordPress; 123rf.com; 123rf.com; M-JPAT)

4.14 Conclusion

Chapter 4 described the two-phase sequential mixed-methods design and methodology applied to conduct empirical research about South African language practitioners' approaches to the translation of health communication. In Phase 1 of the research, quantitative survey data about the scope of translation approaches employed by language practitioners was obtained using a questionnaire designed for this purpose. Data obtained was analysed statistically to answer Research Question 3. The measuring instrument also measured the extent of adaptation of health messages by these language practitioners, thereby delivering quantitative and qualitative data in response to Research Question 4. In Phase 2 of data collection, personal interviews were conducted with nine survey respondents to obtain their views about an intermediary or a mediator role for language practitioners translating health messages for communities. Interview data was analysed thematically and prioritised, in order to produce in-depth information and clarify incongruities in survey respondents' responses to key questionnaire items.

Chapter 4 described all data collection in detail to enable an audit trail of processes followed. In combination with other validation strategies, such as data integration based on triangulation, member checking and rich, thick description, the audit trail allows judgment of the validity,

accuracy and credibility of the research. The ethical principles underpinning this research were described.

In Chapters 5 and 6, the results of the quantitative and qualitative data analyses are presented and interpreted. The statistical analysis of quantitative data (Chapter 5) provides an overarching, explanatory view of the scope of translation approaches used for the translation of health communication, while the comparative analysis of qualitative data (Chapter 6) provides rich data about and an in-depth image of South African language practitioners as intermediaries or social and cultural mediators to some extent when translating health messages. Checked against literature presented in Chapters 2 and 3, these analyses also indicate the link between communication theory and translation practice.

CHAPTER 5 PRESENTATION AND INTERPRETATION OF PHASE 1 DATA

"The purpose of science, and then our main purpose and role as researchers, is the presentation of a credible representation of phenomena, as much as possible through convincing logic and rigorous empirical methods." (Mertens et al., 2016:13)

5.1 Introduction

Chapter 4 describes the mixed-methods research design and methodology used for collecting quantitative and qualitative data in order to answer Research Question 3, 4 and 5, which are:

- Research Question 3: which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?
- Research Question 4: to what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?
- Research Question 5: how do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent?

As illustrated in Figure 4-4 on page 115, the results of the quantitative analysis of survey data (Phase 1 data) are presented first to obtain a general idea of the translation approaches used by South African language practitioners translating health communication for target communities and the extent of adaptation of health messages. The quantitative analysis is complemented by a qualitative analysis of survey data about additional adaptive translation options considered by language practitioners who responded to open-ended questions included in the questionnaire. In this chapter, the results of Sections A, B and C of the measuring instrument are presented, graphically illustrated and checked against applicable literature. The results of the qualitative analysis of data obtained in Phase 2 of data collection are presented in Chapter 6.

5.2 Section A: Demographic data

Section A elicited demographic data from respondents to place into perspective their selection of approaches to the translation of health communication and the extent of their adaptation of health messages.

5.2.1 Item 1: Main profession in language practice (n=74)

Forty-nine (66,22%) of the respondents who met the eligibility criteria (n=74) indicated 'translator' as their main profession in language practice; 11 (14,86%) were terminologists; while eight (10,81%) indicated their profession as 'other'. [These eight respondents included five editors, two 'language practitioners' and one language policy developer.] Three respondents were linguists, two were language teachers and only one respondent was a lexicographer. No interpreters took part in this study.

While many language practitioners would argue that very few people could translate both written and oral texts successfully on a professional level, Mohammad *et al.* (2015:555) emphasise the need for online translation services and material, translated labels, and interpreting support in the pharmaceutical environment. Beukes (2006:1) argues that translation as social practice cannot be separated from human translation agents such as translators, interpreters, editors, terminologists, lexicographers and proofreaders, saying that it is important to know who translates what for whom and why. Marais (2008:37-38) adds that language practitioners are powerful agents of communication who have to make decisions on ways of translating. The distribution of respondents by main profession in language practice is illustrated in Figure 5-1.

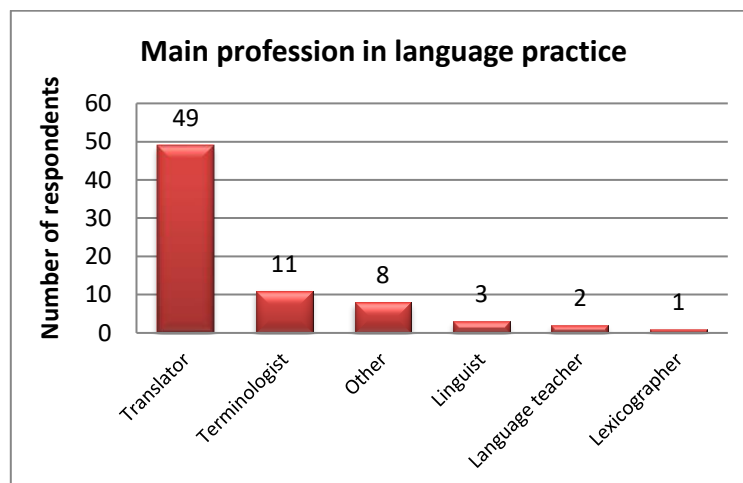


Figure 5-1: Distribution of respondents by main profession

5.2.2 Item 2: Years of translation experience (n=74)

Forty-six respondents (62,2%) had more than 10 years of translation experience while 17 respondents (23%) had six to 10 years of translation experience. Ten respondents (13,5%) had two to five years of translation experience and only one respondent had fewer than two years of experience. In addition to 'translation as main source of income' and 'translating a wide range of

texts', PACTE (2011:34-35) determined five years of translation experience as inclusion criteria for translators participating in research about translation competence. In this survey, 85,2 per cent of respondents (n=63) had more than five years of translation experience.

While Van Rensburg (2014:582) did not find a significant relationship between the quality of translation products delivered by South African translators and the variables training, experience and accreditation, she indicates a possible relationship between more than six years of translation experience and translation products of a higher quality. Šeböková (2010:17), citing Chesterman (2000), distinguishes between the translator as novice, advanced beginner, skilled translator (competent or proficient) and expert, with the competent and expert translator aware of responsibilities associated with translation. The distribution of respondents by years of translation experience is illustrated in Figure 5-2.

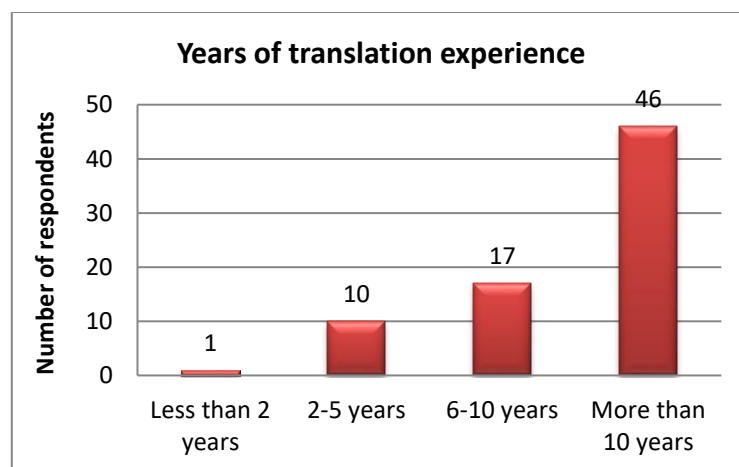


Figure 5-2: Distribution of respondents by years of translation experience

5.2.3 Item 3: Highest level of expertise in health translation (n=74)

The majority of respondents (n=53, or 71,6%) indicated health translation or general translation (including health translation) as their highest level of expertise. The highly technical nature of medical and pharmaceutical translation is stressed by the number of respondents who indicated health and medical translation (n=6 or 8,1%) and health, medical and pharmaceutical translation (n=15 or 20,3%) as their highest level of expertise in health translation.

Górnicz (2013:144) argues that language practitioners can develop thematic competence by acquiring appropriate subject knowledge, which accumulates with every text he or she translates (refer to par. 2.8.5.5). The experienced translator knows how to approach different health genres, the PIL included, to reach the lay receiver (Jensen, 2013:80-81). While subject-specific competence would assist the language practitioner to translate a health, medical or

pharmaceutical text accurately, professional translation competence is required to adapt a text for the lay reader (refer to par. 2.8.5.4). As communication agent, the translator is responsible for choosing an approach that meets the cultural expectations of readers; however, to meet these expectations, translators should have the freedom to exercise their expertise (Jensen, 2013:44, 73, 194; Marais, 2008:45). Figure 5-3 illustrates the distribution of respondents by highest level of expertise in health translation.

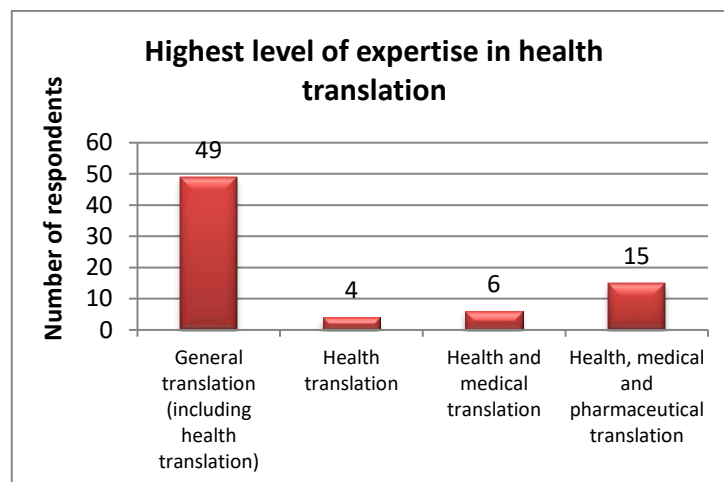


Figure 5-3: Distribution of respondents by highest level of expertise in health translation

5.2.4 Item 4: Highest level of translation training (n=74)

Forty-eight respondents (64,86%) indicated tertiary education as their highest level of translation training, with 34 of these 48 respondents (or 45,95% of all respondents) indicating a postgraduate qualification as their highest level of translation training. Thirteen respondents (17,6%) indicated in-service learning as their highest level of translation training. Eleven respondents (14,86%) indicated either a diploma or short courses as their highest level of translation training, while six respondents (8,1%) were self-trained. Refer to Figure 5-4 on page 141.

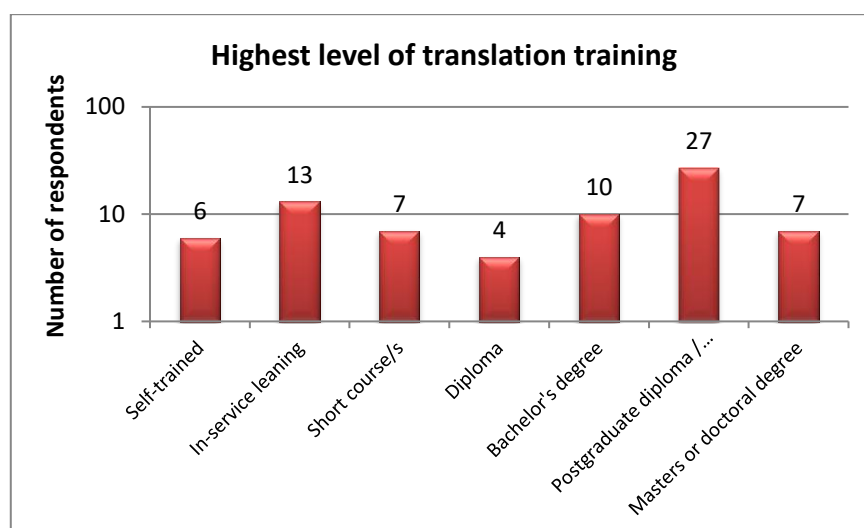


Figure 5-4: Distribution of respondents by highest level of translation training

In a study conducted by Katan (2009:187, 193) among 890 translators/interpreters in mainly Europe, the Americas and Australia, results showed that university training had little impact on the profession itself. The majority of study respondents indicated skills, competencies and expertise, including expert knowledge, acquired by lifelong learning, practice and self-development, as the distinguishing features of their profession. In South Africa, with reference to scientific discourse and inadequate terminology in the isiZulu language, isiZulu translators expressed the need for pre-service and in-service translation training in the form of workshops, as well as workshops that include clients, to ensure a better translation product (Wildsmith-Cromarty, 2008:158).

While translator training at South African universities in the 1980s and 1990s focused mainly on equivalence-based approaches to translation, training in the 2000s increasingly reflected the need for a target-orientation, functionalist and adaptive approaches, the application of translation theory to a South African context, the introduction of non-Western thought, a rethinking of English in relation to translation, the recognition of indigenous resources and multilingual knowledge, and the positioning of the translator as a cultural or communication agent (Baker, 1999; Dimitriu, 2010:14, 16; Marais, 2008:35-40, 45; Naudé, 2005:22-38; Naudé, 2011:237; Van Vuuren & Ferreira, 2014:101) (also refer to paras. 3.6.2, 3.6.3 and 3.6.6).

5.2.5 Item 5: Main translation direction

Respondents were requested to indicate their main translation direction (↔): from English into another official South African language; and/or from another official South African language into English as the main source language (inverse translation – refer to Theoretical Statement 8 –

par. 3.6.6). Multilingualists translating from and into more than one official language were requested to indicate their main translation direction.

 From English into another official South African language (n=71)

Three respondents were translating into English only, therefore n=71. The majority of respondents (n=43, or 60,6%) indicated their main translation direction was from English into an African language. However, 28 respondents (39,4%) were translating from English into Afrikaans. Afrikaans, therefore, had the highest representation in this distribution, followed by Sesotho with seven respondents (9,9%), Sepedi, Tshivenda and Xitsonga with six respondents each (8,5% each), Setswana, isiNdebele, isiXhosa and isiZulu with four respondents each (5,6% each) and Siswati with two respondents (2,82%). For historical reasons, the higher representation of Afrikaans respondents was to be expected (refer to par. 4.6.1.1). Representation of isiZulu and isiXhosa was small in comparison with the number of speakers of these languages in the country, which is 11,6 million and 8,2 million, respectively (SouthAfrica.info, 2016). The distribution of respondents by main translation direction: from English into another official South African language is illustrated in Figure 5-5.

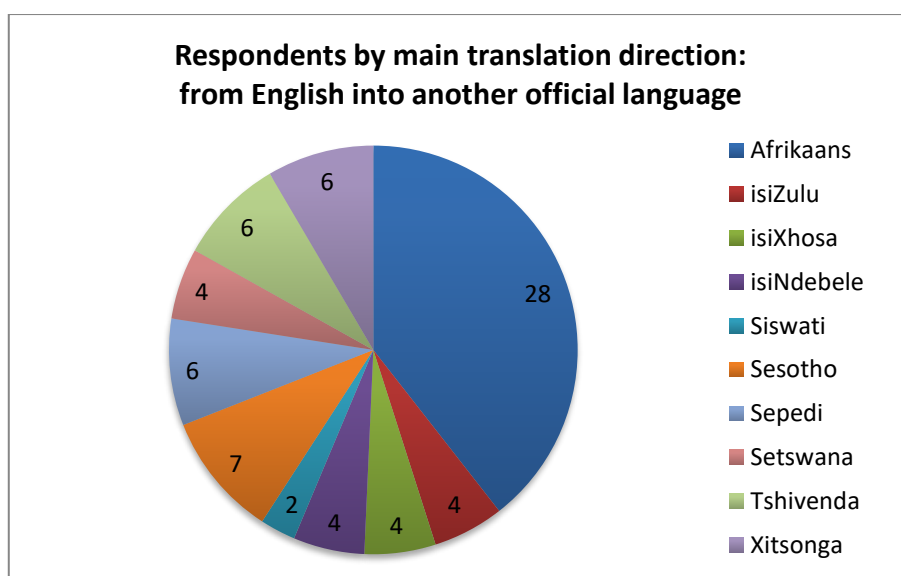


Figure 5-5: Distribution of respondents by main translation direction: from English into another official South African language (n=71)

For the purposes of this study, this distribution was redistributed into language groups. In this redistribution, the West Germanic group (Afrikaans) had the highest representation (28 respondents, or 39,4%), followed by the Sotho group (Sesotho, Sepedi and Setswana) with 17 respondents (24%), the Nguni group (isiZulu, isiXhosa, isiNdebele and Siswati) with

14 respondents (19,6%), and the Venda and Tsonga groups (Tshivenda and Xitsonga, respectively), each with six respondents (8,5%) (refer to Table 5-1).

Table 5-1: Redistribution of respondents by main translation direction: from English into another official South African language (as categorised in language groups) (n=71)

From English → another official language (as categorised in language groups)	Frequency (n)	Percentage (%)
West Germanic group (Afrikaans)	28	39,4
Sotho group (Sesotho, Sepedi, Setswana)	17	24,0
Nguni group (isiZulu, isiXhosa, isiNdebele, Siswati)	14	19,6
Venda group (Tshivenda)	6	8,5
Tsonga group (Xitsonga)	6	8,5
Total	71	100,0

✚ From another official South African language into English (n=68)

Six respondents were translating into their home language only, therefore n=68. The distribution of respondents by main translation direction: from another official South African language into English is illustrated in Figure 5-6.



Figure 5-6: Distribution of respondents by main translation direction: from another official South African language into English (n=68)

The redistribution of respondents by main translation direction: from another official South African language into English (according to language groups) is displayed in Table 5-2.

Table 5-2: Redistribution of respondents by main translation direction: from another official South African language into English (as categorised in language groups) (n=68)

From another official South African language → English (as categorised in language groups)	Frequency (n)	Percentage (%)
West Germanic group (Afrikaans)	30	44.1
Nguni group (isiZulu, isiXhosa, isiNdebele, Siswati)	13	19.1
Sotho group (Sesotho, Sepedi, Setswana)	14	20,6
Venda group (Tshivenda)	6	8,8
Tsonga group (Xitsonga)	5	7,4
Total	68	100,0

The figures above are possibly affected by the fact that the NLS (Sample Frame 1) requires of their language practitioners to translate some document types, such as correspondence from the public, from their home languages into English. Inverse translation (in this case, translation from your home language into English) should not be interpreted as applicable to all document types (refer to par. 3.6.6). Limon (2010:30) argues that while inverse translation is undesirable from a theoretical point of view, in practice it has become a necessity especially for marginalised languages. Dimitriu (2010:14, 16), observing an increase in the number of translations into English by non-mother tongue speakers of English, stresses the need for enhancing English competence (refer to Theoretical Statement 8 - par. 3.6.6).

5.2.6 Item 6: Location of place of work

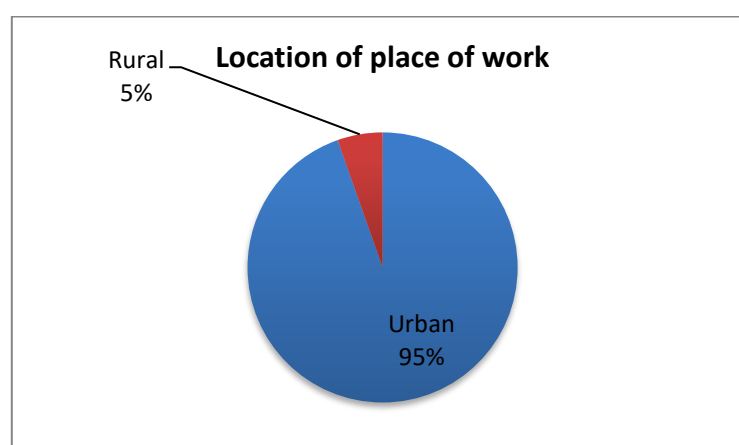


Figure 5-7: Distribution of respondents by location of place of work (n=74)

Seventy respondents (94,6%) worked in an urban area, while four (5,4%) respondents worked from a rural area. According to Valero-Garcés (2006:3, 7), language practitioners serve as a

bridge between distant communities. The predominantly urban location of respondents may indicate, as stated by Wolf (2010:43), that language practitioners are primarily trained for the market and not for society (refer to par. 3.3.1).

5.2.7 Summary of demographic profile and implications for study

With respect to Items 1 to 5, clear majorities indicated their main profession in language practice as translation (n=49, or 66,22%), their translation experience as more than 10 years (n=46, or 62,2%), their level of expertise as general translation including health translation (n=49, or 66,2%), their highest level of translation training as tertiary education (n=48, or 64,86%), and their translation direction as from English into an African language (n=43, or 60,6%) (refer to Figure 5-8).

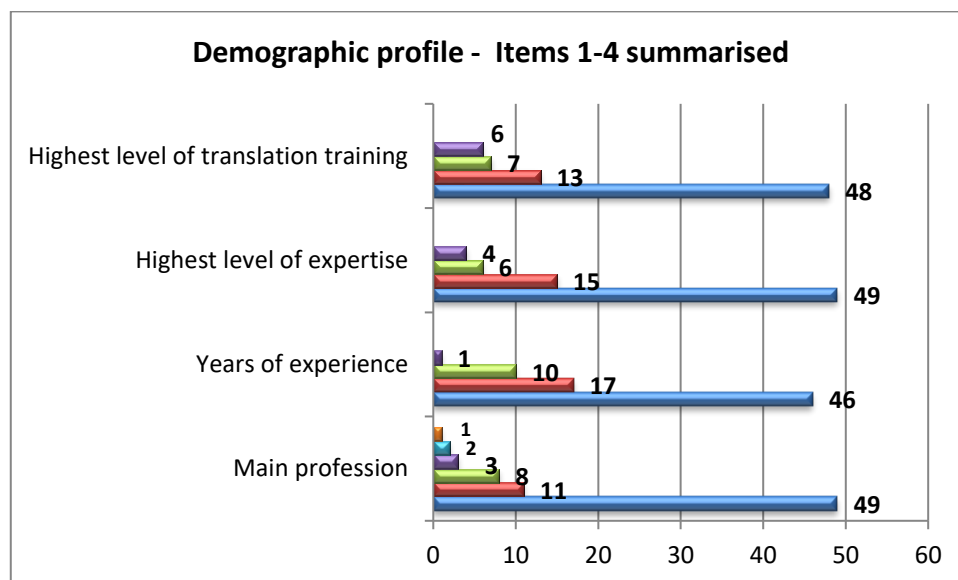


Figure 5-8: Demographic profile marked by clear majorities

From this profile, the following can be deduced:

- Based on their translation training and experience, survey respondents may be judged competent to express views about translation approaches and the adaptation of texts to improve the accessibility of health texts to target readers.
- Because medical and pharmaceutical translation is regarded as specialised translation, the expertise distribution, with the majority of survey respondents indicating general translation (including health translation) as their highest level of expertise, was judged to be typical of the accessible language practitioner population. As this study explored the views of language practitioners about translation approaches to *public* health communication (as

opposed to specialised health communication), the inference was that the distribution would provide a balanced response to Research Question 3 and 4.

- On an individual language level, the demographic profile indicated the dominance of language practitioners translating from English into Afrikaans. However, as the majority of respondents indicated an African language as their main target language, the expectation was that survey results would deliver a nuanced understanding of the scope of translation approaches used by South African language practitioners and the extent of their adaptation of health messages. While the distribution by main translation direction: from English into another official South African language had the potential for statistical analysis according to language, the number of respondents for some individual languages was judged to be too small and the researcher therefore opted for statistical analyses according to language group.

5.3 Section B: Approaches to the translation of health messages

In Section B of the questionnaire, respondents were requested to indicate the extent of their disagreement/agreement with 18 statements portraying translation approaches. Respondents could indicate the extent of their disagreement/agreement as 'Strongly disagree', 'Disagree', 'Agree' or 'Strongly agree'. Their responses were analysed to answer Research Question 3: which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?

The 18 items of Section B were subdivided into three broad approaches to the translation of health messages: (1) Items 1-4: approaches of equivalence; (2) Items 5-9: functionalist/pragmatic approaches; and (3) Items 10-18: adaptive translation approaches. Within each subdivision, respondents' disagreement/agreement with specific translation approaches within the broad approach was measured (refer to Table 4-6 and Annexure D). For each cluster of items, the data obtained was graphically represented and interpreted. Interpretations were checked against existing literature to note congruity or incongruity. Links to theoretical statements/points of departure, which also linked a translation approach to an intermediary stance or a mediator role to some degree for language practitioners in health communication, were indicated (refer to Table 3-4).

5.3.1 Items 1-4: Approaches of equivalence

Items 1-4 of the measuring instrument elicited responses about equivalence-based approaches to the translation of health communication (refer to par. 3.2.2).

Sixty-seven respondents (95%) agreed or strongly agreed that they were purely messengers or go-betweens who ensured that the reader received the message of the source text. Sixty-three respondents (85,1%) agreed or strongly agreed that they would follow the source text closely when translating a health text and only move away from the source text if they had no other option. Fifty-five respondents (74,3%) agreed or strongly agreed that they would not make any changes to the health message, but rather relay the message of the source text author "as is". Forty-seven respondents (63,5%) agreed or strongly agreed that they were totally objective when translating a health text, and responsible only to their profession and themselves.

The responses to Items 1-4 are illustrated in Figure 5-9 and the mean scores displayed in Figure 5-10. With mean scores ranging from 2,84 to 3,45, Items 1-4 all lean towards 'Agree'. The lowest mean score (Item 4) indicated the respondents' agreement with the assumed objectivity of language practitioners. The mean scores imply that most respondents select an equivalence-based approach when translating health texts for target communities.

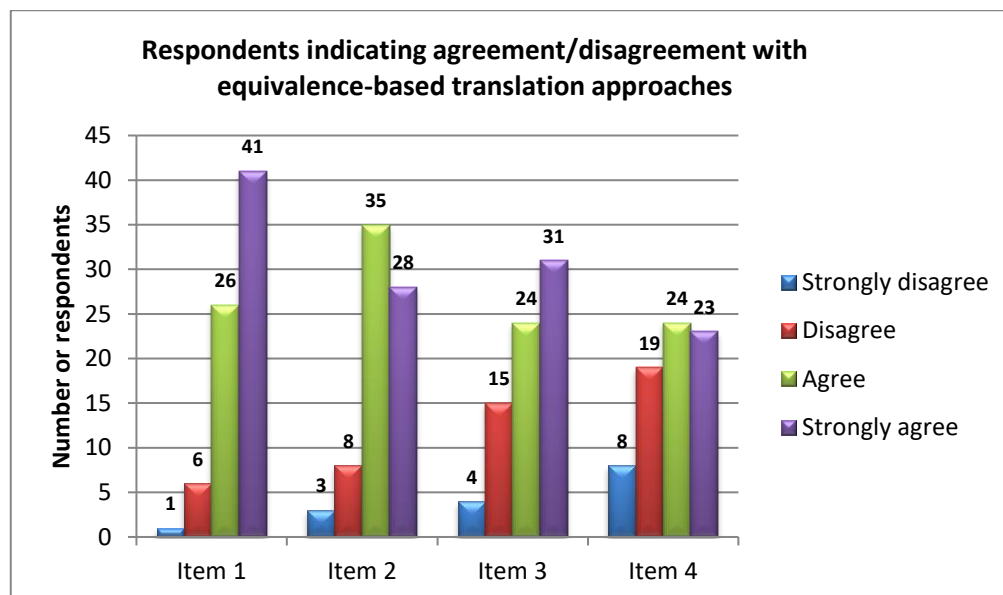


Figure 5-9: Items 1-4: Respondents indicating agreement/disagreement with equivalence-based translation approaches

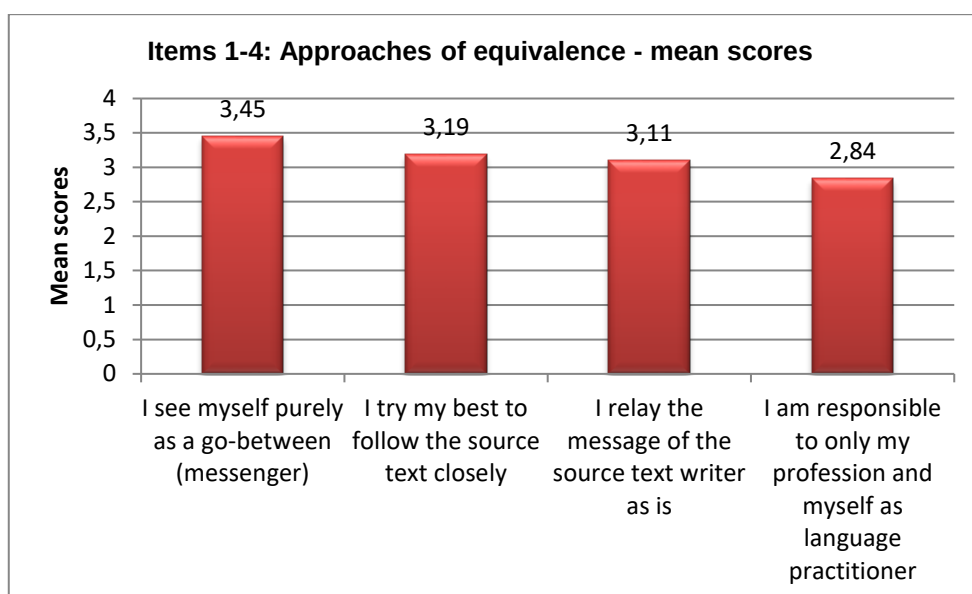


Figure 5-10: Items 1-4: Mean scores indicating the selection of approaches of equivalence

5.3.1.1 Items 1-4: Approaches of equivalence – summarised

As "in-betweeners", language practitioners are well-positioned to assist with dialogue. They are, however, more than merely messengers, because they are also responsible for the effects of their products (refer to par. 1.3). The assumed neutrality of language practitioners in a space of "in-betweenness" is challenged by translation scholars who emphasise their subjectivity in a sociocultural context. Because of the effects of cultures, world views and ideologies, the view of translation as a predominantly equivalence-oriented process is seen as a misconception (refer to par. 3.3.1).

In line with Theoretical Statement 1 (refer to par. 3.2.3), and as distinguished from the mediator in Theoretical Statement 11 (refer to par. 3.6.9), the position of "intermediary" was accepted by most survey respondents: in rendering a service to a client, they stay loyal to the client and source text message. By assuming this position, the language practitioner is honouring his or her profession and its code of ethics, which, in the case of SATI, includes maintaining a relationship of trust with clients and respecting the rights of the source text author (SATI, n.d.).

5.3.2 Items 5-9: Functionalist/pragmatic approaches

Items 5-9 of the measuring instrument elicited responses about functionalist/pragmatic approaches to the translation of health texts (refer to paras. 3.2.3 and 3.4, and Tables 3-4 and 4-6). The functionalist approach to translation, which is based on the function or *skopos* (purpose) of the translation as set out in the translation brief (Item 5), may, for pragmatic

reasons, include approaches of intra-language translation (Item 9), decentering (Item 7), plain language use (Item 6) and inverse translation (Item 8) (refer to paras. 3.2.3, 3.3.2.2, 3.4, 3.6.3-3.6.4 and 3.6.6).

Fifty-five respondents (74,3%) indicated that they would focus strictly and only on the translation brief when translating a health text. Nineteen respondents (25,7%) disagreed with this statement. Sixty-seven respondents (90,5%) agreed or strongly agreed that they would use plain language to clarify the message for the reader. Twenty-six respondents (35,2%) agreed or strongly agreed that they would make changes to the English source text to improve both the source text and the translation (decentering). Sixty-seven respondents (91,7%) agreed or strongly agreed that language practitioners who understand the cultural group may produce a better translation of a text about traditional medicine, when translation into English is required (inverse translation). Six respondents (8,2%) disagreed. Thirty-seven respondents (50,7%) agreed or strongly agreed that they would rewrite *parts of a health text* that were unclear or too formal. These responses to Items 5-9 indicating agreement/disagreement with functionalist/pragmatic approaches to the translation of health texts are illustrated in Figure 5-11 on page 150.

The mean scores for Items 5-9 are displayed in Figure 5-12 on page 150. With the exception of Item 7, with a mean score of 2,22, all mean scores, ranging from 2,50 to 3,39, lean towards 'Agree'. The mean score of 2,22 for Item 7 indicates respondents' disagreement with the statement about making changes to the English source text to improve both the source text and the translation. The mean scores imply that most respondents would apply a functionalist or pragmatic approach, decentering excepted, when translating health texts for target communities.

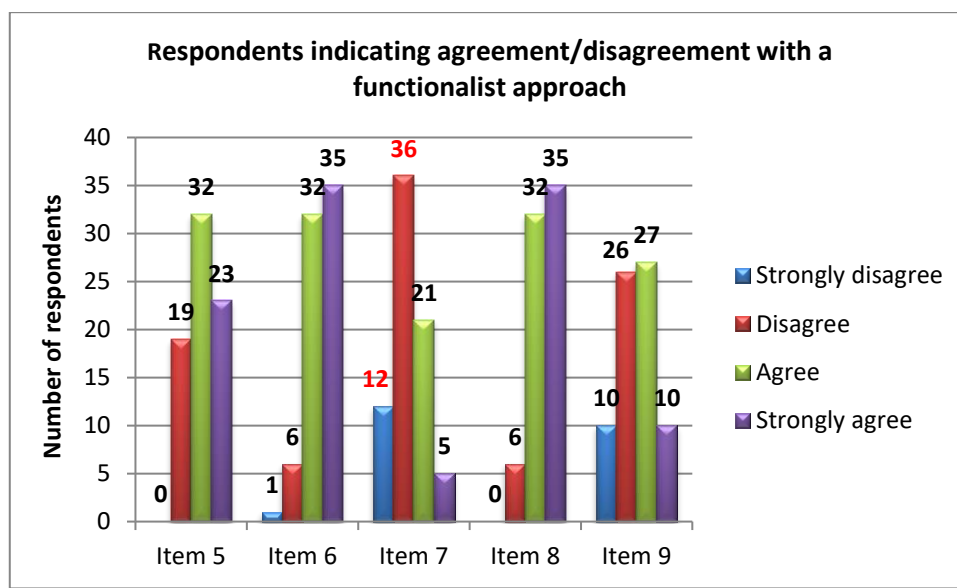


Figure 5-11: Items 5-9: Respondents indicating agreement/disagreement with a functionalist approach

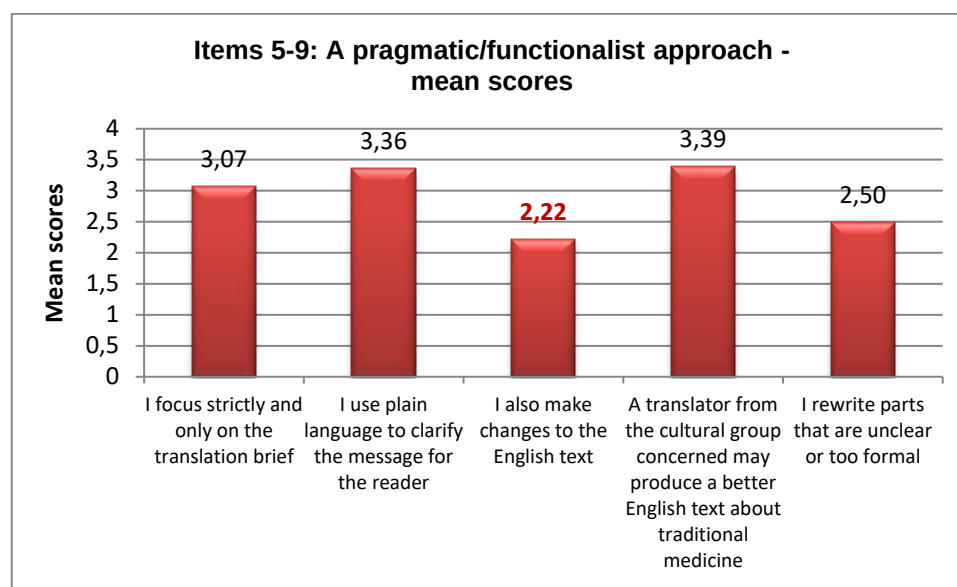


Figure 5-12: Items 5-9: Mean scores indicating the selection of a pragmatic or functionalist approach to the translation of health messages

Functionalist approaches, i.e. translating with the target audience in mind, have proved to be more valuable for effecting change in South Africa, also in the health domain, than approaches of equivalence (refer to par. 3.2.3). Functionalist approaches, however, are still not meeting the needs of marginalised South African communities. If decentering is applied, language practitioners may succeed in empowering both the source text author and the target text readers (refer to par. 3.2.3). Language practitioners should therefore, if needed, include editing

of source texts in their translation approaches (refer to par. 3.4.1 – Step 3 and Figure 5-12). With respect to health and medical translation, Montalt-Resurrecció and Shuttleworth (2012:13-15) reject approaches based on the old conduit metaphor, pleading translation approaches of mediation that ensure the lay person access to health care.

5.3.2.1 Items 5-9: Functionalist/pragmatic approaches – summarised

According to the survey results, the majority of respondents (74,3%) would accept a functionalist approach, with significant majorities (90,5% and 91,7%, respectively) accepting translation by plain language and inverse translation for pragmatic reasons. While a slight majority (50,7%) would rewrite *parts of a text* that are unclear or too formal, a minority of survey respondents (35,2%) would intervene in a source text to improve both the source text and the translation (decentering of the source text).

In line with Theoretical Statement 2 (refer to par. 3.4), the majority of respondents indicated that they were still selecting an approach which positions them as intermediaries, although their acceptance of inverse translation and translation by plain language for pragmatic reasons also indicates a mediator role to some degree. Answering Theoretical Statements 6 and 8 (refer to paras. 3.6.4 and 3.6.6), respondents would reformulate using plain language or conduct inverse translation to improve the accessibility of a health text to a lay person. However, while a majority would rewrite *parts of a source text* to ensure clarity of meaning, supporting Theoretical Statement 6 (par. 3.6.4), the majority would not intervene in a source text to the extent associated with translation by decentering (refer to Theoretical Statement 5 – par. 3.6.2), indicating non-acceptance of a cultural mediator role when a source text is found lacking.

5.3.3 Items 10-18: Adaptive translation approaches

Items 10-18 of the measuring instrument elicited responses about adaptive approaches, including culturally adaptive approaches, to the translation of health texts (refer to par. 3.3 and Table 4-6). Because adaptive approaches are based on a target reader and target culture orientation (Item 10), the instrument also measured respondents' agreement/disagreement with the designation 'cultural mediator' (Item 13), and their championing of indigenous languages and cultures (Items 15 and 16). Agreement/disagreement with specific adaptive approaches such as translation as rewriting or summary (Item 11), translation by omission (Item 12), and translation by explanation (Item 14) were measured (refer to paras. 3.3.2.1 to 3.3.2.2). Items 17 and 18 measured respondents' adaptive capacity and acceptance of a social responsibility role, as these are regarded as bedrock reasons for applying approaches of adaptation (refer to Theoretical Point of Departure 7 – par. 2.8.4).

Respondents strongly disagreed or disagreed with Items 11, 12 and 13, indicating that they would not summarise or rewrite a health text posing many challenges (55,4%), would not leave out parts of a health text that were offensive to the reader (85,9%) and would not act as cultural mediators by changing a health text so that it fits the culture of a reader (52,7%).

However, fifty-one respondents (68,9%) indicated that it was more important to them to consider the reader and the culture of the reader than to try and follow the source text closely. Forty-one respondents (57%) saw it as their responsibility to explain traditional or Western health concepts to the reader when translating a health text. Forty-two respondents (57,6%) indicated that they would use indigenous terms instead of loan words when translating a health text for the sake of keeping their languages alive. Sixty-two respondents (86,3%) indicated that their languages and cultures were enriched by the translation choices they made when translating health messages. Fifty-two respondents (70,3%) agreed or strongly agreed that they were highly flexible when choosing how to translate a health text, and sixty-one respondents (84,7%) believed that their selection of translation approaches would promote the health of a community. These responses to Items 10-18, indicating agreement/disagreement with adaptive and cultural adaptive approaches to the translation of health texts, are illustrated in Figure 5-13 on page 153.

The mean scores for Items 11, 12 and 13, ranging from 1,81 to 2,42, lean towards 'Disagree'. The mean score for Item 13 (2,42) implies that most respondents did not view themselves as cultural mediators who would change a health message so that it fits the culture of a reader. The mean scores for Item 10 and Items 14-18, ranging from 2,63 to 3,18, lean towards 'Agree', and imply an awareness of the relation between adaptive translation approaches, culture, indigenous languages and health promotion. The mean scores for Items 10-18 are displayed in Figure 5-14 on page 154.

The most accurate translations will take account of cultural dissimilarities, cultural discomfort or resistance on the part of the target reader and diverse language origins (refer to paras. 2.8.2 and 3.3.2.2). Culturally adaptive translation approaches by language practitioners acting as cultural mediators are needed when a client wishes to communicate a health message to cultural and linguistic minorities or a general lay public. When potentially offensive topics have to be communicated, the language practitioner has to apply an approach of mediation to some degree to prevent communication breakdowns (Valero-Garcés, 2006). Stressing the link between health, language and culture, Van den Berg (2016:1) pleads collaboration between South African health care and language practitioners to prevent miscommunication and promote equitable access to health care in South Africa.

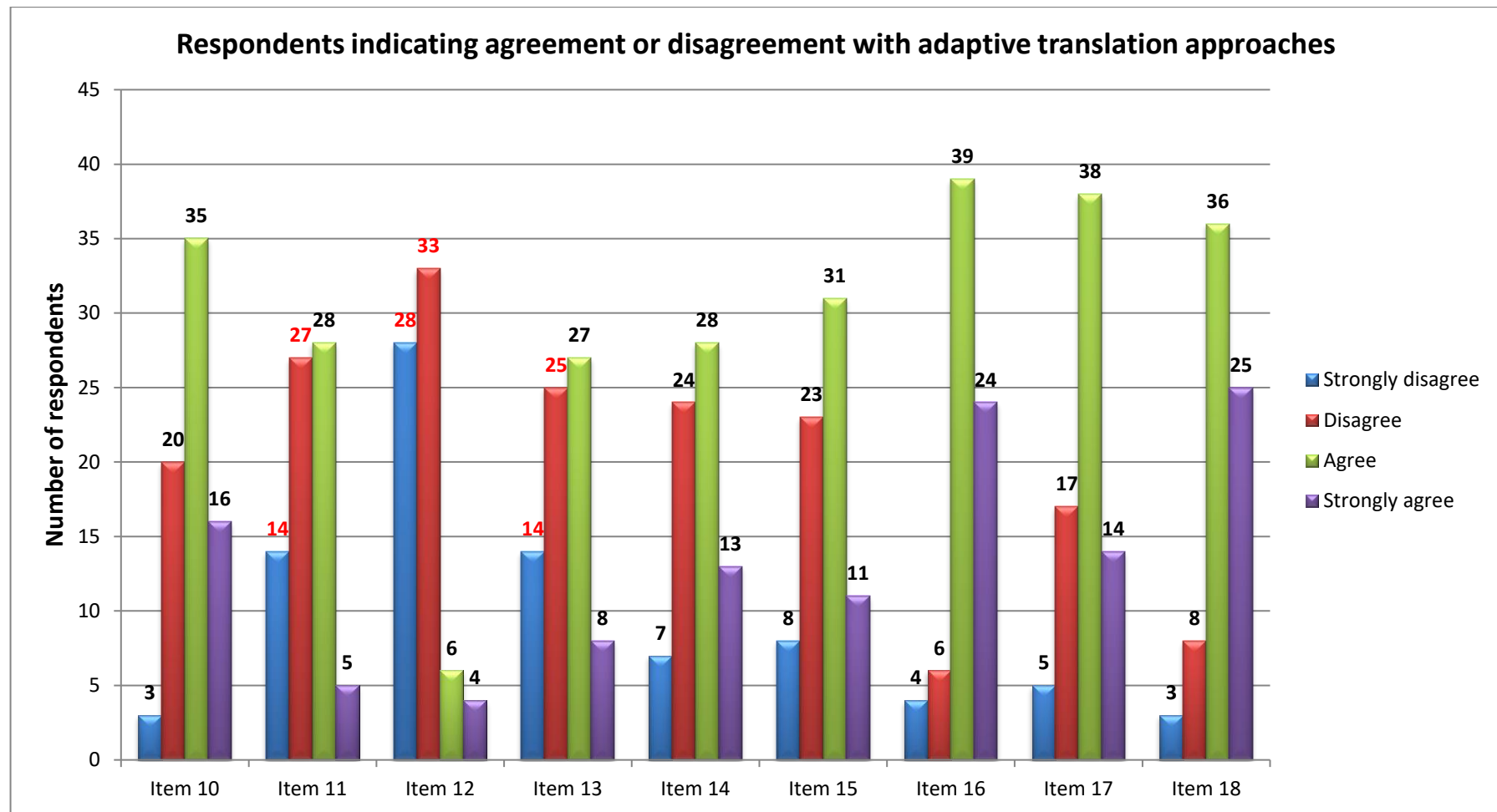


Figure 5-13: Items 10-18: Respondents indicating agreement or disagreement with adaptive translation approaches

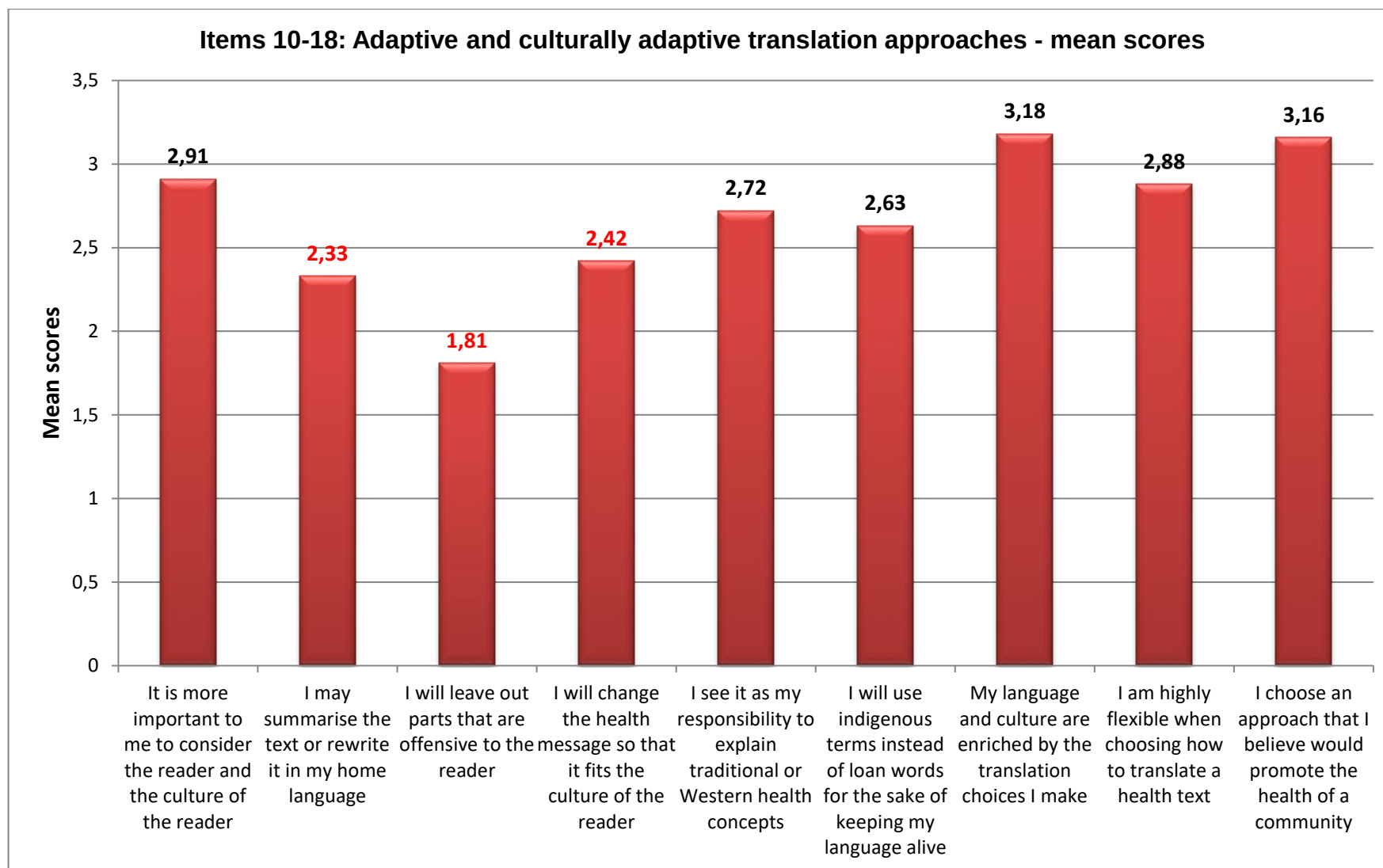


Figure 5-14: Items 10-18: Mean scores indicating the selection of adaptive and culturally adaptive translation approaches

5.3.3.1 Items 10-18: Adaptive translation approaches – summarised

Seemingly contradicting the results of Items 1-4 and 5-9, but coinciding with the assumption that translation dichotomies mark the extremes on a continuum of translation approaches (refer to Theoretical Statement 3 – par. 3.5), the majority of respondents (68,9%) admitted to a target reader and target culture orientation when translating health texts. Similarly, the majority of survey respondents supported adaptive translation approaches such as translation by explication (Item 14) and the use of indigenous terms, which implies translation by paraphrasing (Item 15). These results coincide with Theoretical Statements 9 and 10 (paras. 3.6.7 and 3.6.8), namely that language practitioners should consider the literacy and health literacy levels of their readers and the cultural elements of health texts to ensure the accessibility of information. Together with the results of Items 16-18, which indicate respondents' flexibility in selecting translation approaches and their awareness of the effect of their selection on language, culture and health, an initial inference could be made that respondents would act as social and cultural mediators to some degree by applying some adaptive approaches.

However, the majority of respondents (55,4% and 85,9%, respectively) rejected translation by summary or rewriting, and translation by omission, and denied the designation of "cultural mediator", as they would not act as such (52,7%). The results of Items 10-18 are therefore contradictory and inconclusive, and do not coincide with Theoretical Statement 10 (refer to par. 3.6.8) and the need for language practitioners to act as cultural mediators to some degree when translating health texts.

5.3.4 Recapitulation and implications for study

In response to Research Question 3, *"Which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?"*, data elicited by Section B of the measuring instrument is summarised as follows:

Equivalence-based translation approaches (Items 1-4): respondents generally agreed that they would select an approach of equivalence when translating health messages, thereby maintaining a trust relationship with the client, respecting the source text and, as professional language practitioners, acting as objective intermediaries.

Functionalist translation approaches (Items 5-9): Still assuming the position of intermediary, survey respondents agreed with applying functionalist approaches, excepting translation by decentering, and mostly for pragmatic reasons.

Adaptive and culturally adaptive translation approaches (Items 10-18): despite general agreement about a target reader and culture orientation, some adaptive translation approaches, and the interrelationship of language, culture and health promotion, respondents disagreed that they could be designated "cultural mediators" and rejected adaptive approaches such as translation by rewriting, summary or omission.

In an effort to explain unpersuasive and apparently contradictory results, data obtained in response to Items 10-18 was re-analysed applying inferential statistics.

5.3.5 Items 10-18: Differences between groups of language practitioners

Inferential statistics was applied to determine differences between groups of language practitioners about the selection of translation approaches.

5.3.5.1 Language practitioners grouped according to expertise

With respect to Item 18 (the belief that language practitioners were selecting an approach that would improve the health of a community), the t test was applied to the means of two groups of respondents: those who indicated pharmaceutical translation expertise (n=15) and those who did not indicate pharmaceutical translation expertise (n=59). No statistically significant differences were found, indicating that both groups of respondents agreed that their translation approaches would promote the health of communities. The results are illustrated in Figure 5-15.

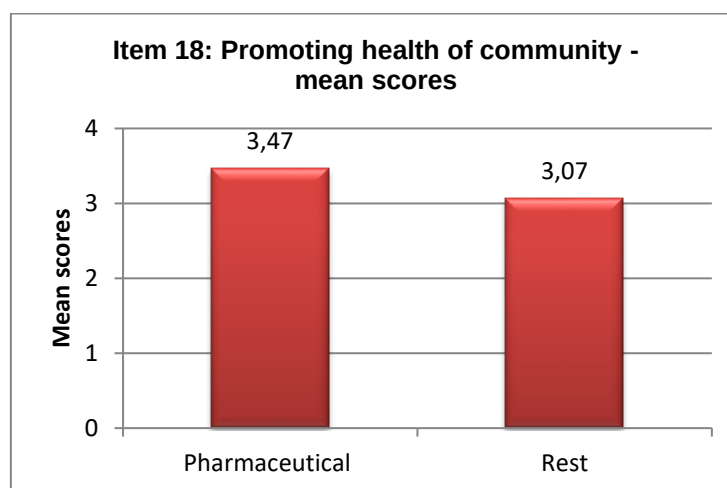


Figure 5-15: Item 18: Mean scores for "level of expertise" indicating both groups leaning towards 'Agree' (n=74)

Various authors agree that health messages should preferably be translated by trained, experienced professional language practitioners who know how to approach different health

genres, including the PIL and texts containing medical, legal and pharmaceutical terms (Gumucio-Dagron, 2008:79-80; Jensen, 2013:80-81; Karwacka, 2014:22; Valero-Garcés, 2010:205, 207; Waisbord, 2008:515) (refer to paras. 2.7.3 and 2.8.5.2). Trained language practitioners might even do better than subject matter experts when expert-lay communication is at stake. While language practitioners could gain appropriate subject knowledge, translation profession competence, including research competence, is required to adapt a text for the lay reader (refer to paras. 2.7.3, 2.8.5.4 and 2.8.5.5). It seems that respondents realised that thematic competence was helpful but not essential for producing translations that would positively impact the health of communities (refer to par. 2.8.5.5).

5.3.5.2 Language practitioners grouped according to language group

The nonparametric Kruskal-Wallis Test was applied to Items 11-16 to determine whether there was a difference between the West Germanic (n=28), Nguni (n=14) and Sotho (n=17) language groups with respect to the selection of culturally adaptive translation approaches. The results are displayed in Table 5-3.

Table 5-3: Items 11-16: Difference between language groups in selecting culturally adaptive translation approaches

No.	Distribution	Null hypothesis	Significance*	Decision
11	When I translate a health text that poses many challenges, I may summarise the text or rewrite it in my home language.	The distribution of Item 11 is the same across categories of language group	0,040	Reject the null hypothesis
12	When I translate a health text, I will leave out parts that are offensive to the reader	The distribution of Item 12 is the same across categories of language group	0,013	Reject the null hypothesis
13	I see myself as cultural mediator: I will change the health message so that it fits the culture of the reader	The distribution of Item 13 is the same across categories of language group	0,007	Reject the null hypothesis
14	I see it as my responsibility to explain traditional or Western health concepts to the reader	The distribution of Item 14 is the same across categories of language group	0,001	Reject the null hypothesis

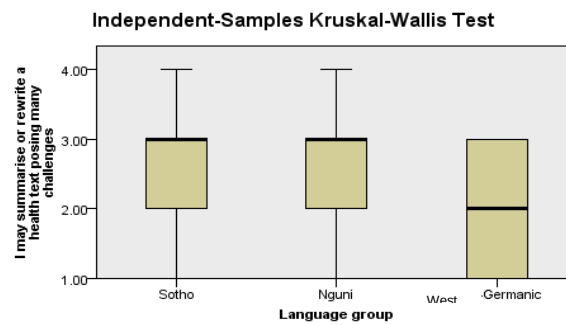
No.	Distribution	Null hypothesis	Significance*	Decision
15	I will use indigenous terms instead of loan words for the sake of keeping my language alive	The distribution of Item 15 is the same across categories of language group	0,098	Retain the null hypothesis
16	My language and culture are enriched by the translation choices I make	The distribution of Item 16 is the same across categories of language group	0,354	Retain the null hypothesis

* The significance level is 0,050.

The probability values (p-values) for Items 11, 12, 13 and 14, ranging from 0,001 to 0,040, were lower than the significance level of 0,050. Therefore, one could conclude that there were differences among the West Germanic, Nguni and Sotho language groups with respect to these four items. Differences were in terms of language practitioners' summarising or rewriting text in their home language, leaving out offensive parts, adapting the message so that it fits the culture of the reader, and seeing it as their responsibility to explain Western and traditional health concepts to the reader (translation by paraphrasing or explication). With respect to Items 15 and 16, no significant differences were found.

Differences with respect to Item 11

Figure 5-16 on page 159 illustrates the apparent differences found between the Nguni, Sotho and West Germanic language groups with respect to Item 11, which relates to summarising or rewriting a health text containing many challenges. While the box-and-whisker diagram illustrates that the Sotho and Nguni groups were significantly different from the West Germanic group, and more likely to apply translation by summary and translation by rewriting, the upper and lower whiskers of the Sotho and Nguni boxes indicate that the views of these language practitioners varied from the most positive to the least positive quartile groups (heavily tailed populations). The West Germanic group, its range of variation represented by the comparatively tall box plot, held different opinions about these approaches.



Total N	59
Test Statistic	6.429
Degrees of Freedom	2
Asymptotic Sig. (2-sided test)	.040

1. The test statistic is adjusted for ties.

Figure 5-16: Item 11: Box plot diagram illustrating differences among language groups with respect to selecting translation by summary and translation by rewriting

After adjustment by the Bonferroni correction for multiple tests, the p-value with respect to Item 11 was higher than the significance level of 0,050. Therefore, one could conclude that the differences among the West Germanic, Nguni and Sotho language groups with respect to this item were insignificant. Refer to the distance network chart (Figure 5-17 on page 160) and insignificant pairs connected with black lines.

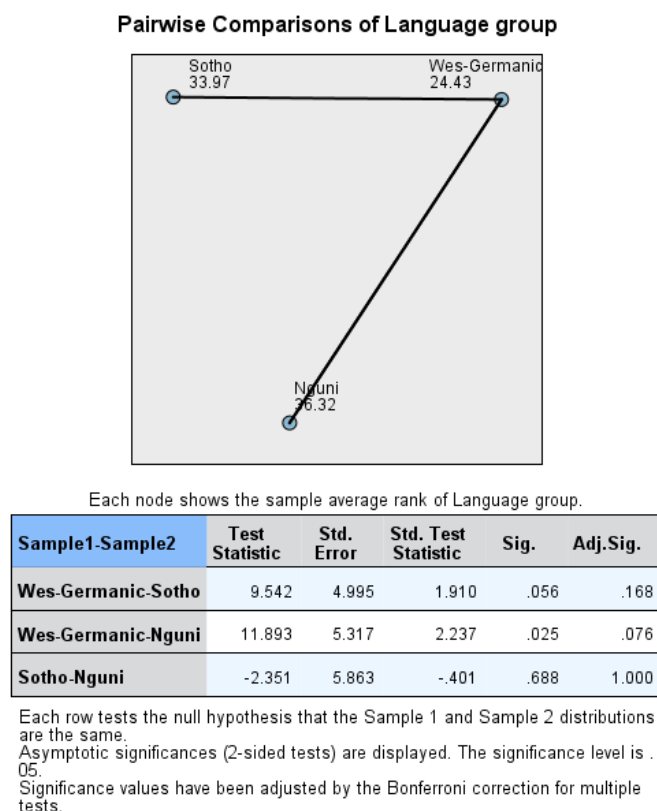


Figure 5-17: Item 11: Selecting translation by summary and translation by rewriting

Differences with respect to Items 12, 13 and 14

Figure 5-18 on page 161 illustrates the differences found between the Nguni, Sotho and West Germanic language groups with respect to Item 12, which relates to leaving out parts of a text that are offensive to the reader. The box plot diagram illustrates that the Nguni group was significantly different from the West Germanic group and more likely to leave out offensive parts.

With respect to Item 13, Figure 5-19 (page 161) illustrates that the Sotho and Nguni language groups were more likely to view themselves as cultural mediators, who would adapt a health message so that it fits the culture of the reader, whereas respondents from the West Germanic group were more divided in terms of their responses to this item.

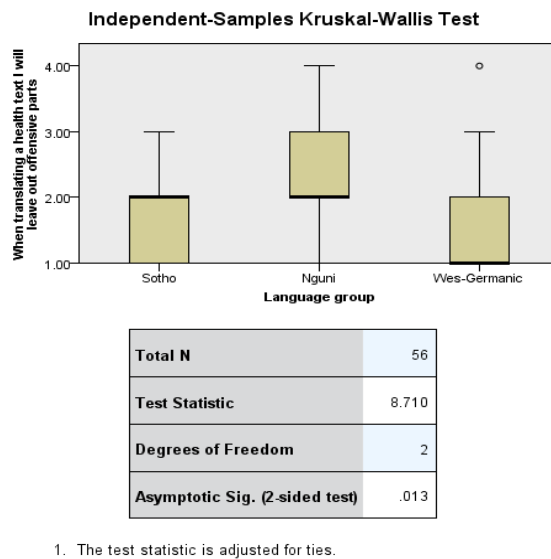


Figure 5-18: Item 12: Box plot diagram illustrating the Nguni group's indication that they were more likely to leave out offensive parts

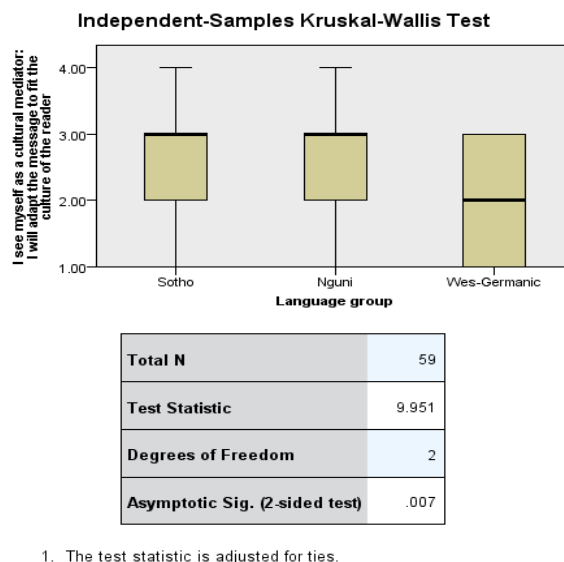


Figure 5-19: Item 13: Box plot diagram illustrating the Sotho and Nguni groups' indication that they were more likely to adapt a health text to fit the culture of the reader

With reference to Figure 5-20 (Item 14), the mean scores for the Sotho and Nguni language groups were on the same level, yet the Nguni respondents were more in agreement in terms of this item; the West Germanic respondents were least likely to explain Western and traditional health concepts to their readers. However, because of outlier responses from both the Sotho and West Germanic groups, it would not be possible to draw conclusions in terms of these two groups with regard to this item.

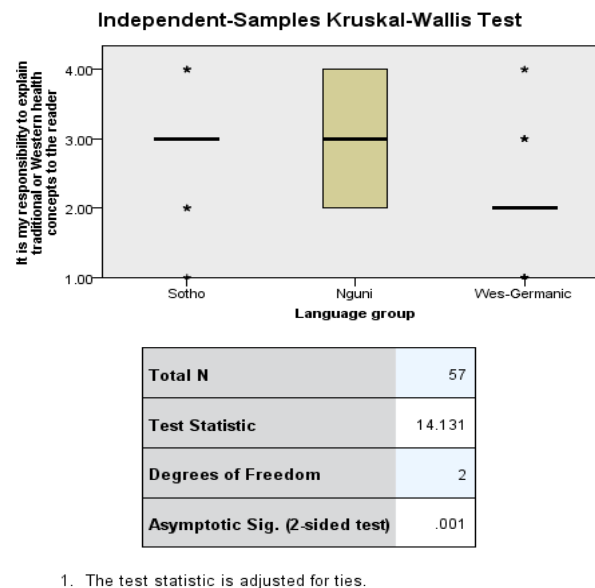


Figure 5-20: Item 14: Box plot diagram illustrating the Nguni group's indication that they were more likely to explain Western and traditional health concepts to their readers

The differences between the language groups with respect to Items 12, 13 and 14 can be viewed in Figures 5-21, 5-22 and 5-23 on page 163. The nodes indicate the sample average rank by the nonparametric Kruskal Wallis Test for matched pairs. Significantly different pairs are connected with a yellow line. It is apparent from the average ranks in Figures 5-21 and 5-23 that the Nguni group was more likely to adapt a health text by omitting offensive parts and explaining health concepts to the reader. The Nguni and Sotho groups were also more likely to regard themselves as cultural mediators adapting a health text to fit the culture of the reader (Figure 5-22). In the West Germanic group, the selection of culturally adaptive translation approaches was significantly smaller.

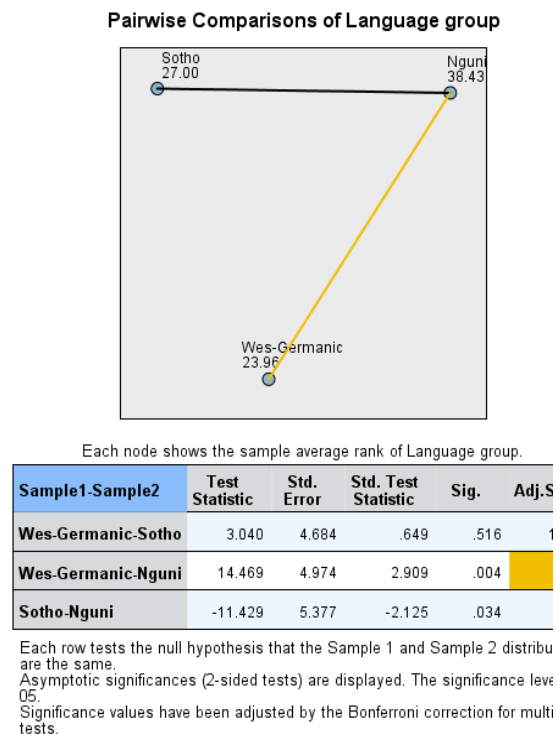


Figure 5-21: Item 12: Omit parts that are offensive to the reader

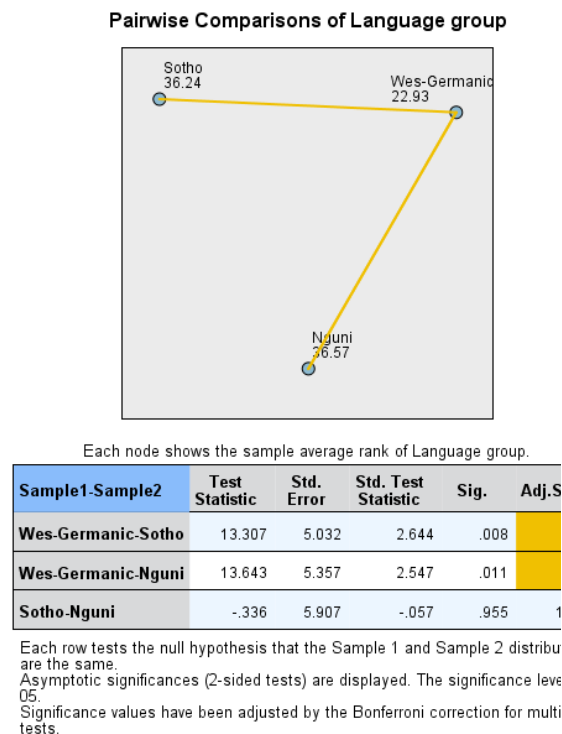


Figure 5-22: Item 13: Adapt a text so that it fits the culture of the reader

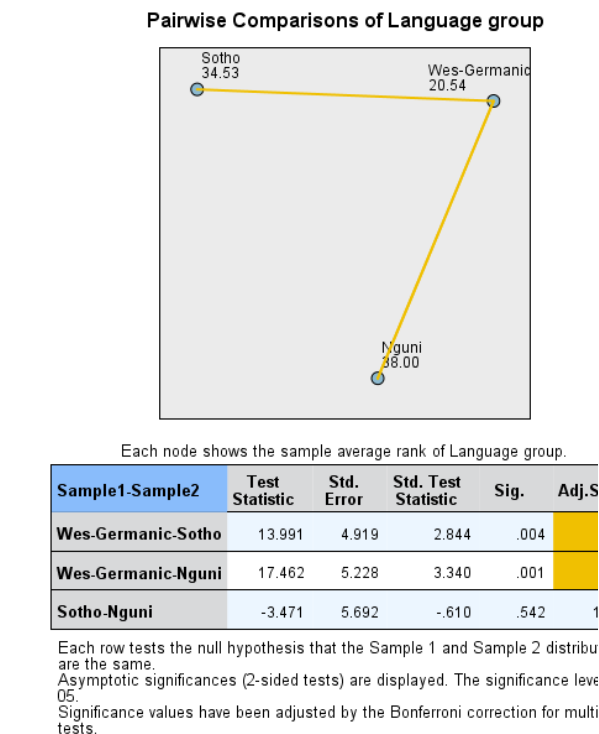


Figure 5-23: Item 14: Explain Western and traditional health concepts to the reader

5.3.6 Summary of data and implications for study

From the perspective of level of experience, no significant difference was found in respondents' beliefs that their selection of translation approaches would promote the health of communities. Literature, however, indicates that the experienced translator would know how to approach different health genres and thereby be able to mediate to a greater degree.

Concerning culturally adaptive translation approaches, results indicate that the Sotho and Nguni language groups were more likely to view themselves as cultural mediators. They would adapt a health message to fit the culture of the reader, and explain Western and traditional health concepts to their readers. The Nguni language group was also more likely to omit parts of a text that are potentially offensive to readers. The selection of culturally adaptive translation approaches by the West Germanic language group was significantly smaller. These results coincide with Theoretical Point of Departure 6 and Theoretical Statement 10 (paras. 2.8.3 and 3.6.8), namely that the selection of culturally adaptive approaches by language practitioners may indicate their willingness to act as cultural mediators to some degree. Similarly, coinciding with Theoretical Statement 4 (par. 3.6.1), South African language practitioners translating into African languages might be selecting approaches, such as translation by explication, which are suitable to a high-context culture in an attempt not to alienate the reader (refer to par. 2.8.1).

While the results of Items 1-4 and 5-9 clearly indicate a preference for translation approaches of equivalence and functionalist approaches among survey respondents, reflecting their positioning as intermediaries, the results of Items 10-18 indicate the likelihood that language practitioners translating into African languages would apply culturally adaptive translation approaches when translating health communication for the public. Most respondents also showed an awareness of their potential role as intercultural agents, as they agreed with being flexible in applying translation approaches as well as being protective of their languages and cultures (refer to Theoretical Point of Departure 4 - par. 2.5). The results, however, may not indicate the selection of approaches with a truly mediating quality as put forward in Theoretical Point of Departure 3 (refer to par. 2.5), underlining the need to determine the extent of adaptation of health messages by respondents as probed in Section C of the measuring instrument.

5.4 Section C: Extent of adaptation of health messages

Section C offered respondents nine text adaptation options. Respondents were requested to indicate to what extent they would apply each option to three text chunks embedded in the questionnaire, if they were to translate these texts. They could indicate the extent of adaptation

as "Not at all", "Very little", "Somewhat" or "To a great extent". Their responses were analysed to answer Research Question 4: to what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group? The data obtained were tabulated and interpreted, and supplemented by qualitative data obtained from open-ended questions about adaptation options.

5.4.1 Extent of adaptation of health texts: quantitative analysis

Text 1 about Ebola treatment was selected because of its simple sentence structure and plain language use. The expectation was that the text would require minimal adaptation by the language practitioner translating it into another official South African language (refer to par. 2.8.3). The results are displayed in Table 5-4 on page 166.

Text 2, dealing with the ABC strategy developed in response to HIV/AIDS in Africa, was selected because of its structure and the need either to keep the mnemonic (ABC) or create one with similar appeal in the target language. The expectation was that the text would require focussed adaptation by the language practitioner translating the text (refer to par. 2.8.3). The results are displayed in Table 5-5 on page 166.

Text 3 dealing with the effects of Glucophage (for the treatment of diabetes 2) is an excerpt from a package insert published on the Internet *for the South African public*. Because of its medical-pharmaceutical content, the expectation was that the text would require maximal adaptation by the language practitioner translating the text to make it accessible to the *public* (refer to par. 2.8.3). The results are displayed in Table 5-6 on page 167.

With respect to Texts 1, 2 and 3, some respondents (9,46%, 10,81% and 8,1%, respectively) indicated 'not at all' to all options. This could be due to their belief in not changing the text at all or alternatively due to their giving professionally acceptable responses. With respect to all three texts, most respondents (76,4%, 64,8% and 64,8%, respectively) indicated that they would use plain language 'somewhat' or 'to a great extent' if they had to translate the text. Thirty-nine respondents (55,8%) also indicated that they would adapt Text 3 'somewhat' or 'to a great extent' by explaining parts of the text to the reader.

Table 5-4: Extent of adaptation of Text 1

Text 1: Even after recovery, Ebola might be found in some body fluids, including semen. The time it takes for Ebola to leave the semen is different for each man. For some men who survived Ebola, the virus left their semen in three months. For other men, the virus did not leave their semen for more than nine months.

No.	Adaptation option	n =	Not at all	Very little	Somewhat	To a great extent
1	Change structure of text	72	47	14	8	3
2	Use plain language	72	10	7	18	37
3	Rewrite the text	74	52	9	8	5
4	Omit parts of the text	72	63	6	3	0
5	Use a more suitable cultural example	72	48	5	12	7
6	Remove offensive parts	72	52	5	6	9
7	Summarise the text	72	59	5	6	2
8	Paraphrase the text	71	48	7	11	5
9	Explain parts of the text for the reader	71	40	10	9	12

Table 5-5: Extent of adaptation of Text 2

Text 2: Know your ABC: A – Abstain, B – Be faithful, and C – Condomise

No.	Adaptation option	n =	Not at all	Very little	Somewhat	To a great extent
1	Change structure of text	70	44	10	5	11
2	Use plain language	71	18	7	15	31
3	Rewrite the text	71	36	9	14	12
4	Omit parts of the text	71	59	7	4	1
5	Use a more suitable cultural example	71	38	8	15	10
6	Remove offensive parts	71	51	6	8	6
7	Summarise the text	71	54	4	9	4
8	Paraphrase the text	71	39	7	16	9
9	Explain parts of the text for the reader	72	32	11	15	14

Table 5-6: Extent of adaptation of Text 3

Text 3: Glucophage stabilizes or reduces body weight. The therapeutic effect is not observed in the absence of insulin in the blood. It does not cause hypoglycaemic reactions. It improves fibrinolytic properties of blood.

No.	Adaptation option	n =	Not at all	Very little	Somewhat	To a great extent
1	Change structure of text	71	43	11	11	6
2	Use plain language	71	14	11	13	33
3	Rewrite the text	72	43	11	11	7
4	Omit parts of the text	71	60	9	1	1
5	Use a more suitable cultural example	71	43	7	10	11
6	Remove offensive parts	71	55	5	2	9
7	Summarise the text	71	54	8	6	3
8	Paraphrase the text	71	39	7	14	11
9	Explain parts of the text for the reader	70	24	7	16	23

The mean scores, ranging from 1,78 to 1,92, of the above data sets are displayed in Table 5-7. With respect to all three texts, the mean score leans towards "very little" adaptation responses. The standard deviation ranged from 0,68 to 0,73, which shows agreement among the respondents with regard to these items.

Table 5-7: Mean scores of text data sets

Text	n = 73	Minimum	Maximum	Mean	Std. deviation
Text 1	74	1,00	4,00	1,78	0,68
Text 2	73	1,00	4,00	1,94	0,70
Text 3	73	1,00	4,00	1,92	0,73

The mean scores for the nine adaptation options are displayed in Figure 5-24 (page 168). With the exception of Option 2 (use of plain language), all mean scores, ranging from 2,18 to 1,20, lean towards 'very little' adaptation.

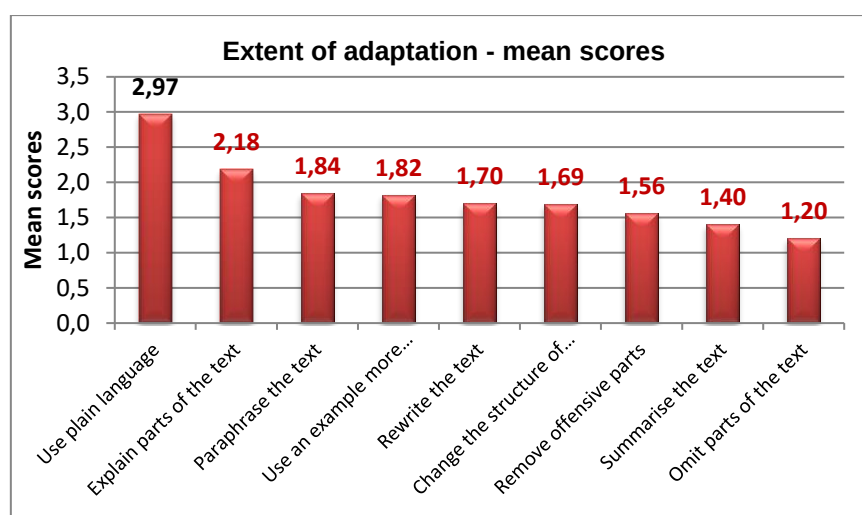


Figure 5-24: Mean scores leaning towards 'very little' adaptation of texts

5.4.2 Extent of adaptation of health texts: differences between groups

The respondents were divided into two groups: those with up to 10 years of translation experience (n=28) and those with more than 10 years of translation experience (n=46). The responses of these two groups with regard to the adaptation of the three texts were compared by means of the nonparametric Mann-Whitney U Test. The results showed no significant difference between these two groups with respect to these three texts (refer to Table 5-8).

Table 5-8: Extent of adaptation of texts by respondents divided according to years of translation experience

Text	Null hypothesis	Test	Significance*	Decision
Text 1	Text 1 Adaptation is the same across categories of experience	Independent samples – Mann-Whitney U Test	0,220	Retain the null hypothesis
Text 2	Text 2 Adaptation is the same across categories of experience	Independent samples – Mann-Whitney U Test	0,558	Retain the null hypothesis
Text 3	Text 3 Adaptation is the same across categories of experience	Independent samples – Mann-Whitney U Test	0,162	Retain the null hypothesis

* The significance level is 0,05.

The respondents were again divided into two groups: those who indicated 'translator' as their main profession in language practice (n=49) and those who indicated 'terminologist' or 'lexicographer' as their main profession in language practice (n=12). The responses of these

two groups of language practitioner with regard to the above three texts were compared applying the t test. Results showed no significant difference between these two groups with respect to the extent of adaptation of these three texts (refer to Table 5-9).

Table 5-9: Extent of adaptation of texts by respondents according to main profession in language practice

Text	Profession	n	Mean	Std. deviation
Text 1	Translators	49	1,74	0,09
	Terminologists/Lexicographer	12	2,07	0,26
Text 2	Translators	48	1,95	0,09
	Terminologists/Lexicographer	12	2,06	0,25
Text 3	Translators	48	1,92	0,10
	Terminologists/Lexicographer	12	2,07	0,26

5.4.3 Extent of adaptation of health texts: qualitative analysis

The questionnaire elicited responses from respondents in the form of email messages or notes made on questionnaires over and above those to the open questions included in the questionnaire. The additional text data tendered was analysed together with the responses to the open questions. The open question relating to Text 2 on HIV/AIDS elicited responses from 22,98 per cent of respondents. The text data was analysed and a descriptive account of the data is presented in Table 5-10.

Table 5-10: Qualitative analysis of data about the extent of adaptation of health texts

Categories	Subcategories	Themes	Quotations
No adaptation	Source text orientation of LP	Equivalence is accepted approach	• I will make sure the target text is the replica of the source text [isiXhosa]. • (Considering the reader and culture of reader) is important, but not more than sticking to the source text [Afrikaans].
		Adaptation is not the responsibility of LP	• My responsibility as translator is to present a correct and true version of the original text only [Afrikaans]. • When translating you are not supposed to rewrite or change the meaning or try to clarify. You should translate by following a source text [isiNdebele]. • I wouldn't paraphrase it. If the client had wanted to address non-medical readers, he should have paraphrased it in the first place [Afrikaans].

Categories	Subcategories	Themes	Quotations
	Scientific content of source text	No need for adaptation	• None, the text is very clear [Tshivenda]. • There is no offensive language in health matters because you talk about body parts and their activities. Even in initiation schools, parts are mentioned by names [Tshivenda]. • I would not change the text because it is a scientific statement intended for medical practitioners (<i>Text was indicated as published for the public</i>) [Afrikaans]
		Client's approval needed	• Pharma companies generally disapprove of this (adaptation of English text) [Afrikaans]. • <i>Never w/o consulting the client!!</i> (Rewriting) [Afrikaans].
Focussed adaptation	Adaptation by instruction	Translation brief needed	• I would make no other changes and translate the text as presented unless there is a "translation brief" demanding a different approach [Afrikaans]. • I didn't realise how rigid I can be, unless the client's instructions specifically indicate otherwise [English].
	Adaptation for specific purposes	For purposes of clarity	• I would maybe rearrange the sequence of the segments of the sentence to improve clarity in the target language [Afrikaans]. • Add more details about the ABC to clarify the text [Afrikaans].
		To achieve equivalence of effect	• I would try to find something similarly catchy in the target language [Afrikaans]. • I would try to think of another concept or theme to transmit the same message [Afrikaans].
	Adaptation by specific approaches	Reliance on source text structure and term use	• I would say the same thing as said in the English text, however, because the Zulu words used will not start with A, B or C, I would keep the same order and put the Zulu translations in brackets, e.g. A – Abstain (<i>Gwema ucansi</i>); B – Be faithful (<i>Thembeka</i>); C – Condomise (<i>Faka ikhondomu</i>) [isiZulu] • Keep the English to retain the "ABC" with its explanation in English, but add the translation (Afrikaans) in brackets after it [Afrikaans]. • I would probably have to explain some of the big medical terms and still write that term (English term) in brackets [isiZulu] • I would italicise some of the medical terms and write the meaning in brackets, e.g. hypoglycaemic (<i>go theoša insulin ka mading</i>) [Sepedi]

Categories	Subcategories	Themes	Quotations
Maximal adaptation	Reader orientation of LP	Politeness towards reader	• I would use a sentence rather than a word to refer to semen; to try to be polite to my audience [Sesotho]. • I would use polite words instead of offensive words [isiNdebele & Siswati].
	A solution to specific challenges for African languages	Taboo topics and offensive terms	• In Afrikaans most translators don't have such problem of taboo. For example, words like vaginal infection or penis and oral sex are difficult to put them as they are. Most African languages would describe instead of giving equivalents [isiNdebele]. • How are these new generations going to know the proper words? Who is ready to tell them? Are we pushing this translator's responsibility to the teachers at school? Or is it a parent's responsibility? But parents are not linguists. Therefore, one may say: let us put the proper word in brackets even if it is a vulgar [isiNdebele].
	Creativity required	Adaptive approaches of rewriting and recreation	• I would be forced to follow an approach of "re-writing" to make sense of what is intended and preferably first discuss this with the client. No direct translation is possible [Afrikaans]. • I would change ABC and make it suitable in the language I'm translating to, as the acronyms cannot be the same as the source [isiZulu]. • I might have to create a new abbreviation (acronym) from meaningful equivalents for the English [Afrikaans].

The quantitative results obtained about the degree of adaptation of health texts by the respondents could be summarised as "very little" adaptation (refer to paras. 5.4.1 and 5.4.2). However, when the responses to open-ended questions and the additional data tendered were analysed qualitatively (refer to Table 5-10), it became apparent that the adaptation of texts could also be described on a continuum from "no adaptation" to "maximal adaptation". Respondents based their "no adaptation" approach on adherence to the source text, acceptance of a translation approach of equivalence and the view that text adaptation should be the prerogative of the client. Those who supported "focussed adaptation" either demanded a translation brief with adaptation instructions or would adapt a text to improve its clarity or achieve equivalence of effect. Maximal adaptation was supported by language practitioners who were reader oriented, viewed maximal adaptation as a solution to specific challenges (such as the translation of so-called taboo topics) and argued that maximal adaptation (in the form of recreation and rewriting) was necessary when a direct translation was not an option. This distinction between no, focussed and maximal adaptation agrees with Hatim and Mason's

(1999:152-153, 161) distinction between no or minimal, focussed and maximal mediation. Adherence to the source text does not equal mediation, while deviation from the source text for the sake of the reader is associated with a degree of mediation.

5.4.4 Summary of data and implications for study

The short answer to Research Question 4 *"To what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?"* then is "very little", while a high degree of flexibility should be the norm when health communication is translated according to the profile of the reader (refer to Theoretical Point of Departure 7 – par. 2.8.4). However, while the quantitative results of Section C show very little adaptation of health texts, qualitative data shows the need for focussed and maximal adaptation of health texts by language practitioners. The quantitative results also seem contradictory to the results of Item 17 (Section B), which showed that 52 respondents (70,3%) agreed or strongly agreed that they were highly flexible when choosing how to translate a health text, underlining the need for further data exploration.

5.5 The need for further data exploration

The quantitative evidence obtained in response to Research Questions 3 and 4 seemed to be inconclusive (refer to Table 5-11 and Figure 5-25). When the mean scores for the subsections of the measuring instrument were compared, there seemed to be agreement among respondents about applying equivalent-based approaches (thereby acting as intermediaries), applying pragmatic or functionalist approaches (thereby acting as intermediaries or mediators to some degree), and applying (culturally) adaptive translation approaches (thereby acting as mediators to some degree) (refer to Table 5-11). In all three instances, the mean leans towards "agree".

Table 5-11: Mean scores of subsections of measuring instrument

	n	Minimum	Maximum	Mean	Std. deviation
Subsection A	74	1.75	4.00	3.15	0,58
Subsection B	74	1.80	4.00	2.91	0,44
Subsection C	74	1.13	4.00	2.63	0,59

While the majority of respondents view themselves as mere intermediaries (refer to Figure 5-25 on page 173), respondents within the Sotho and Nguni groups agree with the view of language practitioners being mediators (refer to Figure 5-19).

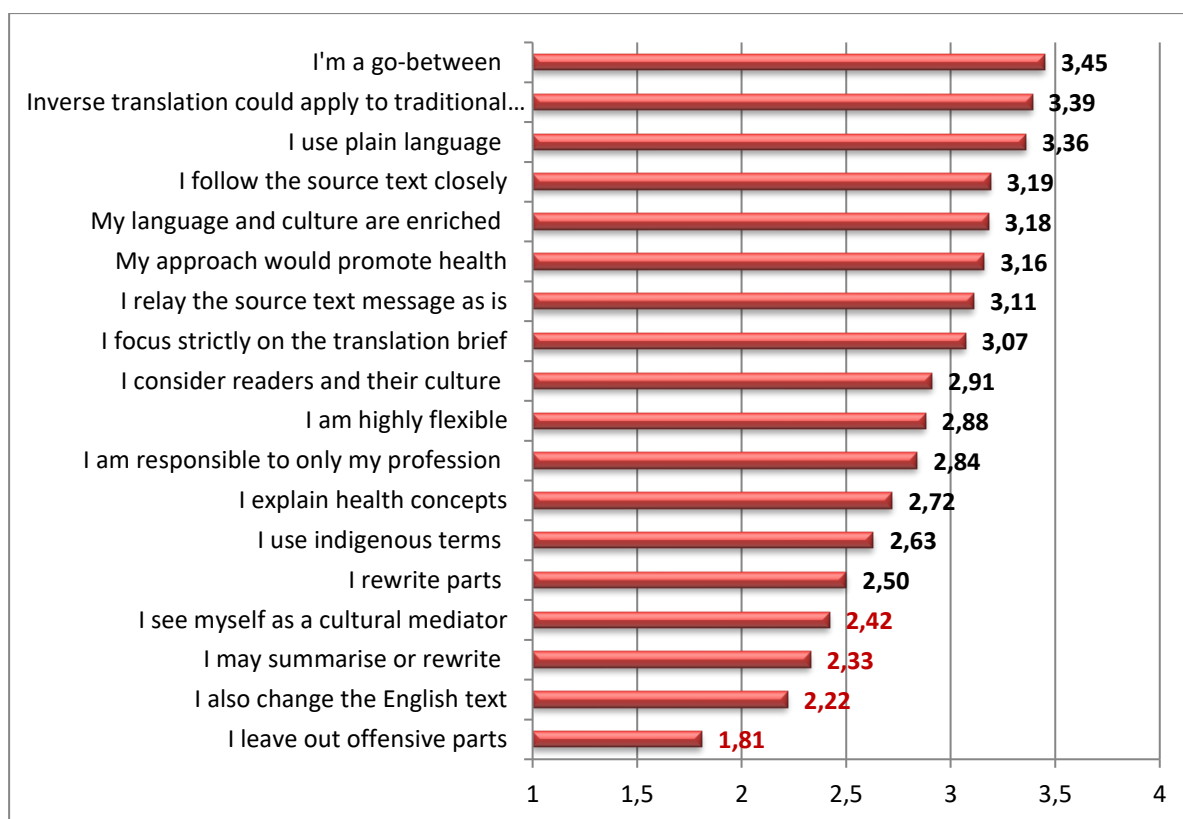


Figure 5-25: Items 1-18: Mean scores indicating agreement with translation approaches in descending order

Quantitative and qualitative data obtained by means of the measuring instrument delivered complementary results. According to quantitative evidence, most respondents would not select an approach of translation by omission to deal with texts containing offensive terms or taboo topics; the qualitative data, however, indicates the use of *hlonipha* language to deal with this problem. According to quantitative evidence, most respondents would not select translation by summary or translation by rewriting as approaches to deal with health texts; however, the qualitative analysis indicates that some respondents would consider using translation by rewriting or translation by creative rewriting when an equivalent approach was not an option. These manifest approaches of mediation (*hlonipha* language use and translation by rewriting) suggested in qualitative data are, however, countered by quantitative mean scores (Table 5-11), indicating "very little" adaptation of three text chunks, two of which arguably could have been made more accessible to the public by adaptation approaches.

To obtain a clearer image of whether or not South African language practitioners view themselves as mere intermediaries or as social and cultural mediators to some extent when translating health communication for target groups, personal interviews were conducted with

nine respondents who had participated in the survey. Data obtained from these interviews are presented in Chapter 6.

5.6 Conclusion

In this chapter, the results of the analysis of quantitative data obtained in Phase 1 of data collection are presented and illustrated to answer Research Questions 3 and 4 about language practitioners' selection of translation approaches when translating health messages, and the extent of their adaptation of such messages. Qualitative data obtained in response to open-ended questions, and from additional data tendered by respondents, produced complementary results about language practitioners' selection of translation approaches and extent of adaptation of health messages. This chapter, however, also brings to light contradictory evidence about language practitioners' application of adaptive translation approaches such as approaches of omission, addition, explanation, rewriting and creative rewriting. Despite results indicating acceptance of the designation of cultural mediator by language practitioners, especially from the Nguni and Sotho language groups, the reader is left with no clear image of whether or not South African language practitioners view themselves as social and cultural mediators when translating health communication.

In Chapter 6, the findings of a qualitative analysis of data obtained in Phase 2 of data collection are presented to answer Research Question 5: how do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent? The data will hopefully also clarify apparent incongruities or ambiguities in survey results obtained in Phase 1 of data collection.

In Chapter 7, the results from literature, quantitative results and qualitative findings are synthesised and triangulated to respond to the key research question: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?*

CHAPTER 6 PRESENTATION AND INTERPRETATION OF PHASE 2 DATA

"...the translator as mediator is an agent of intercultural communication and mediation is seen as a conscious, purposeful intervention into the act of communication." (Liddicoat, 2016:347-348)

6.1 Introduction

Chapter 5 presents the results of the quantitative analysis of survey data (and a thematic analysis of some qualitative data) to answer Research Questions 3 and 4. In this chapter, the findings of the qualitative analysis of interview data obtained in Phase 2 of data collection are presented to answer Research Question 5: how do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent?

The findings are mostly presented comparatively to illustrate the shared, divergent and 'outlying' views of interviewees about an intermediary or social and cultural mediator orientation, which includes their views on communication, responsibility and consultation, their research needs, the translation approaches accepted or rejected by the language practitioner, their facilitation of expert-lay communication, and their reasons for taking an opposite stance, that is, for mediating to some extent.

6.2 Analysis based on theory

For the purposes of analysing interview data, Theoretical Points of Departure 4 and 6 were used as benchmarks, keeping in mind the sociocultural communication theorems set out in Theoretical Points of Departure 2, 3 and 5, and the translation norm formulated as Theoretical Point of Departure 7 (refer to par. 4.8.4 and Table 6-1). Assumptions formulated as theoretical statements in Chapter 3 in response to Research Question 2 (*"Which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa?"*) further serve to explain and challenge findings. The purpose of this rather "narrow and precise" theoretical framework was to facilitate the presentation, comparison and interpretation of data obtained from interviewees as extratextual sources (see Toury, 1995) (refer to par. 4.8.4).

Table 6-1: Theoretical points of departure as theorems, benchmarks and norm

TPD	Theorems placing views within sociocultural communication tradition	
2	Within the Constitutive Metamodel of Communication, the sociocultural tradition of communication theory theorises communication as a process that produces and reproduces shared meaning, thereby constituting social order (Craig, 1999:124,128). However, because of sociocultural diversity and insensitivity to differences, communication problems such as communication gaps (lack of shared social patterns) and misunderstanding are typical within the sociocultural tradition.	
3	South African language practitioners who translate mainly from English into their home languages, selecting a translation approach that supports the distribution of mainly Western knowledge of biomedicine, might be contributing to the asymmetrical flow of intercultural communication. By contrast, language practitioners who act as social and cultural mediators by selecting a translation approach with a truly mediating quality enhance intercultural understanding, CDSC, indigenous knowledge, indigenous languages, and participation by the target reader.	
5	In a country such as South Africa, with 11 official languages representing different cultural groups, the translation of health communication occurs within, and is affected by, a multilingual, multicultural, socio-religious-political context.	
	Benchmarks for measuring views of interviewees	
	Intermediary stance	Social and cultural mediator stance
4	A merely intermediary stance by the South African language practitioner translating health communication might indicate lack of perspective about their potential to contribute to dialogue and communication in a transforming South Africa.	A social and cultural mediator stance might indicate an awareness of a broader outlook on translation. The language practitioner acting as intercultural agent is flexible in applying translation approaches, respectful towards other cultures and their views on health, and highly tolerant and protective of languages and cultures.
6	A propensity for adhering to the source text and translating with a high degree of fidelity to the source text author indicates an intermediary approach to translation.	A propensity for adhering to the target culture and feeling at liberty to adapt the source text for assimilation by the target reader then indicates a social and cultural mediation approach to some extent.
	Translation norm applicable to a multilingual, multicultural country	
7	In a multicultural, multilingual, developing South Africa, a high degree of flexibility – an adaptive capacity – should be the norm when South African language practitioners translate health texts to the profile of the recipient. An uncompromising hardline stance of representing only the source text author or only the target reader might lead to alienation of the source text author or target reader, and failure to establish dialogue between and participation by different stakeholders.	

6.3 Some demographics of interviewees

All language groups, and seven of 10 possible target languages, are represented in the sample of nine interviewees. Languages not represented are the Nguni language Siswati, and the Sotho languages Sepedi and Setswana. Based on the interviewees' years of translation

experience, the languages and language groups represented, and the thickness and richness of data obtained, the inference was made that the response to Research Question 5 would be reliable. The demographics of interviewees are set out in Table 6-2 (refer to par. 4.8.6).

Table 6-2: Demographics of interviewees

Order of interview	Main translation direction: <i>from English →</i>	Language group	Years of translation experience	Main profession in language practice
1	Afrikaans	West Germanic	16	Translator
2	Sesotho	Sotho	22	Translator
3	Afrikaans	West Germanic	31	Translator
4	Sesotho	Sotho	14	Terminologist
5	isiNdebele	Nguni	9	Translator
6	Tshivenda	Venda	11	Translator
7	isiXhosa	Nguni	24	Translator
8	Xitsonga	Tsonga	11	Translator
9	isiZulu	Nguni	19	Translator

6.4 How interviewees viewed themselves: mere intermediaries or social and cultural mediators?

As all interviewees had also participated in the survey conducted in Phase 1, and were briefed about the topic and purpose of the interview (refer to the participant informed consent form – Annexure G), they were likely to have formed a view on an intermediary or a mediator role in the translation of health communication. At the start of each interview, participants were invited to position themselves either as intermediary or as mediator to some extent (refer to Annexure E, Item 1). Their self-evaluation was checked against the complete transcription of the interview and observational data included in the interview memory aid (refer to Annexure F and paras. 4.8.6 to 4.8.8). In all instances, interview and observational data confirmed the participants' self-evaluation. Of the nine interviewees, three expressed an intermediary orientation (one to such an extent that he or she denied ever having any occasion for taking an opposite stance). Three described themselves as an intermediary or a mediator or a mediator to some extent. The different orientations allowed a comparative analysis of data that culminated in the following eight main categories (refer to paras. 4.8.2 and 4.8.6 and Tables 6-3 to 6-10):

1. Orientation of language practitioner
2. Communication views of language practitioner
3. Views on responsibility
4. Views on consultation

5. Research needs
6. Translation approaches accepted/rejected
7. Facilitation of expert-lay communication
8. Having occasion for taking an opposite stance.

Reduced to subcategories and interrelated themes, each main category is discussed as it applies to an intermediary or a mediator stance. Findings are supported by quotations and, where applicable, checked against literature.

6.5 Main Category 1: Orientation of language practitioner

Subcategories and themes reflecting the orientation of the language practitioner are set out in Table 6-3.

Table 6-3: Main Category 1: Orientation of language practitioner

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. To say it as it is	▪ To ensure a factual version of the source text ▪ To make the source text accessible to the reader	B1. Focus on the reader	▪ To ensure an accessible target text ▪ To be briefed about the reader ▪ To consider the culture of the reader
A2. Focus on purpose of translation	▪ To be given clear instructions	B2. Focus on text mediation	▪ To apply approaches of (cultural) adaptation ▪ To consider difficult options
		B3. Focus on innovation and education	▪ To act as innovator ▪ To act as educator

In line with Theoretical Points of Departure 4 and 6 (refer to par. 2.8.3 and Table 6-1), participants viewing themselves as intermediaries expressed their adherence to the source text and client.

- Intermediary - to say it as it is

The intermediary stressed the importance of faithfully conveying the content and style of the source text to the reader. By producing a target text that is a factual version of the source text, the intermediary wishes to make the source text accessible to the reader. Expressions such as "exactly" and "as it is" portray their views about the degree of correspondence between a source text and target text:

I believe that the health sector is... a technical subject and I am not a specialist in the field... I see myself as a mere translator who is taking the message as it is and delivering it to the client as it is. [English-Sesotho]

I see myself more as a go-between because I think the reader must understand exactly what the [source] text is about. [English-isiNdebele]

The intermediary believes that the target text must mirror the source text, as is evident from the following quotation:

Look, translation in theory is actually only two things, that's to reflect exactly the content, the factual content, and secondly, as far as possible, to keep to the same style. [English-Afrikaans]

Their main function therefore is to make the *source text* accessible to the reader:

Ek sien my... absoluut as 'n tussenganger... Ek moet daardie teks [die bronteks] toeganklik maak... (I... absolutely see myself as intermediary... I need to make that text [source text] accessible...) [English-Afrikaans]

The intermediary's focus on the source text is in line with the traditional view of translation as the rendering of words with the purpose of producing a target text that equals the source text in most respects (refer to par. 1.8). The intermediary strives for similarity and correspondence, and negates any adaptation of the source text for the sake of the reader. While translation approaches of equivalence may ensure information transfer, they may not lead to accessible target texts in a multicultural environment (refer to par. 3.2.2).

- Intermediary - focus on purpose of translation

Consistent with Theoretical Statement 2 (refer to par. 3.4), and as expressed in the quotation below, the intermediary prefers clear instructions from the client:

As dit hoegenaamd moontlik is, skakel ek baie graag met die kliënt, want dan kan ek 'n baie duidelik "brief" kry, 'n baie duidelike opdrag kry. En dit is vir my belangrik. (If at all possible, I would very much like to liaise with the client because then I could get a very clear brief, very clear instructions. And to me that is important.) [English-Afrikaans]

By focussing on the purpose of the translation, the intermediary indicates support for the functionalist approach to translation. Theoretically, this means respecting the interests of the

source text author and the target text reader while honouring the intentions of the client (refer to par. 3.2.3). In practice, this translates to limited translation decision-making power for the language practitioner: while the translation brief may accord the language practitioner the freedom to take translation decisions, it may commit him or her to checking any adaptations of the source text with the client who still has the power to veto necessary amendments to a text (Nord, 2006:34, 40-41) (refer to par. 3.2.3). While the functionalist approach to translation allows text mediation to some degree, it may not be the approach of choice of the language practitioner who wishes to make a target text accessible to the reader.

As opposed to the intermediary who focuses on the source text and the purpose of the translation, the mediator focuses on the reader, text mediation, and innovation and education (refer to Table 6-3).

- Mediator - focus on reader

Consistent with Theoretical Point of Departure 6 (refer to Table 6-1), the mediator considers the reader, including the culture of the reader, when translating health texts. As put by the isiZulu participant, the purpose is the creation of a target text that is "well understood, not just understood" by the reader. As for the isiXhosa interviewee, this meant "to adapt" the message so that it could be understood by the reader.

As knowledge of the target group would determine his or her choice of translation approach, including the style and register, and the degree of adaptation of the source text, the mediator wished to be briefed about the reader:

I so wish that... on our cover sheet¹⁴ we have a space where we ask our client to tell us who is going to read this. They could only say rural area, not necessarily qualifications, but urban, or old, whatever; or if it is going to be read by chiefs... [English-Sesotho]

Mediators expressed their willingness to adapt a source text to effect intercultural communication. Because of their (intimate) knowledge of both the source and target cultures, they feel competent in producing a target text that the reader will understand. According to one of the Sesotho interviewees, the source text culture is in all likelihood "totally foreign" to what the reader is used to and, for that reason, he or she as "mediator" would not merely translate "for the sake of translation". The Xitsonga and Tshivenda interviewees would also consider the culture of the source and target group:

But if you understand the culture of both... you produce a successful translation. [English-Xitsonga]

¹⁴ Official request form to be completed by NLS clients requesting translation and editing services.

I know my culture very well and my society, so... ja, I believe I'm a go-between and a mediator. [English-Tshivenda]

This last comment by the Tshivenda interviewee is interesting because it indicates acceptance of the role of intermediary and mediator (refer to par. 3.3). Described in more detail in paragraph 6.12 (Main Category 8), interviewees indicated that they have occasion for taking an opposite stance. While they mediate across cultures, language practitioners still occupy the position of go-between who ensures interlingual transfer (refer to par. 2.7.2). Acting as social and cultural mediator always implies acting as intermediary as well; acting as intermediary, however, does not imply acting as social and cultural mediator, and may not guarantee the realisation of intercultural communication (refer to par. 2.5).

- Mediator - focus on text mediation

Broadly agreeing with Theoretical Statement 3 (refer to par. 3.5), the mediator indicated that he or she would select a translation approach of adaptation in an effort not to alienate the target reader (refer to Table 6-3). The following quotations indicate the mediator's convictions about the need to apply (culturally) adaptive translation approaches:

... you need to adapt, you need to adapt the language to suit the audience¹⁵, you know [tapping on desk]. There is no other way. [English-isiZulu]

Because you can't just take the source text as it is, and it is a taboo in my language; it will be wrong to put it as it is – I will have to adapt it so that it can also fit in my culture... [English-Tshivenda]

We don't call a spade a spade in our languages. We must at least simplify. At least respect the readers. [English-Xitsonga]

Unlike the intermediary who would relay a source text "as it is" (see above), the mediator would tailor a health message to reflect the social and cultural values of the target group. In South Africa, in consideration of a high-context culture, this often means adapting a health text by applying politeness strategies (refer to paras. 2.8.1 and 6.12.1). Concerning taboos and the undesirability of direct translation, Motsei (2013:620) states that the efficient language practitioner would demonstrate sociocultural sensitivity by avoiding direct references to sexual organs, even in public institutions such as hospitals and clinics, using the socially accepted *hlonipha* terms (refer to paras. 2.7.4 and 5.6). However, the mediator admits that adaptation of health messages is no easy feat.

It means we're suffering from this, you know. So, we go through a lot translating. We go through a lot; it's not just as easy as that. [English-isiZulu]

¹⁵ Text underlined was emphasised by interviewees.

We apply strategies, methods, we try ... to make the text understandable to the readers. It's difficult, but in the end of the day you must have a text. And the readers must understand. So you try – you try by all means. [English-Xitsonga]

In Chapters 2 and 3, it is argued that the language practitioner translating health communication often has to deal with unrelated languages (par. 3.6.5), texts originating from low-context cultures intended for high-context cultures (par. 2.8.1), taboo topics (paras. 2.7.4 and 5.6), language perceived as offensive (par. 2.7.3), and lack of corresponding health and medical terms in the target language (par. 3.6.5). While language practitioners translating into indigenous languages have to overcome these challenges, they find the translation of concepts rooted in a foreign world view even more challenging. In line with observations made by Naudé (2011:226; 2007:iv-vi) (refer to par. 3.6.5), interviewees perceived such translation challenges also as opportunities to apply new approaches to translation, and educate colleagues and clients in this regard. 'To act as innovator' and 'to act as educator' emerged as themes from the subcategory 'focus on innovation and education' (refer to Table 6-3). Both themes represent an expansion of the role of the language practitioner within translation.

- Mediator - focus on innovation and education

As theorised in Theoretical Point of Departure 4 (refer to Table 6-1), the mediator's views on creativity, innovation and education indicate a broader outlook on translation. Referring to the term "mediator", one of the Sesotho interviewees indicated that "social activist" and "creator" would even be better descriptions of how he or she views him- or herself:

Ja, an activist, a social activist. By that I mean you should come up with new ideas that will assist in your translation... you will come with new ways of writing. [English-Sesotho]

We say in translation the author is the creator, and we are the second creator. Yes, we are the second creator. When one reads a document that is translated, it should be in such a way that it is almost original... [English-Sesotho]

The mediator's focus on innovation and creation distinguishes him or her from the intermediary who adheres to the source text and the wishes of the client. The mediator, however, also indicated the need to educate the client about the use of plain English in source texts, and colleagues about the influence of English on their home languages and the indiscriminate use of *hlonipha* language.

Interviewees shared their beliefs as follows:

I'm an activist that will also educate the client or the reader. [English-Sesotho]

That is what Mr XYZ would always say... "Guys, call a spade a spade." You know, he would say, "if you don't do that, the language dies... If you use this hlonipha language too much, people may tend to forget the actual terms that are used for that." [English-isiZulu]

It seems courageous when experienced language practitioners translating into African languages encourage colleagues to apply direct translation where bodily functions, sex and sexuality, and diseases such as HIV/AIDS, are the topics of translation. In these instances, the use of indirect translation that includes *hlonipha* language seems to be the preferred option (refer to par. 2.7.4). The creativity needed by South African language practitioners translating health communication and their use of (culturally) adaptive translation approaches strengthen the voices of scholars proclaiming translation as mediation (Combrink, 2002:22; Dimitriu, 2010:22, 23; Durdureanu, 2011:52, 55; El-dali, 2011:38, 40; Limon, 2010:38; Martínez-Sierra, 2008:11, 16; Neubert, 1994:12, 17-18; Nord, 2006:33; Valero-Garcés, 2006) (refer to paras. 1.8 and 2.8.2).

6.5.1 Orientation of language practitioner - summarised

Findings about the intermediary or mediator orientation of language practitioners broadly fall within the parameters of Theoretical Points of Departure 4 and 6 (refer to Table 6-1). While the intermediary expressed beliefs about adherence to the source text and source text author, and correspondence between the source text and target text, the mediator related a target reader and target culture orientation, and a willingness to adapt health messages to increase their accessibility. While the intermediaries rejected translation approaches of adaptation and creation, they indicated acceptance of a functionalist approach to translation that honours the interests of all communication partners. Findings also indicate the difficult options associated with text mediation, such as whether or not to use *hlonipha* language. The mediator's acceptance of translation approaches of adaptation and their focus on innovation and creativity indicate their broader outlook on translation, which again is connected with their views on communication (refer to Main Category 2 - par. 6.6).

6.6 Main Category 2: Communication views of language practitioner

Interviewees were not specifically requested to offer their views on communication, but a correlation was found between how interviewees positioned themselves and their views on communication (refer to Table 6-4 on page 184).

Corresponding with the transmission model of communication (refer to par. 2.3.1) and contrasting with the sociocultural communication model reflected in Theoretical Point of Departure 2 (refer to Table 6-1), the intermediary equates translation with communication, and communication with information transfer (refer to Table 6-4).

Table 6-4: Main Category 2: Communication views of language practitioner

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Translation is communication	To convey a message	B1. Translation is empowerment	- To empower the reader - To empower the language

- Intermediary - translation is communication

As suggested in the following quotations, the intermediary views communication as a linear process in which the positions of the sender, translator and recipient are fixed. The function of the translator is purely and simply to convey the message of the client to the reader, and the function of the reader to be the recipient of the message:

I just transfer the message to be comprehensible to someone else. That is communication. [English-Afrikaans]

...what you have here primarily, and that's why we normally put them in that order, you have the source, you've got the translator, and you've got the target or the receiver. [English-Afrikaans]

By describing the reader as "just the vessel the coffee gets poured into" the reader is denied any participative role in communication.

In a linear informational model of communication (refer to Figures 2-2 and 2-5), the intermediary is the producer and conveyor of an equivalent or functionally equivalent target text. The reader is largely ignored and aspects such as reader interaction, information sharing, the incorporation of indigenous knowledge in information exchange and text adaptation are not considered (Craig, 1999:125-127, 147; Soukup, 1999:220-221) (refer to par. 2.3.1).

Contrary to the intermediary, and consistent with Theoretical Point of Departure 3 (refer to Table 6-1), the mediator equates translation with empowerment of both the target reader and target language (refer to Table 6-4).

- Mediator - translation is empowerment

The mediator views translation as an enabling act with the potential of bringing about change in the health domain. Very different from the intermediary who views the reader as "the vessel the coffee gets poured into", the mediator proclaims the reader to be "the main actor in this whole situation".

As reflected in the following quotations, the mediator places emphasis on reader understanding, information sharing and social change:

Look, what is important, the text - medical or health text - is not only for information, but to change the life of that person or the situation the person is in. [English-Sesotho]

... they [the readers] can... share that information with somebody else; so, about health, and that means even the next person who didn't read the text will benefit. [English-Tshivenda]

When the mediator selects a translation approach that invites reader (inter)action and circulation of the message, he or she may be acting as agent of empowerment and change (Naudé, 2011:223; Pei, 2010:32) (refer to paras. 3.3.1 and 3.3.2). Information sharing lies at the roots of participatory communication, and when the recipient becomes a sender, the perspective is no longer top-down but horizontal and participative (refer to par. 2.6.1.2).

Target reader empowerment also means target language empowerment. The mediator places a high premium on translation of health information into indigenous languages because this is seen as the only way to reach specific rural and urban communities that are English illiterate. The isiZulu and Tshivenda interviewees shared the following information:

But give a taxi driver something in his home language - he would say: "Wow, wow, they are saying this, they are saying that". Because he can at least interact. [English-isiZulu]

What we can do is to educate these people that are in charge. This is how we do things. "If you want to go and present something (health publication) in Tshivenda, please... make sure that you have a provision for this language, so that you don't take English pamphlets and distribute them." It is useless because they won't even read it. They just take it and throw it in the dustbin. [English-Tshivenda]

Cronin (2003:167, 169) argues that translation becomes politically enabling when language practitioners and speakers of languages take control of translation practice and ensure translation from and into indigenous languages. Wolff (2010) and Dowse *et al.* (2011:512) agree that the extended use of indigenous languages in different domains, including the health domain, is the only way to actively promote social change and development (refer to paras. 2.6, 2.6.2, 3.6.4 and 3.6.5).

6.6.1 Communication views of language practitioner - summarised

Interviewees confirmed the view of the intermediary occupying a position in a linear communication model, which focuses on the transmission of information. The sociocultural model of communication, with its emphasis on message (re)production, information sharing, and reader interaction, provides space for both the mediator and reader as active participants in the communication process (refer to Theoretical Points of Departure 2 and 3 – Table 6-1). The mediator indicated health communication in indigenous languages as empowering and life-

changing, as it leads to message comprehension, information sharing and reader action that may improve health. Unsurprisingly, the mediator's views about social responsibility differ from those of the intermediary (refer to Main Category 3 - par. 6.7).

6.7 Main Category 3: Views on responsibility

Interviewees were specifically requested to comment on the boundaries of their translator responsibilities, as these boundaries would indicate how they viewed themselves: as mere message conveyors or as social agents who claim responsibility for the effects of their translations (refer to Annexure E, Item 3). Their divergent views are displayed in Table 6-5.

- Intermediary - responsibility towards client

While the mediator did not indicate any responsibility towards the client (refer to Table 6-5), the intermediary expressed the view that a faithful translation means service delivery to the client (compare with Theoretical Point of Departure 4 - Table 6-1).

Table 6-5: Main Category 3: Views on responsibility

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Responsibility towards client	▪ To deliver a service	-	-
A2. Responsibility towards reader	▪ To help the reader to understand the text ▪ To educate the reader	B2. Responsibility towards reader	▪ To consider context
A3. Responsibility towards society	▪ No or limited responsibility towards society ▪ To save lives	B3. Responsibility towards society	▪ To effect social change

One of the Afrikaans interviewees put it simply:

*Ek glo, my uitgangspunt is, 'n teks moet getrou vertaal word. **Ek lewer daai diens as vertaler**¹⁶. (I believe, and this is my approach, a text must be translated faithfully. **I deliver that service as translator.**) [English-Afrikaans]*

The intermediary's self-expressed duty towards the client also resembles Theoretical Statement 11 (par. 3.6.9), which ascribes to the intermediary a service attitude and a primary allegiance to the client (refer to par. 2.3.1). Being faithful to the source language author or client is the opposite to being bold in adapting a source text for the sake of the reader (refer to par. 3.5). Some intermediaries, however, also expressed a responsibility towards the reader and

¹⁶ Text in bold is emphasised by researcher.

acceptance of a midway position that involves being loyal to both the client and reader, and meeting the translation brief (Naudé, 2011:229; Nord, 1992:40) (refer to paras. 3.2.3 and 3.5).

- Intermediary - responsibility towards reader

Intermediaries also considered it their responsibility to help the reader to understand the message and educate the reader about health matters. The isiNdebele interviewee simply said: "So, it is my duty as translator that I make sure that the reader understands what the text is about." He or she was also especially concerned about lack of knowledge about HIV/AIDS among the youth:

Each and every day we listen to the statistics, especially for HIV. ...so I think as a translator I have to play my part – that I impart such knowledge to... the youth so that they understand very well, because I see most of... the people are not educated about this disease. [English-isiNdebele]

These views should be judged against the intermediary's acceptance of the 'overriding' principle of translating equivalently. The intermediary is still honouring the wishes of the client while meeting the expectations of readers (refer to par. 3.2.3). As go-between with knowledge of both languages and cultures, the intermediary accepts responsibility for both the sender and recipient of communication, taking translation decisions that ensure the function of the source text is achieved in the target culture (Naudé, 2011:229; Nord, 1992:40).

- Mediator - responsibility towards reader

As opposed to the intermediaries, who described reader comprehension and reader education as their main responsibilities, and in line with Theoretical Point of Departure 6 (refer to Table 6-1 on page 176), the mediators expressed a willingness to adapt a source text so that it fits into the milieu and field of experience of the reader. One of the Sesotho interviewees stated that it was the "social responsibility" of the translator to adapt the text "to the experience of the reader". Another said that the translator had to "bring the document closer to the reader".

These remarks are reminiscent of the 1813 Schleiermacher maxim with the implied choice of either following the source text closely or intervening in the source text freely to "domesticate" the text (refer to par. 2.8.3). When the language practitioner with knowledge of the target language and culture adapts a source text to the high-context culture of the target reader to prevent miscommunication or reader alienation, he or she acts as mediator contributing to social change (refer to par. 2.8.1).

- Intermediary - responsibility towards society

As theorised in Theoretical Point of Departure 4 (refer to Table 6-1) the views of the intermediary and mediator about social responsibility differed markedly. At the extremes, the intermediary denies any responsibility towards society while the mediator translates "to make an impact on society".

Intermediaries indicated that the Department of Health (DoH) was primarily responsible for the health of communities, who should also accept co-responsibility for their health. These views were shared as follows:

...but I think the Department [of Health] has the most important role to play and I as a translator must play my part in conveying that message to the community. [English-isiNdebele]

...in as much as it is my social responsibility to make you [the reader] understand, it is also their [the readers'] responsibility to take the information, understand what is being translated..., and then be able to use it and to act accordingly. [English-Sesotho]

Generally, the intermediary accepts no or limited responsibility towards society, acknowledging only the duty of transmitting health messages clearly and accurately (refer to par. 3.2.2). While the intermediary denied any direct social responsibility, they, seemingly paradoxically, acknowledged the clear, accurate rendering of a health text as life-saving and therefore as their moral responsibility.

As put by the isiXhosa interviewee:

I am responsible. I don't want them to die. I want to give them the correct message, clear, understandable, so that they can take precautions. Ja, if it says "Don't use this water because of A, B, C, D," I want to convey that as clearly as possible. [English-isiXhosa]

And my job is to make sure that the reader understands. Because what's the use of translating if the reader doesn't understand? And, especially in the health field, a person can die, ja-a, if you don't convey the message clearly. [English-isiXhosa]

As put by an interviewee believed to be an outlier:

If you are going to take the attitude that I can't discuss this with that particular culture because they have a taboo you are basically condemning them to becoming victims and that is something I wouldn't like to have on my conscience. So – communicate – you simply have to do it. [English-Afrikaans]

While the intermediary demonstrates real concern for the well-being of the reader, their concern should not be seen as an acknowledgement of social responsibility or social agency. Theirs is rather an ethical approach to translation, supported by the belief that a clear, accurate rendering of a source text can be life-saving (refer to Figure 2-8). By conveying health messages (also on behalf of the DoH) and with the purpose of enhancing reader comprehension, the intermediary

quite possibly accepts a translation "partnership" with the client and reader (refer to paras. 2.6.2 and 3.2.3).

- Mediator - responsibility towards society

As distinct from the intermediary, the mediator regards every text as an opportunity to make some impact on society; to positively affect the well-being of a community; to caution a community in its own language about health risks; and to promote governmental health programmes aimed at community health improvement. These views were expressed as follows:

So, if I play my role there, if I'm given a text, I'm given the opportunity to do my thing, to describe and explain what is happening. [English-Tshivenda]

When we translate, we translate to make an impact on the society. [English-isiZulu]

***I'm helping the community** because there are those who did not go far with the education – they will get the information in their own language... **They are alerted, ja.** [English-Xitsonga]*

***Without us people would really never understand.** Just to give you an idea: going to the very same strategy, the ABC - if we didn't do so much of translation in the HIV and AIDS field, **then people really would still be lost up to today.** [English-isiZulu]*

While the intermediary regards the clear, accurate transposal of a source text as their main responsibility, the mediator will "describe and explain" with the purpose of making "an impact on the society". When making "an impact on the society" or "helping the community" is the ultimate goal (refer to the quotations above), translation becomes a CDSC project on a small scale. When the text mediation efforts of one language practitioner are combined with those of colleagues, the mediator's belief that the translation of HIV/AIDS documents has caused awareness of the disease among target groups might just be justified (refer to the last quotation above). Wolf (2010:34) maintains that language practitioners' socio-political responsibilities challenge the traditional views about their role in society.

6.7.1 Views on responsibility – summarised

In line with Theoretical Point of Departure 4 (refer to Table 6-1), the intermediary maintains a rather narrow outlook on translation, being unconvinced of a societal responsibility. His or her focus on reader comprehension and reader education indicates a responsibility towards mainly the client, while a clear concern about the health of the reader could be ascribed to a moral responsibility of conveying health messages accurately. The mediator, in contrast, accepts a responsibility towards society and, consistent with Theoretical Points of Departure 4 and 6 (refer to Table 6-1), would adapt a source text purposefully to be respectful towards the target culture and their views on health. The mediator sees text mediation as his or her responsibility, as it is his or her desire to bring about social change in the health domain. To assist them in fulfilling

their responsibilities, and to deal with poorly drafted source texts (refer to Annexure E, Item 2), both the intermediary and mediator expressed the need for consultation with the source text author or client, colleagues, stakeholders and the community (refer to Main Category 4 - par. 6.8, and Table 6-6).

6.8 Main Category 4: Views on consultation

Although the interview guide did not include a specific item on consultation, interviewees referred to consultation 35 times, among other reasons, to explain and motivate their consultation needs as intermediary or mediator. Corresponding with Theoretical Statement 2 (refer to par. 3.4), interviewees indicated that they would include consultation in a process-based pragmatic translation approach (refer to Table 6-6).

Table 6-6: Main Category 4: Views on consultation

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Consultation with source text author or client	To clarify problem text	B1. Consultation with source text author or client	To request editing of the text
A2. Consultation with language experts and health experts	To obtain information for translation purposes	B2. Consultation with language experts, health experts, communities and the African elite	- To obtain information for translation purposes - To obtain colloquial terms - To obtain information about language exclusive to cultural groups

- Intermediary - consultation with source text author or client

The intermediary indicated that he or she would contact the client or source text author to clarify problem text such as ambiguities, obvious omissions, clumsy or wooden formulations or suspect statements. Two of the interviewees explained their need for consultation as follows:

Let me say, primarily the sender of the text will be the first person to alert to say: "Kindly, verify my suspicions." [English-Sesotho]

...ek seek betekenis in daardie teks. As ek dit glad nie kan kry nie, dan sal ek 'n... baie duidelike nota maak, en hom... gewoonlik in rooi maak, in rooi merk, en sê dat hier is 'n begrip wat ek glad nie verstaan nie. Die skrywer kon nie presies sê wat hy wou sê nie. Ek sal teruggaan na die skrywer toe. (I'm looking for meaning in that text. If I can't find it, then I'll make

a clear note, usually in red, saying: this is a concept that doesn't make sense to me at all. The author did not exactly say what he wanted to say. I'll go back to the author.) [English-Afrikaans]

Consultation by the intermediary is motivated by their desire to produce an accurate rendering of the source text. The intermediary may, in the end, produce a target text that is more correct or more precise than the original text. This, however, does not mean that the language practitioner is applying "translation by decentering" (refer to par. 3.3.2.1). A poorly drafted source text may already have been published, and the target text may still not be tailored to the specific needs of the target reader (refer to par. 2.7.4).

- Mediator - consultation with source text author or client

Undoubtedly, the mediator would also consult with a client to clarify problem text. The mediator, however, added an interesting twist by indicating that he or she would liaise with a client to request editing of the source text to facilitate its translation into indigenous languages (refer to par. 3.6.3). The following quotations reflect the mediator's need for editing of source texts submitted for translation:

*I will underline those sentences or words which I think are not clearly written and then consult the author of the text and discuss with him or her: "I don't understand this. Will you please clarify this for me and tell me: what did you mean by this? **Can't we change it in such a way that the translator understands it?**" [English-Sesotho]*

*I will send the text for editing because **I cannot translate a text if I don't understand it. I must understand it in order to translate it.** I will have to send the text, maybe if it is from the client, I have to communicate with the client that this text is poorly drafted: **please make sure that it is edited. I don't understand it. Maybe if it is edited I will understand it. I won't translate something that I don't understand.** [English-Xitsonga]*

A pre-translation text analysis (refer to par. 3.4.1 and Figure 3-5 – Step 2) may reveal a poorly drafted source text. It may, however, also reveal a well-written source text containing terms unfamiliar to the language practitioner and/or lacking standardised equivalents in the target language, making it difficult to even name concepts of the subject field (Gutt, 2000:233; Mabasa, 2006:4; Rodrigues & Blaauw, 2002:218). Such a source text can be made accessible to the target text reader only if the language practitioner fully understands its content and context (Gutt, 2000:225; Montalt & González-Davies, 2014:24). Editing of the source text or intra-language translation (refer to Figure 3-5 – Step 3) may result in translator-friendly documents which, in their turn, will enable the language practitioner to produce a target text that is accessible to a lay reader (EU, 2012:19-21; St. Amant, 2013:3-7) (refer to paras. 3.6.3 and 3.6.4).

- Intermediary and mediator - consultation with language and health experts

In accordance with Step 4 of the pragmatic process-based approach to translation (refer to Theoretical Statement 2 in par. 3.4 and Figure 3-5), interviewees indicated that they would consult with language and health experts to obtain information for translation purposes.

➤ Language experts, some formally or informally organised in language groups, also Internet communities, were indicated as the language practitioner's first point of contact. One of the Sesotho interviewees put it as follows:

I always... throw it in, you know, with the group, the Sesotho group, to say: I'm seeing this, and the context is this, and this is how I would approach it. [English-Sesotho]

As public health communication comprises highly specialised genres and general genres, selecting the applicable translation approach, register and vocabulary could be a daunting task. Language practitioners modify their approaches as they deal with general texts, which allow a certain degree of creativity, and formal texts, which require rendering according to prescripts (refer to par. 2.7.3). When languages lack medical and health terminology, consultation may involve advice about either term development or the use of translation approaches of adaptation, as was shared by the Xitsonga interviewee:

I must first... consult the language experts and people from the lexicographic unit. They must give me the go-ahead to coin or stop me: "No, don't coin, explain it" or "No, don't explain, coin it". I don't coin alone, I must communicate with the other language experts. [English-Xitsonga]

➤ As the advice of language experts could be inadequate, interviewees indicated consultation with health experts as the next logical step. The following was shared by interviewees translating into Tshivenda and Sesotho, respectively:

If I know that, this one [referring to a medical term]: "Ha-ah, nobody here [none of the terminologists] will [be able to] tell me", I go straight to those specialists. [English-Tshivenda]

The best way, I say best, is to consult. You talk to the traditional healer, you talk to the Western doctor, you... find out which terms do they use. [English-Sesotho]

This view was confirmed by one of the Afrikaans interviewees who would consult a traditional healer if he or she had to translate a text about traditional medicine:

... in so 'n geval, sal ek 'n tradisionele geneser wil raadpleeg of met die skrywer van die teks wil kontak hê. My teks toets; en sê: "Hierdie het ek so vertaal. Is dit korrek of moet daar 'n aanpassing gemaak word?" (...in such a case I'll consult a traditional healer or contact the source text writer to check my translation, and say: "I translated it this way. Is this correct or should an adjustment be made?") [English-Afrikaans]

The translation of public health communication is often marked by difficult translation choices relating to Western and traditional knowledge systems, the involvement of professional and lay persons, medical jargon and the need to tailor the text to the sociocultural context of the reader (refer to paras. 2.7.2 and 2.7.3 and Fig. 2.12). This implies that language practitioners could consult with health experts not only to find precise equivalents, but also to ensure translations that are culturally acceptable.

- Mediator - consultation with communities and the African elite

Again, the mediator added a new angle by indicating that he or she would consult with members of the community and the African elite to obtain cultural or colloquial terms about health or information about cultural health practices.

- The isiXhosa and Xitsonga interviewees explained their consultation with community members as follows:

I called my aunt: "Auntie, what do you call this and that and that and that." Because at least she's been to school, so she knows these things. Yes, she knows the stuff. [English-isiXhosa]

We consult because sometimes, like this traditional health, you'll get information from the old ladies in the communities you won't even get from the language experts. They don't know – you have to go to the community and get information, especially the old ladies – they will give you information about it. Ja, we do consult, we do. [English-Xitsonga]

In participatory and hybrid participatory approaches to communication (refer to paras. 2.6.1.2, 2.7.1 and 2.7.1.2), the input of communities is valued and used for designing and developing health material for distribution to the public (Krige, 2011:236; Morris, 2005:136-139). Language practitioners who incorporate local vocabulary and understandings into health communication, improving its accessibility, may be acting as social and cultural mediators to some degree.

- The translation of texts dealing with cultural health practices, customs or rituals may however necessitate consultation with the so-called "African elite" rather than community members or traditional health practitioners, as was indicated by the interviewee translating into isiXhosa:

[Re a text about circumcision] ... those who are not [educated] they would say: "Yoho, we don't talk about that with women". And then they refer me to the elite¹⁷ one... they understand the challenges, the challenges that we are facing about that part¹⁸ [of the body]. And at least they

¹⁷ The African elite include academics and are regarded as resource-rich. These intellectuals, some with a broader view about cultural progression, are consulted by language practitioners who wish to solve translation problems without upsetting the community (Trudell, 2010:337-345).

¹⁸ In Xhosa, Zulu, Sotho and other African cultures, sexual organs are often referred to as "private parts" or "parts" to protect the individual and maintain cultural norms such as respect rules (Cain et al., 2011:477; Mojela, 2002:206; Ndlovu, 2009:153-154).

would be open about it... Ja, I don't know if I can call it a taboo to talk about male circumcision being a woman, yoho-yoho-yoho [high tone], it's just like that, yes. [English-isiXhosa]¹⁹

With respect to especially African languages, language practitioners also need to overcome challenges associated with so-called taboo topics, including language use exclusive to cultural and/or gender groups (refer to paras. 2.7.4, 2.8.4 and 2.8.5.3). Through consultation, the language practitioner may effectively translate biomedical and traditional health concepts, and deal with the cultural elements of a text (refer to Theoretical Statement 10 - par. 3.6.8). When language practitioners apply their communication and cultural skills to ensure full understanding of a health message (refer to paras. 2.8.5.2 and 2.8.5.3), they contribute to intercultural understanding and dialogue in South Africa (refer to Theoretical Point of Departure 3 – Table 6-1). Although language practitioners might not be trained in mediated communication, they are in a position to exploit their communication and cultural knowledge to benefit CDSC (refer to par. 2.8.5.2).

6.8.1 Views on consultation – summarised

Both the intermediary and mediator indicated consultation as part of the pragmatic process-based approach to translation (refer to Theoretical Statement 2 and par. 3.4.1 – Step 4). Consultation by the intermediary is, however, mostly motivated by his or her desire to produce an accurate rendering of a source text. Although the target text may eventually be more precise than the source text, it may still lack the necessary cultural adaptation to ensure its acceptance by the target reader. An unexpected result was the mediator's readiness to request re-submission of a source text in plain English to assist the language practitioner in translating the text. While the intermediary and mediator would consult with language and health experts to obtain information for translation purposes, including term use and term development, the mediator indicated a wider network of consultants that includes community members and the African elite. By challenging the intelligibility of a source text for the translator and reader, and by effectively "translating" the cultural elements of a text, the language practitioner is acting as interlingual and intercultural mediator striving to establish dialogue (refer to Theoretical Point of Departure 3 – Table 6-1). The consultation needs of language practitioners are intertwined with their research needs, which were identified as Main Category 5 from the data analysis (refer to par. 6.9).

¹⁹ Xhosa male initiation rituals are secret. Discussions about circumcision and initiation rites are deemed inappropriate for women, and language associated with these rituals aids in "hiding" this information from them (Cain *et al.*, 2011:480, 482).

6.9 Main Category 5: Research needs

Again the interview guide did not include a specific item about research by the intermediary or mediator, but responses to especially Items 4, 5 and 6 (refer to Annexure E) elicited 30 references to their research needs. Subcategories and themes indicating the research needs of the intermediary and mediator are displayed in Table 6-7.

Table 6-7: Main Category 5: Research needs

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Research included in translation approach	▪ To conduct extensive research ▪ To find and verify terms ▪ To apply transliteration	B1. Research included in translation approach	▪ To conduct extensive research ▪ Research required before adaptation
A2. Research challenges	▪ Distance from speech community ▪ Lack of time and resources	B2. Need for resources	▪ Dominance of English ▪ Inadequacy of existing resources
		B3. Need for terms	▪ The need for useful terms ▪ The need for term differentiation ▪ The need for public involvement in term development planning

In accordance with Theoretical Statement 2 (refer to paras. 3.4 and 3.4.1 – Step 4), both the intermediary and mediator would include research in their translation approach (refer to Table 6-7).

- Intermediary - research included in translation approach

According to the intermediary, term verification involves extensive research when either traditional health or biomedicine texts need to be translated into indigenous South African languages. Interviewees translating into Afrikaans, isiXhosa and isiNdebele, respectively, remarked as follows:

If you're translating about traditional medicine for a Western audience, you would use the botanical names of the plants involved. ...if you are going to deal with the people who use it, you better make sure that you know what they call it. [English-Afrikaans]

Wow! It²⁰ was quite difficult, it was quite difficult, and I consulted a lot, I googled a lot. I had to call quite a number of people and verify some of the terms that I translated. [English-isiXhosa]

Medical terms are very difficult. I won't lie to you, Hermien, but they are very difficult. ...my language is lacking such terminology. So, I think what I will do – I'll check the existing terminology... and see if I can get maybe the direct equivalents for... for those terms. [English-isiNdebele]

In the South African context, language practitioners translating health texts for distribution to a lay public need to familiarise themselves with subject matter relating to either a Western or a traditional health-care system and the terminology associated with each system (refer to par. 3.6.8). Thematic competence is enhanced by the research skills of the language practitioner. While thematic competence is highly recommended in the health domain, research competence, including ICT skills, is regarded as essential and part of translation professionalism (refer to paras. 2.8.5.4, 2.8.5.5 and 3.4.1).

When no equivalent term is found despite extensive research, the intermediary will consider word-formation strategies such as transference and transliteration to stay close to the source text. This was expressed as follows by the isiNdebele interviewee:

So, I think, sometimes, to transliterate can help, because if I try to explain them, maybe [sigh]... maybe what the author is trying to convey may be lost. [English-isiNdebele]

For the language practitioner translating into African languages, health and medical term verification is not a simple exercise (refer to Theoretical Statement 7 – par. 3.6.5). Because of lack or scarcity of subject dictionaries²¹, and the limited availability of other health and medical resources in African languages²², research for the purposes of word-formation has become part and parcel of the translation approach. It seems, however, that the intermediary is aware that the use of non-standardised terms in a text may affect accuracy, and he or she therefore prefers to borrow from West Germanic languages (through applying transference and transliteration) to ensure an equivalent target text (Ndhlovu, 2014:328; Ndlovu, 2013:162-163) (refer to paras. 3.3.2.2 and 3.6.5).

- Mediator - research included in translation approach

Similar to the intermediary, the mediator also indicated research competence as a professional competence.

²⁰ A text about Western and traditional medicine submitted by the DoH for translation into African languages.

²¹ In the past 23 years, since independence, two subject-specific medical dictionaries have been published in South Africa, i.e. the Multilingual *HIV/AIDS Terminology and Dictionary for the Health Sciences/Woordeboek van Afrikaanse Geneeskundeterme*, an updated version of the dictionary published in 1979.

²² African languages are absent in the medicine education environment (Madzimbamuto, 2012:132).

Of note are the following remarks by the isiZulu interviewee:

There is some terminology in the health sector, but not much, which has been there in isiZulu. And it wouldn't be professional of a translator not to go and tap into those terms, you know. So you have to make pretty sure before you actually go and adapt, coin, and do whatever, that such a term never existed before [tapping on desk]. [English-isiZulu]

...somehow we spent most of the time researching..., you know, because you come across this terminology, especially this technical terminology. It's so difficult. I'm not a medical practitioner; I don't know the terminology they are using. It means I must research thoroughly... And, interestingly enough, not to say that we have/got terminology, but sometimes there might be an isiZulu word for something, but to find that, but to find that, I do not know it. So, it means my research needs to be extensive in order to find those isiZulu words, you know. [English-isiZulu]

The Tshivenda interviewee also mentioned the need to conduct research to fully understand the health or medical concept before text adaptation is attempted:

Because what I do first is to research what is "myocardial what-what". Then I get a clear understanding; then I adapt it to my language. [English-Tshivenda]

Consistent with Theoretical Statement 2 (refer to paras. 3.4 and 3.4.1 – Step 5), translation research precedes the selection of a translation approach. The language practitioner, who is usually not a subject specialist, needs to fully grasp the health or medical concept before he or she can consider a term development or text adaptation approach (refer to par. 2.8.5.5 and 3.4.1). As the lay reader may not recognise a coined technical term, further research may be needed to find terms that are known to a community (refer to par. 2.8.5.4). This, again, is not without its challenges as explained by both the intermediary and mediator in this study.

- Intermediary - research challenges

The intermediary is aware of the community as data source, but indicates the distance between language practitioners and speech communities, and lack of time and resources as reasons for not conducting research with or within communities. One of the Sesotho interviewees shared the following:

You know, even those lumps that you get from breast cancer, they do have terms in Sesotho, but we, we say they're not there, and... they can say... how they call it by name; but unless I go there and get that information, I don't know, I will sit here, and... maybe create a term... when there is actually that term [tapping on desk] that is known in the community, in Sesotho. [English-Sesotho]

According to the Sesotho interviewee, language practitioners find themselves in "an enclosed kind of environment" isolated from the "speech community where all of these things happen".

These remarks by a language practitioner with translation and term development experience are significant, as they indicate the divide between the language practitioner in an urban

working environment and a rural target community. The geographical distance may become a "language distance" because the rural dialect may differ from the city dialect, which is also influenced by code-switching and urban slang (Mojela, 2002:201-202) (refer to par. 3.6.5).

Interviewees translating into Sesotho and isiNdebele, respectively, also ascribed their lack of research to the cost of conducting research and to service delivery due dates. The cost of conducting research for the purposes of translation, however, should be set off against the cost of having a translation checked precisely because the necessary research was not conducted in the first place (EU, 2012:5, 13, 23-24). If languages lack health and medical terminology and subject dictionaries, finding the appropriate information about a subject in a very short time may just not be feasible (see Górnitz, 2013:130-131) (refer to par. 2.8.5.4). When research for translation purposes becomes costly and time-consuming, the focus must shift to purposive term development and the production of subject dictionaries, which could serve as the language practitioner's first data source (Ndhlovu, 2014:328-329) (refer to Theoretical Statement 7 – par. 3.6.5).

- Mediator – need for resources

Again, the mediator's perspective about research challenges differed from that of the intermediary. In line with Theoretical Point of Departure 4 (refer to Table 6-1) and Theoretical Statement 7 (refer to par. 3.6.5), the mediator indicated the dominance of English and the inadequacy of existing resources as research challenges.

➤ The dominance of English is seen as a research challenge, as it results in a lack of resources in indigenous languages at tertiary institutions and on the Internet. One of the interviewees searching for health information in Tshivenda remarked as follows:

Even the researches that are done, or some of the articles that are written, let's say at the University of Venda, you won't find them in Tshivenda. You find them in English. [English-Tshivenda]

Language advocacy, also advocacy of research in indigenous languages, is needed if African languages are to function at a technical level and disperse technical information to lay readers (refer to paras. 2.6 and 2.6.1). The perpetuation of the dominance of English leaves little room for the development of African languages, which again affects research possibilities in African languages (refer to paras. 2.5 and 3.6.1).

➤ Interviewees had mixed responses about the value of the Internet when research had to be conducted in indigenous languages. When questioned about the availability of research material in indigenous languages on the Internet, responses varied from "nothing" (Sesotho) to

"nothing – most of the time" (Tshivenda) to "rare" (Xitsonga). The Internet is however regarded as a source of information in English.

While most translators regard the Internet as an indispensable research tool, the translator translating into African languages cannot rely on the Internet to find information in indigenous languages. Lack of research material in indigenous languages at tertiary institutions, and on the Internet, reflects the asymmetrical flow of information and the dominance of English as main source language (refer to Theoretical Points of Departure 3 and 4 - Table 6-1, and paras. 2.5 and 3.6.1).

➤ In addition to the unavailability of research material in indigenous languages, and corresponding with Theoretical Statement 7 (refer to par. 3.6.5), the mediator identified the inadequacy of existing subject-specific term lists and dictionaries in African languages as a research challenge:

Ja, for us, now, it still is a very big challenge. Because what we have now are these term lists [whispering: of which some are not very good]... and sometimes they mislead. We have dictionaries but they're not subject specific, and we have the Tshivenda Dictionary, which is bilingual. [English-Tshivenda]

...there are technical dictionaries that are even worse. There still is much to be done; there is still a lot to be done - I'm telling you, a lot to be done. I remember if you look at the HIV/AIDS dictionary²³... there is still a lot to be done. A lot has been left out. If you look at the medical sector, a lot has been left out. [English-isiZulu]

African languages lack subject-specific dictionaries, and most general dictionaries in African languages do not meet the research needs of the language practitioner translating health and medical texts (Ndhlovu, 2014:328). When existing (subject-specific) dictionaries are inadequate, the language practitioner translating into African languages has no choice but to apply text mediation to some degree (refer to par. 3.6.5). Because language practitioners value dictionaries in their practice, the unavailability of language resources, such as subject-specific dictionaries, should serve as motivation for the development of such tools.

- Mediator (and intermediary) - the need for terms

In addition to the resource challenges discussed above, mediators stressed the need for useful terms, linguistic term differentiation, and the involvement of the public in terminology development planning (refer to Table 6-7).

²³ Multilingual HIV/AIDS Terminology compiled by the DAC (<http://www.dac.gov.za/content/multilingual-hiv-and-aids-terminology-list>).

➤ Both the intermediary and mediator indicated the need for useful terms. They conveyed this need as follows:

...sometimes you find you have an equivalent, but this equivalent is not used in everyday talk that the readers can understand, so you will leave that equivalent and use that transferable translation [English-Xitsonga]

But I end up having this challenge... the term is there, but I can't use it because people will not understand what this is what they are reading. [English-Tshivenda]

Interviewees were especially concerned about the value of many dictionary entries which were simply unknown or based on a "deep" rural dialect not recognised by the urban reader. The provision of subject-specific terms (the availability of equivalents) therefore does not guarantee a translated text that is accessible to the community. Ndlovu (2013:162, 168) and Wildsmith-Cromarty (2012:164-166) mention the unfamiliarity of existing dictionary entries, emerging urban varieties of African languages, and the practice of using general or colloquial terms or switching to English when the subject becomes scientific or technical as factors that further slow terminology development in African languages (refer to par. 3.6.5).

➤ Concomitant with the need for useful terms is the need for linguistic term differentiation in the health domain. This was expressed as follows:

*Listen, they are talking about the diseases and they are showing how it affects different parts of the body. So, when it comes to that part, I won't know, because **this part [interviewee indicated the groin], all of this part, the euphemism is one** – but it has different parts that I have to say what it is. [English-Tshivenda]*

*...we were talking about prostate cancer, ja. Because it's that part of the organ, not the whole organ. So, there was some confusion about that... **It was a problem, because we don't have terminology. We don't have terms.** [English-isiXhosa]*

For us it's also confusing – the virus, the bacteria? We use one term and "Look, what is this now?" We don't know. [English-Tshivenda]

...because in my language [sigh] they [the terms 'stress' and 'depression'] are explained almost in the same way. So, maybe you have to go further by explaining so that the reader can understand what you mean by stress and what you mean by depression. [English-isiNdebele]

Because of lack of term differentiation in African languages (in relation to English) in especially the health domain, the language practitioner has no choice but to apply adaptive and culturally adaptive translation approaches (refer to par. 3.3.2.1). In Chapters 2 and 3, it has been indicated that African language terms should be richly contextualised and accompanied with illustrations to encourage their use. Specialised terms should also be recontextualised and reformulated to make the health concept accessible to a lay audience (Montalt-Resurrecció & Shuttleworth, 2012:15-16; Wildsmith-Cromarty, 2012:165) (refer to paras. 2.7.4, 3.3.2.1 and 3.3.2.2).

➤ Corresponding with Theoretical Point of Departure 3 (refer to Table 6-1), the mediator proposed that term development be determined by public need. The mediator emphasised the involvement of the public and public media in term development and term popularisation as part of meaningful terminology development planning. These comments by an experienced language practitioner and a language practitioner with terminology development experience are worth mentioning:

...in Public Service, we work according to policy. Ja. What is the need? How will Public Service communicate with the public? We do such term research. Ja. We don't look at the public and say – here are the needs. [English-Sesotho]

... if we take those terminology lists to radio stations, ... TV, ... the hospitals, ... the clinics, to the community centres and everywhere, then, even when I translate, I know that term has been popularised already. I... can just take it and fit it in; people will understand. [English-Tshivenda]

Non-involvement of communities in term creation may lead to health neologisms that are not accepted by target communities. Currently, language planning in South Africa, including terminology development planning, seems to be a largely top-down process, with community support being the missing link (Wildsmith-Cromarty, 2012:165; Yu & Dumisa, 2015:60) (refer to paras. 1.2 and 2.6.1.2). Terminology planning should ultimately be "a function of the needs of the population" (Edwards, 1985, in Yu & Dumisa, 2015:69). The mediator's proposal for public and public media involvement in terminology development planning fits in the context of participatory communication and could benefit the public, terminology development, translation and the application of CDSC (refer to par. 2.6.1.2).

6.9.1 Research needs - summarised

Both the intermediary and mediator regard research competence as a professional competence, and extensive research as part of the translation process. The intermediary relates extensive research to term verification, as his or her aim still is the accurate rendering of a source text. In the case of a lack of equivalents, the intermediary prefers word-formation strategies such as transliteration and transference. While the intermediary acknowledges the community as source of information, he or she indicates the urban-rural divide, and lack of time and resources as reasons for not involving the community in research. The mediator conducts extensive research before deciding on a word-formation strategy or an adaptive translation approach. As distinct from the intermediary, the mediator will involve the community in term research, and suggests involving the public and public media in terminology development planning and term popularisation. The mediator mentions the dominance of English and the inadequacy of existing resources in African languages as research challenges, and raises specific needs such as the need for useful terms and term differentiation. Corresponding with

Theoretical Statement 7 (refer to par. 3.6.5), language practitioners need to select translation approaches that compensate for lack of terms and dictionaries. Translation approaches accepted/rejected emerged as Main Category 6 from the data analysis (refer to par. 6.10).

6.10 Translation approaches accepted/rejected

Language practitioners' acceptance or rejection of translation approaches of adaptation is a "tell-all" of how they view themselves: as intermediaries or as mediators to some extent. While almost all items on the interview guide gave interviewees the opportunity to respond to the possible adaptation of health messages, most themes with respect to this main category were elicited by Items 7, 8 and 10 (refer to Annexure E and Table 6-8).

Table 6-8: Main Category 6: Translation approaches accepted/rejected

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Adaptive translation approaches rejected	▪ No adaptation ▪ No creation	B1. Adaptive translation approaches accepted	▪ Rephrasing ▪ Plain language use ▪ Addition (also explication and paraphrasing)
-	-	B2. Culturally adaptive translation approaches accepted	▪ Decentering ▪ Use of euphemism

- Intermediary - adaptive translation approaches rejected

Corresponding with Theoretical Point of Departure 6 (refer to Table 6-1) and Theoretical Statement 1 (par. 3.2.3), the intermediary rejects translation approaches of adaptation, even for cultural reasons, as they uphold equivalence as the golden rule. The following quotations illustrate this view:

Maar ek sal nie vir kulturele doeleindes 'n teks aanpas nie - op geen manier nie. (But I won't adapt a text for cultural purposes – no way.) [English-Afrikaans]

Nee, nie aanpassing nie. As hy [die vertaler] 'n A kry, moet hy 'n A weergee. En in die ander taal moet 'n A steeds 'n A wees. (No, no adaptation. If he [the translator] gets an A, he must produce an A. And in the other language an A must still be an A.) [English-Afrikaans]

While Bassnett (2011:12) attributes the word-for-word substitution approach to possible inexperience, the experienced intermediary in this study indicated that he or she may, as a rule, apply approaches of equivalence (refer to par. 3.2.1). Possible reasons are (in the case of English and Afrikaans) cognate languages and the applicability of approaches of equivalence;

and, in the case of unrelated languages, translation training based on approaches of equivalence (refer to par. 3.2.2).

In addition, the intermediary indicated that he or she would not adapt a text creatively to improve its accessibility to the reader. One of the Afrikaans interviewees said that he or she would not "try to interpret" or "create and then hope for the best", as "that would be a mistake". This was also the opinion of one of the Sesotho participants who said that Sesotho-speakers are everywhere and he or she would not like a person sitting in Matatiele to wonder what the language practitioner was trying to say. In line with Theoretical Statement 1 (refer to par. 3.2.3), the source text remains the authoritative document and the message is not adapted to the local context and culture of the recipient. While the intermediary would only consider creativity if it allows him or her to stay close to the source text, Mohan (2011:115-116) defines creativity in translation as a controlled but conscious reworking and transforming of context (refer to par. 3.3.2.1).

- Mediator - adaptive translation approaches accepted

Contrary to the intermediary, the mediator would apply adaptive translation approaches such as rephrasing, plain language use, and addition (also explication and paraphrasing) to ensure an accessible and acceptable target text (refer to Theoretical Points of Departure 3, 4 and 6 – Table 6-1).

➤ The mediator would rephrase a text to ensure a translation that is understood by the reader. The isiZulu interviewee explained rephrasing as follows:

So, ja, you don't actually follow the source to the core, you know; when the source is using an idiomatic expression, then you think, ah, I'm going to use an idiomatic expression, too. No, you don't do that, you know. But you just cut to the chase, in a way. Play around with the language in order to create an understanding... So, you don't actually get to stick to the source. Sometimes you read the whole paragraph before you say your sentence, especially longer sentences. You read it through, you read it through, and then you think about it: how do I really phrase this? You rephrase, you rephrase, you know, because if you're to put it like it is, the English version, ja, it is saying something else. So, in isiZulu you've got to rephrase the whole thing. [English-isiZulu]

When the mediator accepts the translation approach of rephrasing or rewriting, a totally new document is not the ultimate goal. The document is reshaped and effectively rewritten to ensure its suitability for and acceptance by the cultural group (refer to par. 3.3.2.1). In line with Theoretical Statement 5 (par. 3.6.2), a source text may be skilfully rewritten (often in plain language) to eliminate unclear, ambiguous or misleading text and to ensure reader comprehension.

➤ With the exception of one interviewee (thought to be an outlier), the approach of adaptation by plain language was supported by all interviewees. While the intermediary may use plain language as translation approach, especially if such an approach is included in a translation brief, the mediator expressed strong support for the use of plain language in both the source and target text. The following quotations indicate wide acceptance of this approach:

You know, it is not just for us to simplify the language, but make our job easy, use plain language in the English as well. [English-isiZulu]

A VERY strong supporter of plain language ...to the extent that what you are translating becomes understandable to the reader, not to the translator, but to the reader. [English-Sesotho]

If I have to take a dictionary to understand each and every word, then people won't read it. [English-isiNdebele]

I support plain language because readers must understand when they read it for the first time. They should not take the text and ask: "What did the translator want to say?" [English-Xitsonga]

The wide support for plain language use among interviewees is a positive development when concerns about the user-friendliness of written public health communication are considered (refer to par. 3.6.4). Corresponding with Theoretical Statements 6 and 9 (refer to paras. 3.6.4 and 3.6.7), the mediator considers the literacy and health literacy levels of their readers when they select intra-language translation or translation by plain language. Similar to the plea by the isiZulu interviewee above that plain language be used in source texts, is the emphasis by St. Amant (2013:5) and the EU (2012:19-21) on the production of translator-friendly source documents that could facilitate the translation of these texts into various target languages.

➤ In line with Theoretical Statements 6 and 7 (paras. 3.6.4 and 3.6.5), the mediator also indicated his or her acceptance of the translation approaches of addition, including explication and paraphrasing, to make medical jargon understandable to the reader (refer to par. 2.7.3). The next quotation explains use of this approach:

...if you come with a new term you'll still be causing a problem. It will be known by you alone [laughing]. So, describe it! The text may be longer but as long as the reader will understand it. And what will you describe? You describe the results - how does this illness show itself. How does it manifest. What do you see of this disease. [English-Sesotho]

In the Sesotho language, to provide an optimally accessible translation by retelling or rewriting, explication or explication (explanations and descriptions) may lead to a target text that is longer than the source text (Mohatlane, 2014(a):40; Mohatlane, 2014(b):125, 132) [also refer to the Sesotho quote above]. Paraphrasing (in the form of concept definitions) is one of the most frequently used term-formation strategies in the health and medical field that may lead to a target text that is longer than the source text (refer to paras. 2.8.5.4, 3.3.2.1 and 3.6.5).

- Mediator - culturally adaptive translation approaches accepted

Consistent with Theoretical Points of Departure 3, 4 and 6 (refer to Table 6-1), the mediator indicated his or her acceptance of culturally adaptive translation approaches such as decentering and the use of euphemism.

➤ Also consistent with Theoretical Statement 10 (par. 3.6.8), the mediator may alter the source and target text together to ensure texts that are culturally acceptable (refer to decentering - par. 3.3.2.2). The following text situations were shared by one of the Sesotho interviewees:

In English [the English source text] it is written that people are buried... in the backyard... But now, we should know one thing. In the villages, or in traditional situations, there are no yards. It's an open space, very open, BIG, né! And, now, when you talk about burying people in backyards, do mean that, in towns or urban areas, they bury the people behind houses? Now, you must say, in the villages they bury people behind houses. That's how I approach the translation. [English-Sesotho]

... in Sesotho, we have two words for burial. We have "bata" meaning hiding and then you have "boloka" meaning preserving... The "bata" one was a term used in the past. When a person had died, then the children should not know that the person had died. ... the relatives of the person who had died, [would] wake up early in the morning, very early in the morning to not bury, but hide, him or her. ... Then came Christianity and Christianity says we will wake up some time, and then we use the term "boloka", meaning preserving, so that they could wake up. So, I got to know, in my translation, which term to use. And now I'm using "bata", because the chiefs are going to read this CRL²⁴ document, and the educated ones are going to read it, so I only use the old term, so that it can cover both the educated and the old. [English-Sesotho]

As in the examples above, a language practitioner may recognise features of a source text that may pose a problem to a target reader and opt to adapt these to the cultural specificities of the target culture (refer to paras. 3.3.2.1 and 3.3.2.2). While decentering of the source text may be the result of a "partnership" between a client, source text author and translator, it may be applied by the language practitioner of own accord based on his or her mastery of the source and target languages and cultures, and the desire to eliminate cross-cultural interferences (refer to par. 3.4.1).

➤ When the health topic is regarded as culturally sensitive or a taboo, the mediator may apply translation by euphemism to consider the older or younger reader, the male or female, or the purist and traditionalist. A number of interviewees motivated the use of this approach:

Yes, instead, we are using those hlonipha words. They sound better. Even if you say it in front of kids, it doesn't make any impact. It's like umseme [reed mat] - it's a hlonipha word... when they say umseme it means... [sex] [English-isiNdebele]

²⁴ Document about the reuse of graves by the CRL Rights Commission.

Ja, I'm trying to say something, but I'm saying this in a nice way..., in Tshivenda we call it mavhuvhisi, like I'm trying to hide behind... [English-Tshivenda]

I'll rather use the euphemisms when... I know that... "Hah, I know that this text is gonna come back to haunt me." [English-Tshivenda]

So, that's the problem with our culture – we are so respectful, really. We don't want to call a spade a spade. It's about respect. [English-Tshivenda]

Motsei (2013:620) based a Sesotho language practitioner's critical awareness of the sociocultural significance of so-called vulgar or profane terms on four aspects: knowledge of the nuances of the medical/anatomical term; the medical accuracy of existing Sesotho equivalents; the social unacceptableness of some equivalents for the Sesotho reader; and the socially acceptable or respectable *hlonipha/tlhompho* alternatives. Taboo terms are barriers to meaningful communication, and therefore *hlonipha* coinages have been lexicalised. Because culture is expressed within a particular sociocultural context, Mohatlane (2014a:31, 33, 39) recommends that the cultural context of a source text and the culture and language conventions of the target reader should be analysed before a translation is attempted (refer to par. 3.4.1 – *Step 2: Pre-translation text analysis*). The language practitioner has three production options: a text that is source-culture bound (a foreignised text); a text that is target-culture bound (a domesticated text); or a hybrid (a text that is a compromise between the two) (refer to paras. 2.5, 2.6, 2.7.2 and 2.8.3, and Theoretical Points of Departure 3, 5 and 6 – Table 6-1). When the language practitioner takes sociocultural context, cultural interests and traditions, and the linguistic competencies of his or her readers into account, he or she is accepting the role of social and cultural mediator within development communication.

6.10.1 Translation approaches accepted/rejected - summarised

In their rejection of translation approaches of adaptation and creation, except to the extent that creation will ensure adherence to the source text, language practitioners confirm their fidelity to the source text author and source text, and the stance of the intermediary (compare with Theoretical Statement 1 - par. 3.2.3, and Theoretical Point of Departure 6 - Table 6-1). As opposed to the intermediary, the mediator would apply adaptive and culturally adaptive translation approaches such as translation by rephrasing, addition, decentering and euphemism, accepting to some degree a cultural mediator role (refer to Theoretical Points of Departure 4, 5, 6 and 7 – Table 6-1). The intermediary and mediator's support for plain language use may assist them in facilitating expert-lay communication, which was identified as Main Category 7 in the data analysis (refer to par. 6.11).

6.11 Main Category 7: Facilitation of expert-lay communication

Item 5 of the interview guide elicited responses from interviewees about whether or not they would adapt a health text to facilitate expert-lay communication. Their views (representing either an intermediary or a mediator stance) are compared in Table 6-9.

Table 6-9: Main Category 7: Facilitation of expert-lay communication

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. To assist the client	▪ By using plain language	-	-
A2. No adaptation warranted	▪ Using translation approaches of equivalence ▪ Keeping to technical level of source text	B2. To accommodate the reader	▪ By applying translation approaches of adaptation: simplification, paraphrasing, explication

- Intermediary - to assist the client

In line with Theoretical Statement 6 (par. 3.6.4), an intermediary may act as interlingual mediator by using plain language when translating. In this study, one of the Afrikaans interviewees related an incident where he or she assisted the client (a medical doctor) by adapting a medical text for the lay reader using plain language. Realising that the doctor was speaking "a hospital language", the language practitioner approached the client with the suggestion to adapt the text using "a simpler language". In this client-translator partnership, different versions of the text were submitted until both the client and translator were satisfied that expert-lay communication had been achieved.

Trained language practitioners may recognise pitfalls in health communication and assist medical experts in making the technical health message accessible to the reader. When the language practitioner assists the client by simplifying a health message, he or she acts in the interests of both the client and patient (Montalt-Resurrecció & Shuttleworth, 2012:21; Naudé, 2011:229; Nord, 1992:40). However, while text aspects such as medical jargon and complicated sentence structures are addressed, sociocultural factors such as patient submissiveness, lack of decision-making authority or views about illness and health that influence care-seeking and treatment, may still be ignored (refer to par. 2.7.3). While the health message is devoid of medical jargon, it may still lack cultural relevance. That said, the intermediary who translates using plain language, is improving the accessibility of a health text to the lay reader.

- Intermediary - no adaptation warranted

In the intermediary's estimation, adaptation of a medical or health text may, however, not be warranted. The following quotations explain this point of view:

I would assume that I am going to use the same style in Afrikaans because if he wrote it at that level in English he had a certain readership in mind, and I'm not going to admit under any pressure that the average verbal abilities of an English readership is better than an Afrikaans one. Why should they be? There's no reason why they should be. [English-Afrikaans]

It is only in the highly technical register where I would try to paraphrase and tone it down to the level which the reader will [finger clicking] understand. [English-Sesotho]

As indicated in the quotations above, a language practitioner may assume that the verbal abilities of the target reader are equal to those of the readers of the source text. However, a correlation between reading skills, education and health literacy is not a foregone conclusion. Literacy does not necessarily equal health literacy (refer to par. 3.6.7). A lay audience may also not be a homogenous group, which may necessitate some degree of adaptation of a technical text.

Another valid argument is that the text itself may not warrant any adaptation, as its purpose may be to convey technical information to the public. In such instances, the language practitioner needs to keep to the style and technical level of the source text. One of the Afrikaans interviewees reasoned as follows:

...if I had to translate a health text containing unfamiliar Western words I would simply have to introduce them; let's say chemicals. If they're medicinal products, if they're trade names, you couldn't call them anything else. You would cause a huge misunderstanding... [English-Afrikaans]

...if he writes myocardial infarction, in other words, if he starts to use Latin terminology, then there is no reason why I should assume that I can't do that in Afrikaans. [English-Afrikaans]

Expert-led health communication may not be understood by the lay reader, irrespective of the languages involved. Examples of expert-lay communication that could be reformulated, explained or illustrated to increase its intelligibility are the PIL (despite its strictly regulated content and format), legal agreements such as patient consent forms, and pre- and post-operative patient instructions (refer to par. 3.6.3). Health communication may only succeed if language practitioners apply a mediating approach to the translation of health communication (refer to paras. 2.7.4 and 2.8.5.3).

- Mediator - to accommodate the reader

Contrary to the intermediary, and consistent with the intermediary/mediator distinction theorised in Theoretical Points of Departure 3, 6 and 7 (refer to Table 6-1), the mediator is convinced of the necessity to accommodate the reader by facilitating expert-lay communication. As indicated in the following quotations, the mediator applies various approaches of adaptation to ensure reader comprehension:

...obviously the doctor is going to use the medical jargon which the community won't understand. So, I will have to simplify it... [English-isiNdebele]

*Ooh, the person doesn't even understand what you're talking about. There **may be even some educated people who still don't know what tonsillitis is**. But you could say to him umphimbo ... umphimbo, **but note again, umphimbo is very general**. It means that you have a sore throat... somewhere as I am translating then I'll put it in brackets and say 'tonsillitis', you know. So the person will be able to say: "Oh, but this umphimbo is not that umphimbo." [English-isiZulu]*

*I will naturalise in a way that is grammatical, like this one "ischaemic" - I just put it in Tshivenda – you can pronounce it in Tshivenda "isikimiki". But still, like I said, even if I can write it like I **naturalise it, if there's an explanation, it's better if I also put an explanation**. [English-Tshivenda]*

Even if it is an African, he doesn't know. So, you have also to write the term [traditional health term] and in brackets say that it means this and this and this and this; yes, you have to paraphrase or describe. [English-Sesotho]

Unlike the intermediary, the mediator seems aware of the supposition that literacy and health literacy do not necessarily correlate and, therefore, would simplify a text to ensure communication and understanding by the reader (refer to par. 3.6.4). In addition to simplification, the mediator also indicated transliteration plus an explanation, the use of a more general word plus transference, and paraphrasing and explanation as translation strategies that he or she would employ while adapting a health text for a lay reader (refer to par. 2.7.3). When language practitioners rephrase to ensure reader understanding, they demonstrate their willingness to fulfil a mediator role (refer to paras. 2.8.5.4, 2.8.3, 3.3.2.1 and 3.6.5).

6.11.1 Facilitation of expert-lay communication - summarised

As distinct from the intermediary who would assume that the verbal abilities of the target group are the same as those of the readers of the source text, and duplicate the technical level of a source text, the mediator may attempt to make a technical text accessible to a lay reader by using various approaches of adaptation. Again, contrary to the intermediary, and in line with Theoretical Points of Departure 3, 4 and 6 (refer to Table 6-1), the mediator is demonstrating intercultural understanding and a broader outlook on translation. While facilitation of expert-lay communication may indicate a mediator mindset, it could also be achieved by an intermediary

assisting a client to reach a lay reader. Text mediation is therefore still very much a grey area, with the extent of text mediation by language practitioners being dependent upon factors such as the type of document, the availability of known equivalents, and language practitioners' perceptions of the literacy and health literacy levels of their readers. For these reasons, it came as no surprise when both the intermediary and mediator indicated that they may have occasion for taking an opposite stance (refer to Main Category 8 - par. 6.12).

6.12 Main Category 8: Having occasion for taking an opposite stance

The reasons put forward by interviewees for taking an opposite stance are summarised as subcategories and themes in Table 6-10 (pages 210-211).

6.12.1 Main Category 8: Intermediary taking an opposite stance

In line with Theoretical Point of Departure 7 (refer to Table 6-1), intermediaries indicated that they would, for various reasons, adapt their approach to effect text mediation to some degree.

- Intermediary - conditional adaptation

The intermediaries indicated that their selection of an approach of adaptation or creation was contingent upon five factors: 1) the integrity of the source text; 2) the technicality of a text aimed at a lay reader; 3) the non-feasibility of a direct translation; 4) the superior knowledge of the language practitioner; and 5) the freedom given to him or her to adapt a text at his or her discretion (refer to Table 6-10).

Table 6-10: Main Category 8: Having occasion for taking an opposite stance

Intermediary		Mediator	
Subcategories	Themes	Subcategories	Themes
A1. Conditional adaptation	▪ If the source text will not be compromised ▪ If source text is too technical ▪ If a direct translation is not feasible ▪ If language practitioner has superior knowledge ▪ If language practitioner is given the freedom to adapt	B1. Limited text adaptation	▪ English accepted as <i>de facto</i> official language ▪ English accepted as <i>de jure</i> official language ▪ Background of language practitioner
A2. Accepting a culturally adaptive translation approach	▪ To deal with taboos ▪ To respect the reader	B2. Applying a translation approach of equivalence	▪ To stay as close as possible to the source text ▪ To say it as it is

Intermediary		Mediator	
A3. Considering a participatory approach	▪ To effect community participation		
A4. Considering an activist approach	▪ To advocate the inclusion of all official languages in health promotion		

➤ Firstly, the intermediary would make a translation accessible to a lay reader by applying an approach of adaptation or creation if it did not mean compromising the source text. The isiXhosa interviewee would "add" to or "delete" from the text but would not do it "by running away from the source text", as he or she did not wish to create (his or her) own source text". This was also the view of one of the Afrikaans participants who would simplify a source text on behalf of the reader:

But, that's not an amendment: I'm not amending anything. It is in the process of translating that I tone down the level of texts. I take it from a higher level of expression to a lower level of expression, but I don't modify the source text. In that case I become in a sense a mediator, yes. [English-Afrikaans]

While the intermediary would adapt a text or part of a text to some extent to make the text more accessible, the act of mediation is still subject to conveying the message of the source text as faithfully as possible. In line with Theoretical Point of Departure 6 (refer to Table 6-1), he or she is still occupying the position of intermediary. When the language practitioner deliberately uses plain language based on his or her perception of the target reader, he or she is applying "audience design" as part of a functionalist approach to translation (refer to par. 3.2.3).

➤ Secondly, if a text were regarded as too technical, the intermediary would take the liberty of adapting it by applying a translation approach of simplification, addition, summary or rewriting. The motivation for this is as follows:

*Ek voel in daardie geval moet jy, as vertaler, as soort van... as skrywer optree, want jy moet die begrip wat oorgedra wil word toeganklik maak vir die leser wat nie 'n tegniese ou is nie. In daardie geval sal ek verander - in daardie geval sal ek my eie kop volg. (I believe in such a case **you as translator must sort of ... act as writer**, because you **must make the concept to be conveyed accessible to the reader who is not a technical guy**. In such a case I will adapt – in such a case I will follow my own mind.) [English-Afrikaans]*

...depending on the technicality... if my explanation warrants me to give additional information in the form of an example sentence, then, yes, I would. [English-Sesotho]

Ek dink daar kan 'n punt van gemaak word om vir die leek wat 'n pakkie pille kry met daai ding in [inligtingsblaadjie], aan die einde 'n kort opsomming te gee van die basiese inhoud van wat in daai ding staan. (I believe the aim should be to summarise that thing [PIL] for the lay person who receives a box of pills – at the end to include a short summary of the basic content of that thing.) [English-Afrikaans]

We ended up not even reading the side effects, indications, contra-indications, composition, we don't; we don't. If you could just give... just few instructions to the reader – that will be super.
[English-isiXhosa]

With reference to the medicine package insert, intermediaries suggested the inclusion of a summary of basic content in plain language, or the "slimming down" of the document to include only the most basic instructions. However, the intermediary may also judge that a document should be "enriched" by providing the lay reader with context. In accordance with Theoretical Statement 6 (refer to par. 3.6.4), the language practitioner using plain language may be acting as intralingual mediator improving the accessibility and readability of the text.

- Thirdly, the intermediary would adapt a text if a direct translation proved to be unfeasible. The following quotations support this finding:

*Sal ek 'n nuwe rympie probeer skep? "Mnemonic", eselsbruggie. Ja, ek sal 'n eselsbruggie probeer skep wat die boodskap gaan oordra, want jy kan nie hierdie direk vertaal nie. (Will I try and create a new rhyme? Mnemonic, memory aid²⁵. **Yes, I'll try and create a memory aid that will convey the message, because you cannot translate this directly.**)* [English-Afrikaans]

...you have to make a suitable acronym, a catchy catch word, a slogan-type word, like ABC. That's what you would have to do. It has to have impact. That is what my approach would be.
[English-Afrikaans]

While translation of the HIV/AIDS mnemonic ("ABC") into African languages was described as "doable", challenges mentioned were the negative connotation of the term "abstain" (negation is avoided in term creation), the fatuity of translating the mnemonic, as it leads to meaningless abbreviations in the other languages, and the solution of cross-referencing the translation of the ABC slogan as the "ABC strategy".

Even between the cognate West-Germanic languages English and Afrikaans, a direct translation proved to be unfeasible. When confronted with the so-called untranslatability of the mnemonic, intermediaries suggested transcreation as translation approach (refer to par. 3.3.2.1 - translation as creativity, re-creation and transcreation). With respect to the ABC slogan and similar messages, equivalence and fidelity should not be the hallmarks of a good translation - these messages should be socially acceptable, respectful, and indicative of the language practitioner's ability to manipulate source texts in terms of the demands of the target language and culture (Cain *et al.*, 2011:476-478; Mbananga, 2003:43; Motsei, 2013:620-621) (refer to paras. 2.7.4, 2.8.2 and 3.3.2.3).

²⁵ This is a reference to the HIV/AIDS prevention slogan *It's as easy as ABC: Abstain; Be faithful; Condomise*. Interviewees indicated the appeal and applicability of the ABC mnemonic in English, and loss of meaning and appeal when it is translated into the other official South African languages.

➤ Fourthly, one of the Afrikaans interviewees said that he or she would, in the case of biotechnology, "really make changes to the text", as his or her knowledge about the subject was "really superior".

In this instance mediation by the intermediary is conditional upon subject-specific knowledge (refer to par. 2.8.5.5). While thematic competence is not a condition for mediating, it may assist the language practitioner in judging the accuracy of a text and in mediating its message.

➤ Lastly, if the intermediary were given the freedom to adapt a text, either by means of a translation brief or by other agreement with the client, he or she may adapt a text to the extent that the target text deviates from the source text. One of the Sesotho participants specifically indicated that he or she would adapt a text to "a South African context" if so permitted by the client. One of the Afrikaans interviewees had a similar view, indicating that the language practitioner would "come up with very interesting stuff", "a new text which will totally deviate from what the writer initially intended, but which will reach the target audience", if he or she had "the freedom to translate in that manner".

When adaptation is included in a translation brief, the translator acts as writer or co-writer producing different versions of a text until both the language practitioner and client have reached consensus about the product. As already indicated in par. 6.11, while such a partnership would most likely benefit the reader, the language practitioner remains a go-between who may or may not take context and culture into account (refer to par. 3.2.3).

- Intermediary - accepting a culturally adaptive translation approach

A key finding was that the intermediary would apply a culturally adaptive translation approach when faced with taboo terms or taboo topics. This was expressed as follows:

If you are dealing with a taboo, you have to think first of all: what can I afford to say and how should I say it, and only then does terminology come into play. [English-Afrikaans]

So, one has to take into account those in your culture who observe either the way of putting things [euphemisms] or taboo words... You have to, for you to reach that intended reader in a manner that he or she greatly appreciates. But, if you throw it out there, ja, maybe, yes, it has to be like that - a spade²⁶ - we have talked about these bodily parts, but to look at it [the direct equivalent], and read it, and feel "Wow, this person, really!", you know? [English-Sesotho]

Taboo subjects or taboo terms (so-called vulgar language) elicited strong responses from both the intermediary and mediator. Interview data about the unacceptability of using direct equivalents of words such as 'sex', 'vagina' and 'testis' in a non-medical environment was

²⁶ A reference to the expression: to call a spade a spade.

supported by observational data: interviewees avoided using these terms during the interviews (even in English), referring to "a certain part", "these bodily parts" or "this whole part" or using gestures to indicate body regions. Some interviewees physically shuddered at the thought of using essentially medical terms for male and female organs in a text intended for the public (refer to par. 4.8.8 and Annexure F). When facing cultural taboos, the intermediary will carefully pick his or her words after considering the reader's culture, the text type, and the possible effect of the message (refer to par. 2.7.4). By removing cultural barriers, the intermediary demonstrates respect for the reader, cultural competence, and a willingness to mediate to some degree (refer to paras. 2.7.4 and 2.8.5.3).

Thus, the intermediary's main reason for applying a culturally adaptive translation approach is to accord the reader the necessary respect. The intermediaries motivated their application of politeness strategies as follows:

...the intention, I don't think, is to transmit a message to the people who in the end would feel offended by whatever it is that you are saying. Because, then, it defeats the purpose. [English-Sesotho]

...it applies to all African languages... Hlonipha... Respect, ja, respect. [English-isiXhosa]

I got a special request from a client to say it has to be translated by a female Sesotho speaker because it is female bodily functions and she will best understand and be able to put it as compared to a male. So, ja, you become very sensitive as to how you put it and which words to use [tapping on desk]... to say: it is this, but in a nice way. [English-Sesotho]

A high-context community may prefer completeness above clarity and respect above accuracy (refer to par. 2.8.1). To be acceptable to the society and have the desired impact, health communication in South Africa must respect the country's complex cultures. In this study, both the intermediary and mediator indicated their awareness of linguistic and cultural aspects that may be perceived negatively by the reader, indicating the necessity of varied language use, including *hlonipha* language and code-switching²⁷ (Cain *et al.*, 2011:476; Motsei, 2013:620) (refer to par. 3.3.2.3 – mitigatory translation approaches, and par. 5.4.3).

- Intermediary - considering a participatory approach to translation

An interesting finding was the intermediary's belief that the input of the community in source text compilation and translation would result in a better health text.

²⁷ The use of non-mother language terms.

This was shared by two of the interviewees:

...jy gaan na die gemeenskap toe en jy gaan kry hulle insette. En dan gaan jy 'n ding kan skep wat ingang gaan vind, en wat hulle gaan sê: "En nou vir die eerste keer weet ek wat aangaan." Want ek is bevrees, baie van die tekste wat versprei word, is nie toeganklik vir die mense nie. (...you go to the community and you get their input. And then you can create something that will catch on, to which they will say: "And now for the first time I know what is going on." Because I'm afraid, many of the texts that are distributed are inaccessible to the people.) [English-Afrikaans]

...it would be better if first you [text compiler]... go out there to the community and get their views, and get their comments, because they know these things and they are there. [English-isiXhosa]

When the community participates in the design and development of health communication, the result is culture- and community-appropriate texts that are understood and accepted by the community (refer to par. 2.6.1.1). Non-achievement of the MDGs could probably be ascribed to the largely one-directional informational approach of public health communication, lack of community support, and ignorance of the link between indigenous languages and CDSC (refer to par. 2.7.1.1).

- Intermediary - considering an activist approach to translation

In line with Theoretical Statement 11 (refer to par. 3.6.9), the intermediary advocates the inclusion of all languages in health promotion and the cooperation of stakeholders in this regard. One of the Sesotho interviewees pleaded that health practitioners, educators and language practitioners should work together in producing health promotion material "in the terms and in the language" that the recipient will understand. One of the Afrikaans interviewees also had strong opinions in this regard:

*...if we are going to translate this [the ABC message] into Afrikaans, we have taken the first step on admitting that for every language you can have a different approach, which means that **National Health must better start communicating in other languages as well.** [English-Afrikaans]*

*...they think that **English is going to be the national language.** So they suffice with ABC. If you had asked the people who thought this up, and said: "Great idea for English; what are you going to do with Tshivenda?" There you are. Teach them English. **They won't get Aids if they know English.** [English-Afrikaans]*

Regarding life-saving health messages, such as the ABC message, the intermediary noted the need for applying different translation approaches that would fit and reach the different cultures making up the South African society, as opposed to the application of a single biomedicine approach, which ignores cultural dimensions and has proved not to have the desired effect (Cronin, 2003:60; Dimitriu, 2010:22; Valero-Garcés, 2006) (refer to par. 2.8.4). This finding is in line with literature indicating reliance on European languages and failure to ensure sufficient

resourceful use of indigenous languages, also in the health domain, to assist in reaching development goals (refer to par. 2.6).

6.12.2 Main Category 8: Mediator taking an opposite stance

Similar to the intermediary, the mediator would, for various reasons, take an opposite stance when translating public health communication (refer to Table 6-10).

- Mediator - limited text adaptation

The mediator's acceptance of English as *de facto* and *de jure* official language and the background of the language practitioner were mentioned as reasons for limiting an adaptation of a text.

➤ Referring to the dominance of English and culturally offensive language, the Tshivenda interviewee explained that they could "freely" use the English terms "penis" and "vagina", while use of the Tshivenda equivalents would cause a "fight". Although English dominates, he or she described the belief that "people understand better in English" as an untruth and a misperception.

When the mediator substitutes code-switching for euphemism, he or she may succeed in addressing a taboo topic without offending the reader (refer to par. 3.6.5). However, when statistics about low English proficiency among African readers in South Africa are considered (refer to par. 3.6.7), an approach of limited adaptation may contribute to non-achievement of health goals (refer to par. 2.6.1).

➤ In the case of South African legislation, the English text is the official text. Because the mediator accepts English as *de jure* official language, he or she would translate with great constraint. This was confirmed by the Tshivenda interviewee as follows:

*...these two texts [the English source text and the translation] must go hand in hand..., because if I get misled, I say: "Aah, the Tshivenda says this"; and you say: "No, the English, it says it like this." So, I would suggest that **these texts should go hand in hand, but on the translated version it must be mentioned that the text that stands is the English.** [English-Tshivenda]*

Legislative drafting and the translation of legislation are subject to rules, and the translator needs to give an accurate rendering of the English text (Hatim & Mason, 1999:189-190) (refer to par. 2.7.3). However, the plain language movement and consumer protection legislation challenge these sets of rules, demanding information intended for the public to be published in plain language that would be understood by an average person who lacks experience. While the plain language movement has had a noticeable effect on legislative drafting, strict health

prescripts still lead to medicine package inserts that are Greek to the consumer. Motsei (2013:621) pleaded manipulative translation approaches that would ensure the achievement of the sociocultural needs of the reader in the health and legal domains (refer to par. 3.3.2.3 – translation approaches of text-world manipulation).

➤ A mediator may however also select a limited adaptation approach simply because he or she has the background that allows an equivalent, less time-consuming approach. The following quote illustrates this finding:

Maybe my roots also: I grew up in that environment, so I don't have any problem looking for those [traditional] medicines. ... A person who grew up here [in the city?] in the cities, not having the background that I have because I grew up in the rural areas, will have much more difficulties when it comes to these things, and translations, and everything. [English-Tshivenda]

In South Africa, knowledge of either the traditional or Western healthcare system may assist the language practitioner in producing a target text that is closer to the source text (refer to paras. 2.7.3 and 2.8.5.5). Language practitioners' sociocultural background may influence the way they translate (refer to Figure 2-8 on page 36 and par. 2.8.3). As they represent language and cultural groups favouring specific health systems, they can assist in bridging the communication divide between biomedicine and traditional health, and between health experts, traditional health practitioners and the public when translating health messages (Groepe *et al.*, 2013:800) (refer to paras. 2.6.2 and 2.7.1.2). While the language practitioner with "insider" knowledge may produce a target text with ease and fluency using translation approaches of limited adaptation, he or she must still consider how such knowledge should be shared to ensure reader understanding and text acceptance.

- Mediator – to say it as it is

Another key finding is that the mediator would endeavour to stay as close as possible to the source text when translating, paradoxically even when applying translation approaches of adaptation.

➤ According to the isiZulu interviewee, the language practitioner should not "totally deviate from the source", otherwise he or she would be writing his or her "own document". The interviewee explained that the message of the source text should be retained by "keep(ing) to the concepts that have been used in the source". This view was supported by the Tshivenda interviewee, who indicated that he or she would pick the "better" strategy, that is, the one "closer to the source".

The mediator does not equate adaptation of the source text with deviation from the source text and does not wish to communicate a message that differs totally from that of the source text (Cluver, 1992:8; Ilynska *et al.*, 2016:87) (refer to par. 1.3). However, when language practitioners make concessions for the reader by applying different lexical choices, different sentence arrangements and a different text structure, and feed their knowledge and beliefs into the processing of the text, for example by using *hlonipha* language, the characteristics of the source text become less obtrusive (Hatim & Mason, 1999:147-148, 155-158, 162; Marais, 2008:41) (refer to par. 2.8.3).

➤ As euphemisms, generalities or long-winded explanations could obscure meaning, the mediator would, in some circumstances, apply direct translation. The Tshivenda interviewee related an instance where a veterinary surgeon encouraged him or her not to use *hlonipha* language, but to "say it as it is"; otherwise, he or she would be "misleading the nation". This sentiment was echoed by the isiZulu interviewee who said that "you cannot '*hlonipha*'" when the text is "very technical" or when the client wants "people to know exactly what they are talking about". In such a case, the language practitioner "must call a spade a spade" (refer to par. 6.5).

Not only the technicality of the text, but also the area of distribution, would determine whether *hlonipha* language is used. If the document is intended for distribution in a clinic or hospital, a direct translation would be acceptable. This was expressed as follows:

So, the context in which you use the language, the hlonipha language, is also very important. It is very important [desk tapping]. Is it relevant for me to use hlonipha language? In Umhlanga, I can use hlonipha... it is fine there. But once I am at a clinic and in hospital, I must be specific – that language [direct technical terms] should be used. [English-isiZulu]

South African language practitioners translating into and from indigenous African languages experience the tension of respecting culture, gender and age through the use of *hlonipha* language, and delivering accurate medical and health messages through direct translation. The status of the reader, the area of distribution of the text, and the context of the communication may swing the translator to selecting either an adaptive approach or an approach of equivalence. Finding a balance between exercising cultural restraint and translating directly is difficult for the language practitioner. To escape anxiety or criticism associated with translation complications, the language practitioner may opt for a mediating approach. As is theorised in Theoretical Point of Departure 7 (refer to Table 6-1), careful consideration of the context of communication and some courage are needed to negotiate cultural restrictions and select the most effective approach.

6.12.3 Having occasion for taking an opposite stance - summarised

In line with Theoretical Point of Departure 7 (refer to Table 6-1), South African language practitioners demonstrate flexibility and an adaptive capacity when they opt to act either as intermediary, or as mediator to some degree, in certain contexts or circumstances (refer to Table 6-10). The intermediary acts as interlingual mediator when he or she rewrites or simplifies a text, even though the motivation may still be to serve the client. When the intermediary suggests transcreation to translate so-called untranslatable text, feels free to adapt a technical text for the lay reader, suggests changes to PIL prescripts, varies language use to include *hlonipha* language, or advocates the use of indigenous languages in health campaigns, he or she acts to some degree as social or cultural mediator. Text mediation is applied conditional on confirmation by the client, a truthful transfer of the source text, the technicality of the text, the superior knowledge of the language practitioner or the degree of freedom allotted to them in a translation brief. The intermediary also assumes a mediator attitude when he or she pleads for cooperation between stakeholders and language practitioners, and for the involvement of the community in text creation.

Mediators, in turn, act as intermediaries when they apply translation approaches of equivalence. The mediator expressed the difficulty of finding a balance between respecting culture and translating directly when the area, context or circumstances demand a clear, direct transmission. The mediator also acknowledged the need for the development of indigenous languages in the health domain through direct translation.

Figure 6-1 on page 220 reflects the views of South African language practitioners about acting as intermediary or social and cultural mediator when translating health communication for target groups. As illustrated, both the intermediary and mediator would adapt to a translation situation by mediating to a lesser or greater degree, despite having divergent views about the application of translation approaches of equivalence and (culturally) adaptive translation approaches. The intermediary may not be rigid in his or her application of translation approaches of equivalence, while the mediator would in some circumstances translate directly, even if it may expose him or her to criticism of demonstrating disrespect.

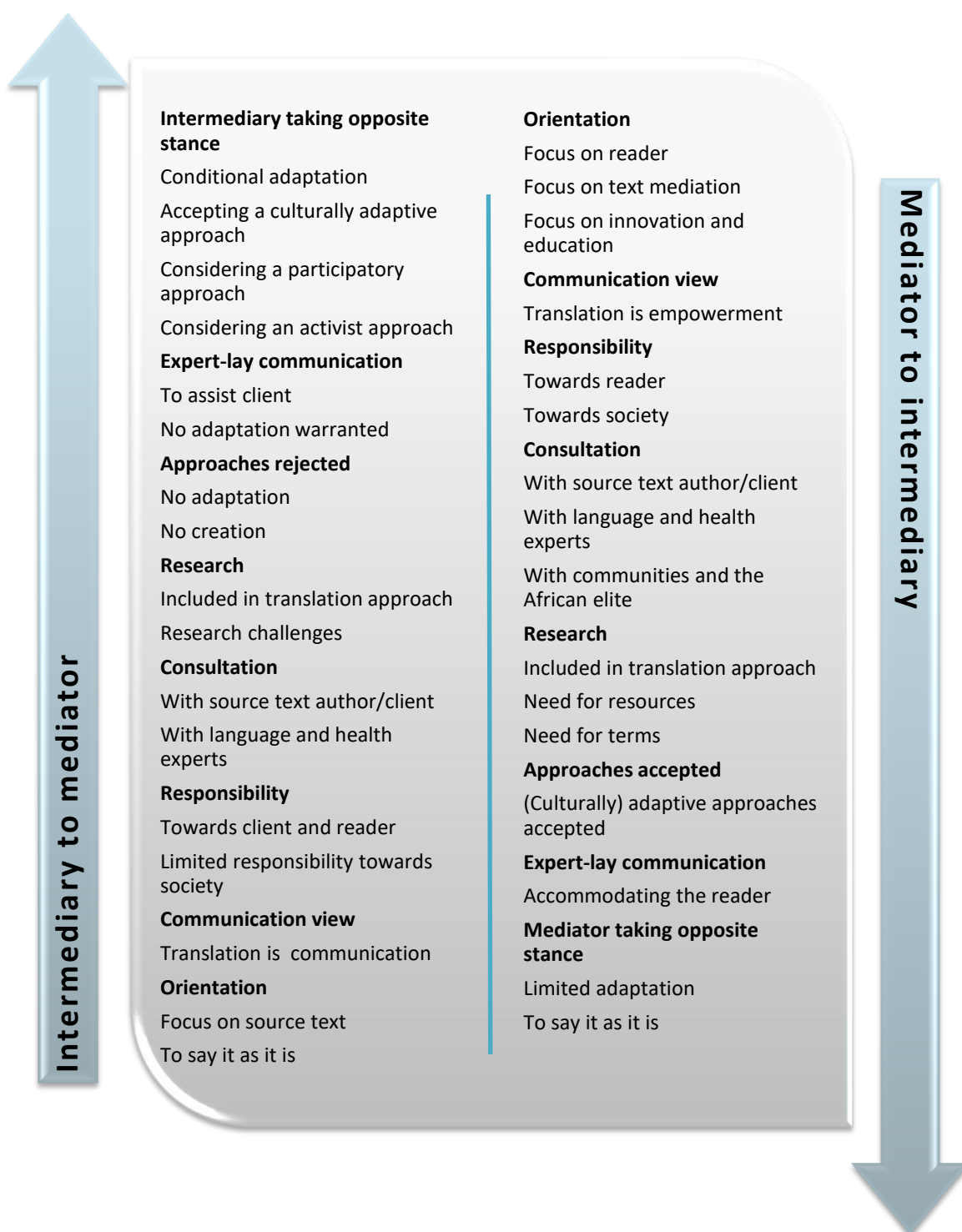


Figure 6-1: Main categories and subcategories illustrating an intermediary or mediator role to some extent

6.13 Conclusion

In this chapter, an answer was sought to Research Question 5: how do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent? Interviewees were judged competent to express their views about a possible social and cultural mediator role when translating health communication. Interview data was analysed and interpreted within the theoretical framework of the study to determine the intermediary or mediator stance of the interviewee.

Qualitative data confirmed the intermediary's adherence to the source text and source text author, and his or her use of translation approaches of equivalence. Although the intermediary shows real concern for the reader in the belief that an accurate translation could be life-saving, he or she would only admit to a limited responsibility towards society. His or her focus on reader comprehension and reader education, however, negates a hard-line stance of representing only the source text and source text author.

Motivated by the ideal of producing accurate, equivalent target texts, the intermediary mainly consults with the source text author or client to verify term use, indicating the urban-rural divide and lack of time and resources as reasons for not mining the community as data source. They concordantly express reliance on transliteration and transference to compensate for lack of term differentiation. As their aim is to duplicate the technical level of the source text in the target text, in the case of English and Afrikaans by relying on well-established corresponding medical discourses, expert-lay communication is not facilitated. By rejecting translation approaches of adaptation and creation, except to the extent that those approaches ensure adherence to the source text, the intermediary confirms his or her fidelity to the source text author and negation of a mediator role.

As for the interviewee as mediator, qualitative data indicate characteristics such as adherence to the target reader and target culture, and a willingness to adapt health messages for the sake of the reader. Difficult options associated with text mediation, such as whether to use *hlonipha* language, came to light. Equating translation with empowerment, the mediator describes their role in message production, information sharing and reader interaction. As opposed to the intermediary, the mediator accepts responsibility for society, believing that his or her translations benefit the community and have societal impact. As mediators, they encourage clients to facilitate translation by using plain English in source texts, and terminology development planners to involve the community and (potentially) the public media in term development and term popularisation. By applying adaptive and culturally adaptive translation approaches, the

mediator makes a technical text accessible to a lay reader, facilitating expert-lay communication.

Despite pronouncing themselves as intermediary or mediator to some extent, both the intermediary and the mediator would, under certain conditions or circumstances, take an opposite stance. As such, all interviewees, with the exception of possibly one outlier, demonstrated an adaptive capacity and flexibility in employing translation approaches which, in the context of this study, is seen as the norm for translation practice in a multicultural, multilingual country (refer to Theoretical Point of Departure 7 – par. 2.8.4).

In Chapter 7, meta-inferences based on data triangulation are presented to answer the study's central research question: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?* The chapter is concluded by recommendations for translation practice and further study.

CHAPTER 7 CONCLUSIONS AND RECOMMENDATIONS

"A first step could be to widen the limits of translation and consider mediation as a valid form of translation" (Valero-Garcés, 2006).

7.1 Introduction

The focus of this research was language practitioners' selection of translation approaches in a multilingual, multicultural, developing context. Its aim was to establish the scope of translation approaches selected by language practitioners translating health communication, the extent of adaptation of health texts and whether or not language practitioners view themselves as social and cultural mediators contributing to CDSC. To achieve the specific study objectives (refer to par. 7.2), an extensive literature review and empirical research were conducted. From a literature review, a response was formulated to Research Questions 1 and 2: the communication concepts and strategies associated with different translation approaches, and the scope of translation approaches available to South African language practitioners could be established. Communication theory linked translation approaches of equivalence to the DOI model and an intermediary role for the language practitioner; similarly, a link was found between (culturally) adaptive translation approaches, the sociocultural model of communication and a mediator role for the language practitioner in health communication (refer to Chapters 2 and 3). Based on the literature review, mixed-methods research was conducted (refer to Chapter 4). Empirical evidence provided responses to Research Questions 3, 4 and 5, which dealt with South African language practitioners' selection of translation approaches, the extent of their adaptation of health texts, and their views on an intermediary or a social and cultural mediator role for language practitioners in health communication (refer to Chapters 5 and 6).

Based on the responses to the study's specific research questions and data integration, final conclusions and meta-inferences could be drawn. These conclusions and meta-inferences constitute the final response, contained in this chapter, to the study's central research question: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?*

7.2 Study objectives

In this response, reference is made to the results yielded by the study objectives listed on page 5.

1. To determine the communication concepts and strategies associated with different translation approaches, by means of a literature study.

2. To determine translation approaches that lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa, also by means of a literature study.
3. To determine the approaches selected by South African language practitioners translating public health messages for use by South African communities, by means of a self-administered questionnaire.
4. To determine to what extent health messages are adapted or manipulated by South African language practitioners to improve their accessibility to the target group, also by means of the self-administered questionnaire.
5. To determine, by means of personal interviews, how South African language practitioners view themselves when translating health communication for target groups, i.e. as mere intermediaries or as social and cultural mediators to some extent.

As reflected in the central research question, the end goal was to determine whether South African language practitioners view themselves as intermediaries or as social and cultural mediators to some extent when translating public health communication, and whether or not the scope of their translation approaches and the extent of their adaptation of health messages confirm such self-evaluation. The responses to each study objective are summarised below.

7.3 Study Objective 1: communication concepts and strategies associated with different translation approaches

The literature review provided a response to Research Question 1: what communication concepts and strategies are associated with different translation approaches?

7.3.1 Literature review

Study Objective 1 was achieved by theorising translation as communication, by positioning it within the sociocultural communication tradition, by indicating its role in C4D and CDSC, by implying a communication role for language practitioners in a transmission or sociocultural development communication model, by describing the relationship between low-context or high-context cultures and text tailoring, and by determining the competencies needed by a language practitioner to fulfil a text mediation role (refer to Chapter 2). The literature study conducted on the abovementioned areas resulted in an applicable theoretical framework that demarcated and guided the research. It supported the study design and explained the empirical results.

7.3.1.1 Transmission model of communication (also sender- and media-centric models of communication)

The transmission and various sender- and media-centric models of communication prioritise the source text, the intentions of the sender or source text author and, in the context of health communication, health outcomes. Because of their narrow emphasis on the transfer of information, they fail to portray communication as discourse and interaction, dismiss target reader response, lack conceptual space for the participation of language practitioners, and disregard culture and context. While these models, if adapted, can explain an intermediary role for the language practitioner, they have very limited applicability for determining a social and cultural mediator role for the language practitioner in health communication (refer to par. 2.3.1). When translation is regarded as the rendering of words, the inclusion of a language practitioner as intermediary in a transmission model of communication (as a variant of the cybernetic tradition of communication) is practical (refer to Table 2-1 – Model 4).

7.3.1.2 Translation as sociocultural communication

If translation is seen as mediated communication and language practitioners are viewed as social and cultural mediators, their inclusion in the first-order sociocultural model of communication, included in Craig's Constitutive Metamodel of Communication, is feasible (refer to Table 2-1 – Model 6 and Theoretical Point of Departure 2 – par. 2.4.1). In accordance with the sociocultural model of communication, language practitioners mediate at the boundaries of languages, cultures and societies, broadening their own culture and increasing its discourse capabilities. Sociocultural communication is reflexive and allows interaction, and is the production of shared meaning, creativity and improvisation. It is also affected by culture.

Theoretical Point of Departure 2 proposed the (re)production of shared meaning as communication practice to overcome communication gaps and misunderstandings typical of a socially and culturally diverse society such as South Africa. While language practitioners (re)produce health messages for different cultural communities, they may be applying translation approaches that reflect creativity or improvisation. They may reveal personal agendas while acting within or outside specific social structures. Their relationship with specific social groups may also determine their selection of translation approaches, which again may include new ways of translating.

7.3.1.3 A role for language practitioners in intercultural communication

In this study, acting as intermediary is theoretically associated with the distribution of knowledge about biomedicine from the dominant culture to another culture, and the language practitioner's

perspective about his or her potential to contribute to CDSC. As distinct from the role of intermediary, the language practitioner acting as mediator is associated with enhanced intercultural communication: he or she promotes intercultural understanding, propagates indigenous knowledge and indigenous languages, and encourages reader participation and interaction (refer to Theoretical Point of Departure 3 – par. 2.5). By selecting translation approaches that amount to text mediation and moving away from dominant translation practices, the language practitioner becomes an intercultural agent who contributes to dialogue and intercultural communication (refer to Theoretical Point of Departure 4 – par. 2.5).

7.3.1.4 A role for language practitioners in development communication

As the end goal of this study was to determine language practitioners' self-evaluation of their intermediary or mediator role in health communication, translation was theorised as CDSC and translators as (potential) social and cultural mediators within development communication (refer to paras. 2.6 and 2.6.1). To ensure health communication that is understood and accepted by the target community, this study proposed the use of translation approaches that correspond with communication approaches within CDSC. Based on their selection of translation approaches, language practitioners may earn themselves a conceptual space in either the DOI model or PD model of development communication, or in a hybrid of these models (refer to paras. 2.6.1.1, 2.6.1.2 and 2.7.1.2).

When language practitioners are involved in social marketing in the health domain and knowingly or unknowingly promote pre-determined health outcomes such as reader persuasion or behaviour change, they may be acting as intermediaries between diverse language users. When the aim of communication is information exchange through participation and dialogue, and both the language practitioner and community are involved as stakeholders, goals such as social equity, social change and development, and reader empowerment can be reached. In such instances, the language practitioner mediates between diverse social and cultural groups. Because participatory approaches to health communication may be time-consuming and challenging, combinations of communication approaches and strategies are used in development communication. In these hybrid options of participatory health communication, the language practitioner acts as intermediary or mediator to some extent. This study acknowledged that DOI and PD approaches to development communication can be combined in a multilingual, multicultural context such as South Africa, but highlighted the need for PD interventions and the involvement of language practitioners as social agents in such interventions (refer to Theoretical Point of Departure 5 – par. 2.7.2).

7.3.1.5 Responsibilities of language practitioners

This study argued that South African language practitioners have the responsibility of reformulating information to make it accessible to a general lay public. As social and cultural mediators, language practitioners need to incorporate local context, norms, vocabularies and health beliefs into health communication. Language practitioners should evaluate the relevancy of the source text for target readers by considering their circumstances, cultural values and solutions to health problems, and then adapt the health text as needed. As representatives of local communities, language practitioners should obtain the competencies needed to overcome communication obstacles inherent in expert-lay communication.

7.3.1.6 Sociocultural norms and the subjectivity of language practitioners

This study accepted that language practitioners' selection of translation approaches is affected by their interpretation of source texts, their prejudices about the source and target text cultures, and their own world views. While sociocultural norms such as politics, ethics and ideology regulate what is being translated when and where, the translator exerts his or her subjectivity through translation approaches that may be tantamount to source text manipulation (refer to par. 2.6.2).

7.3.1.7 A social and cultural mediator role to some extent

A principal position of this study was that language practitioners mediate to some extent (refer to Theoretical Point of Departure 6 – par. 2.8.3). No or minimal mediation was equated with a higher degree of fidelity to the source text, and maximal mediation to deviation from the source text and acceptance of the role of social agent. Acting as intermediary implies being distant and uncritical, also 'invisible' and 'silent', when reproducing a source text as a service to a client. Acting as mediator to some extent implies becoming 'visible' and 'vocal' when translating by critically evaluating the source text and making the necessary adaptations to produce an accessible target text. In this process, the mediator takes culture into account. This study put forward that unmediated translation is no longer warrantable. Language practitioners in the public service and broader society should be fully aware of their responsibility to intervene in texts to ensure relevant source texts in plain English, and target texts that are accepted and understood by the target reader (refer to par. 2.8).

7.3.1.8 Flexibility and new ways of communicating/translating

This study adopted the position that language practitioners should exhibit a high degree of flexibility when translating health communication in order to establish dialogue and effect

communication (refer to Theoretical Point of Departure 7 – par. 2.8.4). Based on the multiplicity theory, which pronounces multiple ways to development, and the 'culturalistic' C4D model, which pleads consideration of culture in development communication, this study argued that multiplicity is applicable to translation. In the context of this study, multiplicity refers to the availability of multiple approaches to translation. This study also concluded that the communication problems associated with cultural diversity in South Africa present opportunities to language practitioners to create new ways of translating and communicating. To apply traditional, current and possibly innovative approaches to translation and fulfil a mediator role to some extent, the language practitioner needs a combination of skills that includes communicative, cultural, linguistic and professional competencies (refer to par. 2.8.5).

7.4 Study Objective 2: translation approaches that would lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa

A literature review was conducted to answer Research Question 2: which translation approaches lead to an intermediary or a social and cultural mediator role to some extent for language practitioners translating public health communication in South Africa?

7.4.1 Literature review

Study Objective 2 was achieved by using the informational and participatory models of communication set out in Chapter 2 as pointers for connecting translation approaches either to an intermediary or to a social and cultural mediator role for the language practitioner (refer to Chapter 3). Divergent translation approaches were simplified as dichotomies and associated with equally divergent communication processes. A continuum of translation approaches illustrating the expanding translation options available to the language practitioner, and the increasing visibility of the language practitioner in becoming a social and cultural mediator or an agent of change, was proposed as the scope of translation approaches available to South African language practitioners (refer to Figure 3-2). The proposed continuum of translation approaches served to orientate the research design and the empirical research discussed in Chapters 4, 5 and 6.

This study indicated the literal and free translation distinction as the origin of all translation approaches. While criticism of approaches of equivalence was indicated, the study acknowledged that translation is still seen primarily as the pursuit of equivalence in interlingual transfer. The study further deduced that a language practitioner acts as intermediary when he or she strives for similarity and correspondence between a source and target text, and a

translation that is good, accurate and faithful (refer to Theoretical Statement 1 – par. 3.2.3). Such a translation orientation by the language practitioner was then related to the transmission model of communication and the DOI development communication model. Similar to the transmission model of communication, translation approaches of equivalence pay little or no attention to the recipient of communication, their language conventions, culture, health beliefs and observations of the outside world.

Translation theory observing translation equivalence from a textual perspective probably paved the way for functionalist approaches to translation. To achieve communicative equivalence at textual level, the structure of a source text may have to be rearranged and outspokenness be disguised to produce a credible target text. In functionalist approaches to translation, the focus moves from the source text to the target text and the function the target text is to achieve in the target culture, i.e. the purpose or *skopos* of the translation as set out in the translation brief (refer to par. 3.2.3). As the language practitioner is expected to be loyal to all communication partners (the sender and the recipient), he or she can now design the target text according to the expectations of the reader (audience design). In this approach, the use of plain language and the removal of alienating text are accepted. The study, however, warned that functionalist approaches to translation can be abused when a communicator designs a target text with the aim of persuading the reader to behave in a particular fashion. Departing from the functionalist approach to translation, the partnership approach suggests empowering both the sender and the recipient of communication by honouring the intentions of the source text author and the expectations of the reader, who theoretically is co-producing the target text. While the language practitioner 'facilitates' communication, a social and cultural mediator role is not yet assigned to him or her.

Such a role, and the introduction of translation approaches of non-equivalence, followed paradigm shifts in translation, which introduced into theory the manipulation of the source text for specific purposes (the manipulation thesis), the abandoning of the concept of equivalence and a movement from translation as text to translation as culture (the cultural turn), the release of translation from a subordinate position to a position of linguistic exchange with no absolute hegemony (the power turn), a focus on language practitioners as social agents (the sociological turn), and multiple target texts as "regulated transformation" and "productive writing" (deconstruction). The source text, now deprived of its "privileged position" as the only original text, may even be enhanced by diverse target texts in a variety of languages (refer to par. 3.3.1).

Within the broad approach of non-equivalence, adaptive translation approaches are defined as approaches of rewriting and re-creation marked by intervention in a source text, transformation

of context and linguistic innovation. Culturally adaptive translation approaches, the second group of approaches within the broad approach of non-equivalence, involve adapting the cultural features of the source text to the cultural specificities of the target culture, removing biases, selecting suitable registers and wording, and substituting source text jargon to ensure understanding within the world view of the target reader. Translation approaches of hegemony or agency, the third group of approaches within the broad approach of non-equivalence, reflect the translator's power to change societies through their selection of translation topics and translation approaches. South African language practitioners may have an activist agenda and intervene in texts based on their ideological beliefs. They could act in solidarity with a social or political group and manipulate texts to undermine social structures or to contribute to their stability. When they use translation to expand, enrich or diversify their languages, they bolster the status of their languages and prevent their assimilation into the dominant language (refer to paras. 3.3.2.1 to 3.3.2.3).

A translation protocol, a pragmatic process-based approach to translation that includes a pre-translation text analysis, intralanguage translation, translation research and a considered translation approach, was proposed for the translation of public health communication (refer to Theoretical Statement 2 – par. 3.4). The language practitioner's choice of translation approach may then be guided by the principles of 'faithfulness to the source text author and source text' or 'loyalty to all communication partners' or 'loyalty to the reader and culture of the reader'. At the extremes, the language practitioner may either encourage homogeneity or act as social change agent achieving cross-cultural understanding. The 'midway' or functionalist approach may cast the language practitioner in the role of interlingual mediator, but the selection of an approach of adaptation or social agency results in the language practitioner becoming a social and cultural mediator to some extent or even a social change agent (refer to Theoretical Statement 3 – par. 3.5).

This study proposed that language practitioners' selection of translation approaches may be influenced by their command of English as major source language, the quality of the source text, the need for intralingual translation and plain language use, the relation between the source and target language, the need for inverse translation, the literacy and health literacy levels of the target community, South Africa's cultural diversity, and ideological and political considerations (refer to Theoretical Statements 4 to 11 – paras. 3.6.1 to 3.6.9).

This study found an association in the theory between a language practitioner as social and cultural mediator, a target reader and target culture orientation, the use of (culturally) adaptive translation approaches, the facilitation of expert-lay communication, and (participative) CDSC in the health domain. As antipole to the social and cultural mediator, the intermediary stays loyal to

the source text author and client, and uses traditional equivalence-based translation approaches supporting the outcomes desired by the client. As the intermediary functions within a DOI development communication model typical of the cybernetic communication tradition, intercultural communication is asymmetrical.

The study also proposed a third possibility: a language practitioner who acts as intermediary or social and cultural mediator to some extent, upholds loyalty to all stakeholders, and applies functionalist and adaptive translation approaches to effect health behaviour and/or social change. Positioned in a hybrid of the cybernetic and sociocultural communication traditions, this language practitioner supports both behaviour change outcomes and social change (refer to Table 3-4, par. 3.8). In this hybrid, the DOI and PD models are not polar opposites: the DOI model has evolved to include participation, while the PD model of necessity includes information transfer (refer to par. 2.7.1.2).

Theoretical inferences drawn from the literature review guided and demarcated empirical research conducted to achieve Study Objectives 3, 4 and 5.

7.5 Study Objective 3: approaches selected by South African language practitioners translating public health messages for the use of South African communities

Quantitative research was conducted to answer Research Question 3: which approaches are selected by South African language practitioners when translating public health messages for the use of South African communities?

7.5.1 Quantitative research included in a mixed-methods design

Mixed-methods research met the researcher's need to involve diverse participants in empirical research and explore their selection of translation approaches, the degree of their text mediation and their views on a social and cultural mediator stance. The mixed-methods research design selected for this study (refer to Chapter 4) was based on the supposition that language practitioners working in the field were the best data sources for achieving the study objectives. This study let language practitioners speak. To counter the subjectivity associated with extratextual sources (refer to par. 4.8.4), the statements of language practitioners were checked against literature discussed in Chapters 2 and 3, and the findings organised and explained within the context of the theoretical parameters proposed in this study.

The validity and reliability of the research instrument developed for this study was enhanced by expert review, pre-testing and scrutiny by a statistician. To limit threats to research reliability and validity, the application of ethical research principles and practices was declared explicitly (refer

to par. 4.12). By obtaining, analysing and interpreting quantitative (and some qualitative) data, Study Objectives 3 and 4 could be met.

Study Objective 3 was achieved by measuring and analysing the responses of 74 survey respondents to the broad approaches to translation referred to in paragraph 7.4.1, namely: approaches of equivalence; functionalist/pragmatic approaches and (culturally) adaptive translation approaches (also refer to Annexure D – Section B). With English as the main source language, target language representation was as follows: Afrikaans (39,4%), Sesotho (9,9%), Sepedi, Tshivenda and Xitsonga (8,5% each), Setswana, isiNdebele, isiXhosa and isiZulu (5,6% each), and Siswati (2,82%). Because of historical and other reasons, the higher representation of Afrikaans respondents is to be expected; isiZulu and isiXhosa representation is low when compared with the number of speakers of these languages (refer to par. 5.2.5).

7.5.1.1 Descriptive statistics

The initial inferences drawn from the descriptive statistics relating to Section B of the measuring instrument are as follows (refer to Chapter 5):

- *Approaches of equivalence:* most language practitioners would select an equivalence-based approach when translating health texts for target communities, and therefore occupy the position of intermediary (refer to Theoretical Statement 1 – par. 3.2.3). This inference was based on the following: the majority agreed that they were go-betweens or messengers (95%) who would follow the source text closely (85,1%) and relay the source text message "as is" (74,3%). The majority (63,5%) also agreed that they were objective when translating a health text, as they were responsible only to their profession and themselves as language practitioners.
- *Pragmatic/functionalist translation approaches:* most respondents would apply a functionalist or pragmatic translation approach, decentering excepted, when translating health texts for target communities (refer to Theoretical Statement 2 - par. 3.4). This was deduced from the following statistics: 73,3 per cent of respondents would focus strictly and only on the translation brief; the majority, by significant margins, would, for pragmatic reasons, select translation by plain language (90,5%) and inverse translation (91,7%); and a slight majority (50,7%) would rewrite *parts* of a health text deemed unclear or too formal. Only 35 per cent of respondents indicated that they would use decentering, which is also included in the partnership approach to translation (refer to par. 3.2.3).
- *(Culturally) adaptive translation approaches:* the response to this group of approaches was mixed: most language practitioners would select some (culturally) adaptive translation

approaches when translating health communication. This initial inference was based on the following: respondents generally agreed to having a target reader and culture orientation (68,9%), the need to explain traditional or Western health concepts to readers (57%) and the use of indigenous terms above loan words (57,6%). The majority of respondents also agreed to being highly flexible when selecting translation approaches (70,3%); that their selection of approaches would promote the health of a community (84,7%); and that their language and culture are enriched by the translation choices they make (86,3%). However, a majority (52,7%) indicated that they would not adapt a health text to fit the culture of the reader and do not view themselves as cultural mediators. The majority also disagreed with applying the approach of translation by summary or translation by rewriting (55,4%) when a health text poses "many challenges". The majority, by a significant margin (85,9%), indicated that they would not opt for translation by omission in order to deal with a health text deemed offensive to their target readers.

First inferences based on mean scores revealed the following discrepancies: while respondents regarded themselves as go-betweens (3,45), who would select approaches of equivalence and functionalist approaches (3,19 and 3,07, respectively), they also indicated a target reader and target culture orientation (2,91), seemingly rebutting the initial finding that they were responsible only to their profession and themselves (2,84). Respondents' support for adaptive approaches, such as the use of plain language (3,36), translation by explication (2,72), translation by paraphrasing (use of indigenous terms rather than loan words) (2,63), and translation by rewriting of *parts* of a text (2,50), also seemed to contradict the findings that they would follow the source text closely (3,19) and translate the source text message "as is" (3,11).

The aggregate mean score for each broad approach to translation (all leaning towards "agree") confirmed agreement among respondents about applying equivalent-based approaches (thereby acting as intermediaries), applying pragmatic or functionalist approaches (thereby acting as intermediaries or mediators to some extent), and applying (culturally) adaptive translation approaches (thereby acting as social and cultural mediators to some extent) (refer to Table 5-11). These first inferences necessitated further data analysis in the form of inferential statistics and qualitative research.

For the purposes of inferential statistics, the 10 target languages were redistributed into language groups. In this redistribution, the West Germanic group (Afrikaans) had the highest representation (39,4%), followed by the Sotho group (Sesotho, Sepedi, Setswana) with 17 respondents (24%), the Nguni group (isiZulu, isiXhosa, isiNdebele and Siswati) with 14 respondents (19,6%), and the Venda and Tsonga groups (Tshivenda and Xitsonga), with six

respondents each (8,5%). The Venda and Tsonga groups were excluded from further analysis, as their representation was deemed too small for conducting inferential statistics.

7.5.1.2 Inferential statistics

Inferential statistics threw more light on the results of Items 12, 13 and 14 of the measuring instrument, namely: respondents would explain Western and traditional concepts to their readers; do not view themselves as cultural mediators who would fit a health text to the culture of the reader; and would not leave out parts of a health text deemed offensive to their target readers.

After application of the nonparametric Kruskal-Wallis Test and adjustment by the Bonferroni correction for multiple tests, data revealed the following: the Nguni group was most likely to explain Western and traditional health concepts to their readers (outlier responses among the Sotho and West Germanic groups did not allow for conclusions in terms of these groups); the Nguni and Sotho groups were more likely to view themselves as cultural mediators who would fit a health text to the culture of a reader (respondents from the West Germanic group were more divided in terms of their responses to this item); and the Nguni group was more likely to leave out parts of a text deemed offensive to readers.

Subsequently, it was inferred that the selection of culturally adaptive translation approaches by respondents from the Nguni and Sotho groups could be an indication of their readiness to act as social and cultural mediators to some extent when translating health communication (refer to Theoretical Statement 10 - par. 3.6.8, and Theoretical Point of Departure 6 - par. 2.8.3). Coinciding with Theoretical Statement 4 (par. 3.6.1), the Nguni group's readiness to explain Western and traditional health concepts to their readers and omit parts of a text deemed offensive to readers, could indicate their disposition towards consideration of a high-context culture and showing respect to the reader.

7.6 Study Objective 4: extent of adaptation or manipulation of health messages by South African language practitioners to improve their accessibility to the target group

Quantitative research and thematic analysis were conducted to answer Research Question 4: to what extent are health messages adapted or manipulated by South African language practitioners to improve their accessibility to the target group?

7.6.1 Quantitative research and thematic analysis included in a mixed-methods design

Study Objective 4 was achieved by analysing and presenting quantitative as well as some qualitative data about the extent of adaptation of three health texts embedded in the measuring instrument (refer to Annexure D and Table 5-10 – par. 5.4.3). Respondents were not requested to translate these texts: they had to consider the extent of adaptation they would apply if they were to translate these texts into their home languages.

7.6.1.1 Quantitative analysis

With respect to the possible application of eight of the nine adaptation options given, mean scores ranging from 2,18 to 1,20 indicated "very little" adaptation of these texts. An encouraging result was language practitioners' support for the use of plain language as an adaptive approach: with respect to all three texts, the majority of respondents (76,4%, 64,8% and 64,8%, respectively) indicated that they would use plain language 'somewhat' or 'to a great extent'. A surprise result was the indication that Text 1 (which was written in plain language) would need further adaptation by plain language. A possible explanation could be found in a response to an open-ended question, which indicated that the use of the term 'semen' could be regarded as offensive and would therefore be translated using paraphrasing as a politeness strategy. Concerning Text 3, an excerpt from a medicine package insert, 55,8 per cent of respondents indicated that they would apply translation by explanation 'somewhat' or 'to a great extent'.

The literature review (refer to Chapter 3) indicated the use of plain language to improve the accessibility and readability of health and medical texts for the lay person, and the use of paraphrasing to compensate for lack of standardised terms (refer to Theoretical Statements 6 and 7 – paras. 3.6.4 and 3.6.5).

7.6.1.2 Thematic analysis

Mean scores indicating 'very little' adaptation of health texts were, however, countered by qualitative data obtained from open-ended questions (and from additional data tendered by language practitioners). A thematic analysis indicated that adaptation of these texts could be described on a continuum from 'no adaptation' to 'focussed adaptation' to 'maximal adaptation'. 'No adaptation' was related to an adherence to the source text and acceptance of an approach of equivalence; 'focussed adaptation' was contingent on a translation brief and adaptation instructions or the need to clarify text; and 'maximal adaptation' was supported by respondents who were reader oriented and sought solutions to specific translation challenges, such as taboo topics and offensive language. Respondents suggested politeness strategies, rewriting and re-creation to deal with offensive language and so-called untranslatable text. Most of the

categories, subcategories and themes identified from these data (refer to Table 5-10) also emerged from qualitative data obtained in response to Research Question 5 (refer to Chapter 6).

Despite complementary results about language practitioners' degree of adaptation of health messages and their selection of translation approaches yielded by the qualitative analysis of data obtained in response to open-ended questions, evidence about language practitioners' application of adaptive translation approaches such as translation by omission, addition, explanation, rewriting and creative rewriting was still contradictory and inconclusive. Despite quantitative results indicating a cultural mediator stance by respondents from especially the Nguni and Sotho language groups, it was not yet known how language practitioners view themselves (refer to Study Objective 5).

7.7 Study Objective 5: how South African language practitioners translating health communication for target groups view themselves, i.e. as mere intermediaries or as social and cultural mediators to some extent

Personal interviews were conducted to answer Research Question 5: how do South African language practitioners translating health communication for target groups view themselves: as mere intermediaries or as social and cultural mediators to some extent?

7.7.1 Personal interviews included in a mixed-methods design

Study Objective 5 was met by interpreting and presenting data about language practitioners' views about an intermediary or social and cultural mediator role when translating health communication (refer to Chapter 6). Qualitative data was obtained from semi-structured personal interviews conducted with nine survey respondents believed to be information-rich cases (refer to Phase 2 of data collection – par. 4.8).

Because of these interviewees' years of translation experience, the representation of 7 of 10 possible target languages and all language groups in this phase of research, and the thickness and richness of data obtained, the inference was that the response to Research Question 5 would be reliable. The assumption was that participants had similar experiences about an intermediary or mediator role when translating health communication, and by analysing and comparing their unique expressions, the shared experience could be identified.

Participants were invited at the start of each interview to explain their orientation as intermediary or as social and cultural mediator to some extent (refer to the Annexure E, Item 1). However, these self-proclaimed orientations were not merely accepted but rather questioned and re-

questioned during the course of each interview and, after transcription, checked against the full transcription and the observational data documented on an interview memory aid (refer to Annexure F). As checking confirmed these self-evaluations, data could be analysed comparatively to indicate either an intermediary or a mediator stance to some extent. Eight main categories of data were identified. Findings were evaluated within the parameters of the theoretical points of departure and against the theoretical statements formulated in Chapters 2 and 3, respectively.

7.7.1.1 Orientation of language practitioner

Agreeing with literature and survey results about respondents' adherence to the source text message (refer to Theoretical Statement 1 – par. 3.2.3, and par. 7.5.1.1), language practitioners viewing themselves as intermediaries proclaimed the source text to be the authoritative document: for this reason, they would convey "the message as it is" (Sesotho) to "the reader who must understand exactly what the text is about" (isiNdebele). As expressed by one of the interviewees, the language practitioner "need(s) to make that text (the source text) accessible" (Afrikaans). Participants' motivation for assuming the position of intermediary was twofold: firstly, their belief that translation theory only involves the "exact" representation of the "factual content" and style of the source text (Afrikaans); and secondly, their view that the technicality of the field (health and medicine) demands an approach of equivalence (Sesotho).

Consistent with Theoretical Statement 2 (par. 3.4), qualitative findings also indicated the intermediary's acceptance of a functionalist approach to translation. The finding that the intermediary prefers "a very clear brief, very clear instructions" (Afrikaans) that would allow him or her to deliver a service to the client, was in agreement with survey results about respondents focussing only on the translation brief and literature obtained in this regard (refer to paras. 7.4.1 and 7.5.1.1).

While the intermediary would aim to convey the source text message as is, the mediator's intention is to produce a target text that is "well understood" by the reader (isiZulu) (refer to Theoretical Point of Departure 6 – par. 2.8.3). A good grasp of the cultures of both the source text author and target reader becomes the prerequisite for translating successfully (Xitsonga). Contrary to the intermediary who sees him- or herself as "a mere translator who is taking the message as it is and delivering it to the client as it is" (Sesotho), the mediator will not merely translate "for the sake of translation" (Sesotho). In the belief that the world view of the source text could be "totally foreign" to what the reader is used to (Sesotho), the mediator "need(s) to adapt" the text for the reader (isiZulu, Tshivenda, Xitsonga). While mediators also prefer a

translation brief, their motivation is to be informed about the reader so that they know how to adapt the text to the needs of that specific target group (Sesotho).

Findings indicated that the mediator experiences the tailoring of health texts as trying, because it involves the application of various strategies and methods (isiZulu, Xitsonga). As theorised in Chapter 3, text mediation was seen as an opportunity for innovation – for "new ideas" and "new ways of writing" that would assist the mediator in translating (Sesotho). A mediator orientation was therefore associated with creativity and, as indicated by one of the Sesotho participants, the creation of a target text that is "almost original" (also refer to par. 7.4.1).

While the intermediary-mediator distinction is based on divergent orientations, such as a source-text orientation versus a target-reader/culture orientation, this distinction is not yet firmly established. It therefore was no surprise that one participant categorically indicated being both "a go-between and a mediator" (Tshivenda). Because the term 'mediator' implies occupying the position of 'intermediary' as well, the term 'social and cultural mediator' was defined, for the purposes of this study, as a language practitioner who focuses predominantly on the readers of the target text when translating health communication by taking their context and culture into account (refer to par. 1.8).

7.7.1.2 Communication views of language practitioner

Qualitative findings indicated that the intermediary and mediator held divergent views about communication. Corresponding with literature about the DOI development communication model, the intermediary views communication as the diffusion of information (refer to Theoretical Point of Departure 3 - par. 2.5, and par. 7.3.1.4). The language practitioner is simply tasked with transmitting a health message from the source to the recipient. While the message should be comprehensible to the reader, the reader's only function is to be "the vessel the coffee gets poured into" (Afrikaans). This view of communication, which also strongly resembles the transmission model of communication, indicates the intermediary's narrow emphasis on the transfer of information. While the source-message-recipient models enhance the status of health experts as sources of information about health, they fail to explain aspects such as information sharing, cultural influences and the participation of different stakeholders, including the language practitioner, in health communication.

Very different from the intermediary, the mediator views translation as information sharing that results in reader interaction, and empowers both the target reader and target language. As put by one of the Sesotho participants: "the medical or health text is not only for information, but to change the life of that person or the situation the person is in". The Tshivenda and isiZulu

participants argued that health documents in indigenous languages allow cultural groups that are English illiterate to respond to the text by relaying its contents, distributing its message and acting on it. When the language practitioner views communication as information sharing and empowerment, it earns him or her conceptual space in a PD communication model incorporating CDSC (refer to paras. 7.3.1.1 and 7.3.1.4).

7.7.1.3 Views on responsibility

Consistent with Theoretical Statement 11 (par. 3.6.9) and within the parameters of Theoretical Point of Departure 4 (par. 2.5), qualitative findings confirmed the different views of the intermediary and the mediator about translator responsibility. While findings indicated service delivery to the client as the intermediary's prime responsibility, they also indicated secondary responsibilities, such as the responsibility to educate the reader about health matters. The intermediary also indicated the diffusion of life-saving health messages as their moral responsibility. These views by intermediaries seem to mitigate the survey result that 63,5 per cent of respondents regarded themselves as responsible only to their profession and themselves as language practitioners.

While the intermediary rejects any social responsibility, the mediator interprets text mediation as his or her "social responsibility" (Sesotho). Corresponding with literature about the mediation debate and the 1813 Schleiermacher maxim (refer to par. 2.8.3), one of the Sesotho participants equated mediation with text adaption, while another believed that the translator "should bring the document closer to the reader". The mediator also accepts responsibility for the effects of the translation: they "translate to make an impact on the society" (isiZulu), and regard every text as an opportunity to describe and explain (Tshivenda). Referring to HIV/AIDS awareness campaigns, the isiZulu participant was convinced that their translations had contributed to the distribution of information about HIV/AIDS. Consistent with literature and survey results (refer to paras. 5.3.3 and 7.5.1.1), the mediator in this study accepts the responsibility of text mediation to facilitate expert-lay communication.

7.7.1.4 Views on consultation

To fulfil their responsibilities as outlined above, both the intermediary and the mediator expressed the need to consult with various stakeholders. Fitting in with the pragmatic process-based approach to translation (refer to par. 7.4.1), they would both consult with the client or source text author to clarify problem text or obtain information for translation purposes. An interesting finding, however, was the mediator's readiness to request the client to have the source text edited before resubmission for translation. This finding corresponds with survey

results about language practitioners' support for plain language use, and literature about the use of plain English in source texts and the application of *writing for translation* which facilitates the translation of a source text into various languages (refer to par. 3.6.4).

While both the intermediary and mediator would consult with language or health experts to verify term use, check a translation approach or obtain advice about word-formation (coinage) when a language lacks the necessary medical or health lexicon, the mediator indicated an extended network of contacts that includes "the old ladies in the communities" (Xitsonga) and the African elite (isiXhosa).

This finding correlates with the survey result that 57,6 per cent of respondents would use indigenous terms above loan words. Consultation with the so-called African elite, who is believed to be resource-rich and culturally progressive, proved to be especially useful when (female) translators needed information about cultural rituals such as male initiation rites and the language associated with these rites.

7.7.1.5 Research needs

Qualitative findings also indicated a relationship between the research needs of the language practitioner and his or her fulfilling a mediator role to some extent. Both the intermediary and the mediator indicated *extensive* research as part of the process-based approach to translation (refer to Theoretical Statement 2 – par. 3.4). On the one hand, extensive research was necessitated by South Africa's dualistic health-care system and the language practitioner's responsibility to familiarise him- or herself with the terminology of each system; on the other hand, African languages lack medical and health terminology, which necessitates health concept research in English and word-formation research in African languages. These research needs are compounded by limited availability of health and medical resources in African languages, including monolingual and subject dictionaries. The mediator therefore indicated the need for research before adapting a text for a lay reader.

While both the intermediary and the mediator acknowledged the community as a source of information with respect to colloquial (health) terms, the intermediary indicated lack of time and money, and the distance between him or her and the community as reasons for not approaching or involving the community in term research. As opposed to that, the mediator indicated the language practitioner's duty first to "go and tap" the community to obtain terms or eliminate the possibility of established terms before adapting text or attempting coinage (isiZulu). This finding complements survey results that the majority of respondents would use

indigenous terms above loan word, and believe that their languages and cultures are enriched by their translation choices (refer to par. 7.5.1.1).

With reference to their need for terms, the mediator emphasised the need for useful terms, term differentiation, and the involvement of health facilities and the public and public media in terminology development planning. While language practitioners value dictionaries in their practice, some dictionary entries based on so-called 'pure' language, often a deep rural dialect, were found unusable: "...the term is there, but I can't use it because people will not understand what this is what they are reading" (Tshivenda). Linguistic term differentiation is needed to assist the language practitioner translating into African languages to distinguish between terms such as 'bacterium' and 'virus' (Tshivenda), and health concepts such as 'stress' and 'depression' (isiNdebele). The mediator also related the lack of specialised terms in African languages and the unacceptability of direct equivalents to the practice of using *hlonipha* language or euphemism to deal with taboo topics. While the use of *hlonipha* language is seen as a text mediation approach, it may create confusion about the actual meaning of a message and deter the development of a language in a field such as health and medicine.

A noteworthy finding was the plea by one of the Sesotho interviewees that terminology development planning by the Public Service should be based on public need as opposed to the current policy of conducting term development based on the needs of the Public Service. To improve the applicability of existing but lesser known health and medical terms in African languages, the Tshivenda participant suggested the involvement of health facilities and the public media in term popularisation. These suggestions to reverse the top-down approach to language planning in South Africa should also be judged against the advantages of the participatory approach to communication and the need for the involvement of language practitioners in CDSC in the public health domain as outlined in Chapter 2.

7.7.1.6 Translation approaches accepted/rejected

Corresponding with Theoretical Point of Departure 6 (par. 2.8.3), the mediator's application of (culturally) adaptive translation approaches clearly distinguishes him or her from the intermediary who, at the extreme, denies using adaptive or creative translation approaches. One of the Afrikaans participants expressed this as follows: "No, no adaptation. If he [the translator] gets an A, he must produce an A. And in the other language an A must still be an A." In line with Theoretical Statement 1 (par. 3.2.3), the target reader is introduced to the world of the source text author, and the text not adjusted to local context or the culture of the recipient.

Very different from the intermediary, the mediator would apply (culturally) adaptive translation approaches such as rephrasing, plain language use, addition (also explication and paraphrasing), decentering and euphemism to ensure an accessible target text. As indicated in Chapter 3, the intention is not to produce a totally new document but to rewrite effectively to ensure the applicability of the text for a cultural group. Supporting the quantitative result indicating plain language support by 90,5 per cent of survey respondents (refer to par. 7.5.1.1), all participants but one supported plain language use in both source and target texts. This finding is positive when the literacy and health literacy levels of readers, as well as their inaccurate knowledge about health matters, are taken into account. The fact that paraphrasing and explication may lead to longer target texts is insignificant – the language practitioner needs resources of adaptation and explanation, because, as stated by the Xitsonga participant, "(at) the end of the day you must have a text. And the readers must understand".

'Decentering' of the source text ('dethroning' of the source text as the authoritative text) is implied in most approaches of adaptation, but was accepted by only 35 per cent of survey respondents when it means making changes to the English text to improve both the source and target text (refer to par. 7.5.1.1). Qualitative findings confirmed that the mediator may 'alter' the source text to ensure target texts that are culturally acceptable. When decentering is the result of a partnership approach between a client and a language practitioner (see paras. 3.4.1 and 6.11), it may result in target texts that take culture into account and facilitate expert-lay communication.

As indicated in par. 7.7.1.5 (research needs), language practitioners translating into African languages may use *hlonipha* language to deal with culturally sensitive or taboo topics. They would 'hlonipha' when they needed to say something "in a nice way" or if they did not know "where the text (would) land" (Tshivenda, isiNdebele, Sesotho). Seemingly wide acceptance of the use of *hlonipha* language may explain the survey result that 85,9 per cent of respondents would not opt for translation by omission when a health text is seen as offensive to readers – language practitioners do have an alternative in the form of translation by euphemism. This finding also seems to 'qualify' the survey result that the majority of respondents (52,7%) would not act as cultural mediators by adapting a text to fit the culture of the reader, and explains inferential statistics that indicated that the Nguni and Sotho groups were more likely to view themselves as cultural mediators (refer to par. 7.5.1.2).

7.7.1.7 Facilitation of expert-lay communication

Corresponding with Theoretical Statement 6 (par. 3.6.4), the intermediary may use plain language to assist a medical expert to communicate with patients (also see par. 7.7.1.6 above).

However, when the aim of communication is to relay technical information to the reader, the intermediary would keep to the technical level and style of the source text. As put by one of the Sesotho interviewees: "It is only in the highly technical register where I would try to paraphrase and tone it down to the level which the reader will understand." Unlike the intermediary, the mediator indicated an awareness that literacy does not imply health literacy, and therefore would select text mediation approaches such as simplification, paraphrasing and explication to accommodate the lay reader (refer to Theoretical Points of Departure 3, 6 and 7 – paras. 2.5, 2.8.3 and 2.8.4). This finding supports survey results about the readiness of respondents (especially members of the Nguni group) to explain traditional and Western health concepts to their readers (57%).

7.7.1.8 Having occasion for taking an opposite stance

Qualitative findings indicated that the intermediary would, in some instances, apply text mediation, while the mediator would apply translation approaches of equivalence or functionalist approaches when the communication situation demands a clear, direct transmission of the health message. These findings are also consistent with Theoretical Point of Departure 7 (par. 2.8.4), which theorises a high degree of flexibility as the norm for translation practice in a multicultural, multilingual country, and an uncompromising hardline stance of representing only the source text author or only the target reader as a reason for communication failure. Qualitative findings confirmed the survey result that 70,3 per cent of respondents were highly flexible when choosing how to translate a health text.

➤ Focussed or maximal text mediation by intermediary

Despite establishing connections between an intermediary stance, a source text orientation and the application of approaches of equivalence (refer to par. 7.7.1.1), qualitative findings confirmed that the intermediary would adapt a text to some degree. Text mediation by the intermediary is, however, contingent upon at least one of five conditions: 1) adaptation should not compromise the source text; 2) the technicality of the source text should warrant adaptation; 3) a direct translation must be unfeasible; 4) the language practitioner should have superior knowledge about the topic of the text; and 5) the language practitioner should have been given the freedom to adapt the text.

Examples of text mediation suggested by intermediaries are summarising or streamlining the content of a medicine package insert to present only the most basic instructions to the lay reader and applying 'transcreation' to deal with so-called untranslatable text, such as in the case of the mnemonic ABC included in the HIV/AIDS slogan *Know your ABC: A – Abstain, B – Be*

faithful, and *C – Condomise* (isiXhosa and Afrikaans) (refer to par. 6.12.1). These examples seem to temper the survey result that the majority of respondents (55,4%) disagreed with applying translation by summary or translation by rewriting when health texts pose "many challenges". Because transcreation implies maximal adaptation, it moderates the survey result that indicated 'very little' adaptation of the above HIV/AIDS slogan which was also included in the measuring instrument as Text 2 (refer to par. 7.6.1.1).

Similar to the mediator (refer to par. 7.7.1.6), the intermediary would also consider using *hlonipha* language to deal with offensive topics and to show the target reader some respect. A sensitive approach of this nature would then ensure usage of the correct terminology, appreciation by (instead of alienation of) the reader and meeting (instead of defeating) the purpose of translation. The intermediary would even create "a new text which will totally deviate from what the writer initially intended, but which will reach the target audience", if he or she was given the freedom to adapt a text (Afrikaans). However, in mediating text (even if it means adding or deleting text), the intermediary will try to stay as close as possible to the source text. He or she does not wish to create a new source text.

Findings that the intermediary would consider participatory (isiXhosa, Afrikaans) and even activist (Afrikaans) approaches to translation are significant. Intermediaries stated that the input of communities in source text compilation would result in more appropriate source and target texts, as "many of the texts that are distributed are inaccessible to the people" (Afrikaans). Findings about translation activism by the intermediary, which mainly involves advocating the use of indigenous languages in health communication, seem to complement the survey result that associated language practitioners' translation choices with enrichment of their languages and cultures (86,3%).

➤ No or minimal text mediation by mediator

Findings indicated three reasons why the mediator would apply minimal text adaptation, namely: 1) acceptance of English as *de facto* official language; 2) acceptance of English as *de jure* official language; and 3) the background of the language practitioner. Although the Tshivenda participant regarded the widely-held belief that English is well understood by the public as an untruth and misperception, he or she agreed that code-switching is used when the direct indigenous language equivalent is deemed offensive. English dominance in the legal domain is accepted and, for this reason, the English source text is regarded as the authoritative document. Any translation of primary or secondary health legislation would then be performed by adhering to the source text.

Corresponding with literature about the influence of sociocultural norms on the objectivity of the language practitioner and his or her degree of text manipulation (refer to par. 7.3.1.6), the Tshivenda participant acknowledged that his or her rural background and knowledge of traditional medicine enable him or her to apply an approach of equivalence when he or she needs to translate texts about traditional medicine. This finding also agrees with literature indicating that thematic competence reduces the need for data-mining and speeds up the translation process (refer to paras. 2.8.5.5 and 7.7.1.5).

Qualifying the survey result about language practitioners' adherence to the source text (85,1%), the mediator explained the importance of "keep(ing) to the *concepts* that have been used in the source" and of selecting the "better" strategy, that is, the one "closer to the source" (isiZulu, Tshivenda). When a direct translation approach or the application of approaches of equivalence is unfeasible, the language practitioner would, paradoxically even when applying translation approaches of adaptation, endeavour to stay as close as possible to the source text.

Consistent with literature about translation approaches of equivalence and the survey result that 74,3 per cent of respondents would relay the source text message "as is", the mediator indicated that he or she would adhere to the source text in the following instances: 1) to retain the exact message of the source text; 2) to prevent blurring of meaning; and 3), when necessary, "to call a spade a spade" (isiZulu). In the end, the language practitioner must decide on the degree of text mediation needed to ensure a target text that is accessible and acceptable to the reader because, as put by the isiZulu participant, "our main client, our main client, is the public out there".

7.8 Final conclusions and meta-inferences

The conclusions and meta-inferences presented below are the final response to the study's central research question: *what is the scope of translation approaches used by South African language practitioners when translating public health communication for specific cultural and linguistic target groups?* This response comprises the following: different presentations of the scope of translation approaches; different perspectives on selected translation approaches; and translation approaches within sociocultural communication.

7.8.1 Different presentations of the scope of translation approaches

The different presentations represent different angles or different points of view that offer a more holistic image of the scope of translation approaches selected by South African language practitioners.

These viewpoints are as follows:

- *Scope of translation approaches:* South African language practitioners apply approaches of equivalence, functionalist approaches and (culturally) adaptive translation approaches when translating health communication for target groups (refer to the literature review and empirical data). Initial inferences indicating the predominant application of approaches of equivalence and functionalist translation approaches were qualified or tempered by qualitative data indicating language practitioners' selection of approaches of equivalence and non-equivalence (refer to paras. 7.5.1.1 and 7.7). No real evidence was found of the selection of translation approaches that represent radical activism or radical change.
- *Expanded scope of translation approaches:* their selection of translation approaches could be represented on a continuum that allows movement from equivalence-based approaches to functionalist to (culturally) adaptive approaches to approaches of agency (refer to Figure 3-2). Such a continuum allows expansion to provide for new approaches to translation. The inference is that South African language practitioners not only make use of the full spectrum of translation approaches available to them but also apply some of these approaches innovatively and creatively, improvising while translating (refer to par. 7.8.2).
- *Scope of translation approaches as a degree continuum:* supported by literature and empirical data, language practitioners' selection of translation approaches may be presented on a degree continuum that has, at one end, no mediation and, at the other end, maximal mediation. Degrees of mediation, such as no, minimal, focussed and maximal mediation, assisted in indicating the degree of text mediation by South African language practitioners (refer to paras. 5.4.3 and 6.12), their selection of approaches, and whether they viewed themselves as social and cultural mediators (refer to Theoretical Point of Departure 6 – par. 2.8.3). Despite evidence of outliers applying no mediation, this study concluded that language practitioners are indeed mediating to some degree.
- *Scope of translation approaches involving low-context and high-context communication:* this study concluded that language practitioners' scope of translation approaches makes provision for the different communication orientations of cultural groups. While African languages are generally regarded as languages of high-context cultures, West Germanic languages are indicated as leaning towards low-context communication. Findings indicated a higher degree of text mediation by language practitioners translating into African languages (refer to Theoretical Statement 4 - par. 3.6.1).

7.8.2 Different perspectives on selected translation approaches

- While approaches such as translation by explicitation and translation by euphemism (refer to paras. 2.7.4, 2.8.5.4, 7.7.1.5 and 7.7.1.6) are known and presented in literature as translation strategies, the scope of their application, and the variety and combination of these and other strategies can be seen as creative and innovative. When "new ideas" (theory) and "new ways of writing" (practice) are combined, practice meets theory to the benefit of both (refer to par. 7.7.1.1).
- From literature and empirical data presented, it seems reasonable to deduce that South African language practitioners' selection of (culturally) adaptive translation approaches not only stems from requirements to meet the (cultural) expectations of target communities but also results from the lack of resources to meet such expectations. Lack of health and medical terminology, and research possibilities in indigenous languages (with the exception of Afrikaans) seems to culminate in a selection of adaptive translation approaches, which is atypical of translation from and into standardised languages.
- That said, it would be a misperception to associate the selection of approaches of equivalence only with developed, standardised languages, translation from and into cognate languages, and/or translation training based on equivalence, although some or all of these arguments could be valid. From this study, it may be deduced that an orientation as intermediary and the selection of translation approaches of equivalence may also be associated with an individual's norms, background and knowledge, including a moral responsibility to translate the source text "as is".
- Language practitioners' selection of (culturally) adaptive translation approaches seems to allow facilitation of expert-lay communication to some extent. Language standardisation and further terminology development in the health domain are, however, needed to lighten the research burden of language practitioners in this respect and to make their work easier.
- This study produced sufficient evidence of a relationship between language practitioners' views on social responsibility and their selection of translation approaches that culminate in a social and cultural mediator role (refer to Theoretical Statement 11 - par. 3.6.9). In the context of health communication, language practitioners from the Nguni and Sotho groups are more likely to view themselves as social and cultural mediators, while language practitioners from the West Germanic group are divided in this respect.

7.8.3 Translation approaches within sociocultural communication

- Despite a lack of evidence indicating a full commitment to social agency, this study produced sufficient evidence to suggest that South African language practitioners are contributing to CDSC. As their selection of translation approaches includes approaches of equivalence, and functionalist and (culturally) adaptive translation approaches, their participation either in the DOI or PD models of communication or a hybrid of these models could be considered (refer to Table 3-4). Because of evidence of outliers assuming only the position of intermediary, the inference is that some translation practitioners would only participate in CDSC if it means fulfilling the outcomes desired by the client. This study, however, produced sufficient evidence of language practitioners selecting functionalist and (culturally) adaptive translation approaches, which allow text mediation to some degree. As such, their positioning within a hybrid of the cybernetic and sociocultural communications traditions can be motivated (refer to Table 3-4). As they indicated their loyalty to both the client and the target reader, and their willingness to adapt a health text to the culture of the reader, the inference is that they contribute both to health outcomes determined by the client, and to social change and development in the health domain.
- Despite data that indicates the involvement of communities in text compilation, translation and term research, and proposals for involving the public and public media in terminology development planning, this study produced insufficient evidence of language practitioners' involvement as social change agents in participatory communication (refer to Table 3-4). Much-needed social change and development in the health domain requires the involvement of language practitioners as social agents who are fully committed to providing health communication that is accessible and acceptable to a lay reader (refer to Figure 3-6).

7.9 Significance of the study

Various audiences are likely to profit from this study:

- *Translation practice: translators employed in the Public Service, freelancers and translation agencies*

Through their participation in this study, language practitioners could be made aware of their potential role in CDSC when translating health communication. They could be made aware of translation approaches that do not lead to effective, accessible health communication, and be encouraged to widen their scope of applied translation approaches. Translation agencies and services may benefit from this study by encouraging members to employ effective translation approaches, including plain language, without compromising quality of service.

- *Translation training: translation training institutions and translators' organisations such as SATI and the to-be-established SALPC*

This study supports training that takes the sociocultural landscape into account. It also suggests codes of conduct that reflect shifts in translation such as a social agency role for the language practitioner, the greater visibility of language practitioners, and the acceptance of translation approaches such as inverse translation, plain language use and (culturally) adaptive translation approaches.

- *Language policy: national, provincial and local departments of health*

This study could make policy makers and management aware of the importance of the role of language practitioners in health communication and C4D. Language practitioners' continued involvement in development communication may depend on purposive language development and language policies that include all indigenous languages in health communication.

- *Theory: communication sciences, translation studies, linguistics and cultural studies*

Positioned within the sociocultural communication tradition, this research has points of contact with disciplines researching development communication, cultural mediation, indigenous languages and the dualistic health system in South Africa. This study may contribute to knowledge integration across disciplines.

7.10 Study delineation and limitations

There may have been both losses and gains by limiting this study to public health communication. A study of the translation approaches applicable to a variety of developmental issues such as land affairs, agriculture, labour, social grants, human settlements and education may provide a more comprehensive image of the role of language practitioners as intermediaries or social and cultural mediators in development communication.

An interesting aspect considered for this research but omitted from the start was possible variation in translation approaches employed by language practitioners using specific language combinations. New perspectives may be gained by limiting similar research to a specific language group or specific language combinations. Such demarcations could provide a more comprehensive image of the approaches used by, for example, isiZulu and isiXhosa language practitioners, who were poorly represented in this research, but who represent languages with the highest distributions in South Africa.

Involving all language practitioners translating health communication in this research proved to be challenging. South Africa still lacks a single database or accreditation register containing information about language practitioners, and smaller databases proved useless as the information was dated. As everybody in the target population could not be invited for participation in this study, study findings may be generalised only to the accessible population.

While the measuring instrument developed for this research was reviewed, pre-tested and scrutinised, it could be improved by ensuring that each item measures one aspect only and mixing items to ensure a more considered response. As an alternative to personal interviews, focus groups could be considered. Although the personal interviews conducted for this study produced thick and rich data, focus groups have different dynamics and may produce complementary data.

7.11 Opportunities for further research

The study limitations present the following opportunities for further research:

- The research instrument could be adapted to determine if an improved instrument would deliver different results.
- A similar instrument could be designed for application to a different domain such as labour or social security to determine whether the selection of approaches by South African language practitioners leads to communication that is accessible and acceptable to cultural groups.

- With respect to health communication, possible variation in translation approaches applied by language practitioners using specific language combinations could be investigated.

Inconclusive study findings present the following research opportunities:

- As the concept of 'translation as mediation' is not yet firmly established, further interdisciplinary research could be conducted to determine its application to the work of translators.
- This study found insufficient evidence of language practitioners as social change agents. Research about the involvement of language practitioners in development communication projects in South Africa may produce more evidence of language practitioners as social agents in participatory communication.

7.12 Final conclusion

This research was based on the need for translation as mediation in the South African context. Its aim was to establish the scope of translation approaches used by South African language practitioners translating health communication for specific linguistic and cultural groups. Its end goal was to determine whether language practitioners view themselves as social and cultural mediators willing to intervene in a text for the sake of the reader. To demarcate research, this study proposed a role for language practitioners as social and cultural mediators in CDSC or a role as social agents in PD communication.

As first objective, a literature review was conducted to link translation as health communication practice either with the informational or participatory models of development communication, or with a hybrid of these models. The South African language practitioner acting as intermediary by transferring information from one language into another is assisting a client in achieving desired health outcomes. Such an orientation positions the language practitioner within an informational model of communication.

The language practitioner who interprets or adapts health texts according to the social context and developmental needs of the recipient is acting as an intercultural and social mediator. Within the sociocultural communication tradition, a text mediation orientation positions the language practitioner within the first-order sociocultural model of communication. This model is associated with intercultural understanding, reader interaction, the enhancement of indigenous knowledge and languages, and the language practitioner contributing to CDSC. Language practitioners who accept social agency in health communication earn themselves a conceptual space in a PD communication model. Against the background of developmental needs in the

health domain, language practitioners' selection of translation approaches indicates whether they are mere intermediaries who transmit health messages "as is" or social and cultural mediators who adapt health messages so that they are accessible to communities.

As second objective, a literature review was conducted to determine translation approaches that lead to an intermediary or a social and cultural mediator role to some extent for the language practitioner translating public health communication. These translation approaches were represented on a continuum that included approaches of equivalence, functionalist translation approaches, (culturally) adaptive translation approaches and approaches of agency, and which could be expanded to include new approaches. While the flexible application of translation approaches was theorised as the norm for translation practice in a multilingual, multicultural country, a social agency role was emphasised for the language practitioner in a country in need of social development and change. In the South African context, language practitioners who select (culturally) adaptive translation approaches, creating health messages that are accessible to readers, might assist in improving the health of communities. Language practitioners, who deny selecting such approaches, may be demonstrating a lack of perspective about the need for tailoring health communication to the expectations of the reader. Expanding on the first study objective, a link was established between the application of functionalist and (culturally) adaptive translation approaches, a mediation role for the language practitioner in health communication, participation in CDSC and achievement of health development goals.

Empirical research was conducted to meet the third, fourth and fifth objectives of this study, which were to determine language practitioners' selection of translation approaches, their degree of text mediation and their views about an intermediary or mediator stance. For these purposes, a two-phase sequential mixed-methods design and methodology were applied. Phase 1 involved quantitative research to determine language practitioners' selection of translation approaches and the extent of their adaptation of health texts. A thematic analysis of additional adaptation options complemented research about the degree of text mediation by language practitioners. In Phase 2 of data collection, personal interviews were conducted with nine survey respondents to explain unpersuasive and apparently contradictory survey results about language practitioners' selection of translation approaches. An audit trail, as well as validation strategies such as data integration through triangulation, member checking and rich, thick description, allows judgment of the validity, accuracy and credibility of the research. The researcher's role as "insider/outsider" was stated and the ethical principles underpinning this research were described.

By statistically analysing quantitative data, an overarching, explanatory view of the scope of translation approaches used for the translation of health communication was obtained. The

comparative analysis of qualitative data provided rich data about and an in-depth image of South African language practitioners as intermediaries or social and cultural mediators to some extent when translating health messages. Throughout these analyses, the link between theory and practice was indicated.

Initial quantitative results indicated an apparent preference for the application of translation approaches of equivalence and functionalist approaches. These survey results were, however, mitigated by qualitative findings that indicated the selection of (culturally) adaptive translation approaches, under some conditions and circumstances, even by language practitioners viewing themselves as intermediaries. Qualitative data also supported inferential statistics illustrating that language practitioners from the Nguni and Sotho groups were more likely to act as social and cultural mediators who are willing to adapt health texts to the culture of the reader. Quantitative results and qualitative findings also provided evidence of language practitioners' selection of various approaches of adaptation that imply tailoring of health texts and facilitation of expert-lay communication. In this respect, language practitioners, regardless of an intermediary or mediator orientation, demonstrated support for plain language use in both source and target texts.

In a final response to the study's key research question, meta-inferences indicated language practitioners' use of the full spectrum of translation approaches available to them, barring approaches indicating a radical political or ideological agenda, as well as text mediation to some degree. The scope of their translation approaches substantiated a social and cultural mediator role for the language practitioner in health communication, as well as their accommodating low-context and high-context cultures. Subsequently, their positioning within a hybrid of the cybernetic and sociocultural communications traditions, indicating their contribution to health promotion and CDSC, could be motivated.

In this study, language practitioners had the opportunity to describe and explain their approaches to the translation of health messages and whether or not they viewed themselves as social and cultural mediators. By mining language practitioners as extratextual sources and linking their translation practice to sociocultural communication theory, the concepts 'translation as mediation' and 'translators as social and cultural mediators' could be researched. As a last inference, this study put forward that unmediated translation is no longer warrantable. Language practitioners in the Public Service and broader society should be fully aware of their responsibility to intervene in texts to ensure relevant source texts in plain English and target texts that are accepted and understood by the target reader. Every text should indeed be an opportunity for the language practitioner "to do (his/her) thing, to describe and explain what is happening" and "to make an impact on the society".

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All tables and figures compiled using MSWord and MSWord SmartArt; images inserted into figures acknowledged.

ANNEXURES

ANNEXURE A: REQUEST TO SATI TO CONDUCT RESEARCH

211 Carinus Street
Meyerspark
Pretoria
0184
28 July 2014

The South African Translators' Institute
PO Box 1710
Rivonia
2128

Executive Director: Ms Marion Boers

Dear Ms Boers

REQUEST FOR PERMISSION TO APPROACH MEMBERS OF THE SOUTH AFRICAN TRANSLATORS' INSTITUTE (SATI) TO PARTICIPATE IN RESEARCH

I'm currently enrolled at the North-West University (NWU) wishing to conduct research for a Master's dissertation in Communication Studies. I've been awarded a Department of Arts and Culture (DAC) bursary for this purpose. The preliminary title of the research proposal to be submitted for registration is "South African language practitioners' approaches to the translation of public health communication: mere intermediaries or social and cultural mediators?"

The research will be conducted under the supervision of Prof. Lynnette Fourie, leader of the NWU research programme Communication Management in a Transforming Society, with, amongst others, intercultural communication and communication for social development as focus areas.

The research will afford South African language practitioners the opportunity to explain their approaches to the translation of public health communication. Participation by and the voices of language practitioners will distinguish this study from related studies with their foci on language equivalence and textual analysis.

I am hereby seeking your consent to approach language practitioners registered with SATI to participate in the research. Language practitioners will be invited to complete a self-administered questionnaire containing closed and open questions on their approaches to the translation of public health communication. The research will afford language practitioners the opportunity to voice their opinions, and the expectation is that the results would broaden our understanding of translation approaches used by language practitioners when translating health messages for different South African communities.

Data collection might only start in 2015, but formal permission has to be obtained for the involvement of study participants prior to registration of the title.

All data obtained will be treated confidentially and be reported in aggregated form to protect the identity of respondents. Data collected will be kept safely in a locked cabinet for three years and then be destroyed. All data will be analysed qualitatively and it will not be possible to relate any information to any participant in the study.

Upon completion of the study, I undertake to provide your organisation with an electronic copy of the full research report.

If you require any further information, please do not hesitate to contact me on 076 895 8855 or at HermienLieb@gmail.com.

Thank you for your time and consideration in this matter.

Yours sincerely,



Hermien Liebenberg

Student number: 10270647

ANNEXURE B: PERMISSION FROM SATI TO CONDUCT RESEARCH

South African Translators' Institute
SATI — Bridging Language Barriers



29 July 2014

Hermien Liebenberg
211 Carinus Street
Meyerspark
0184 Pretoria

Dear Ms Liebenberg

REQUEST FOR PERMISSION TO APPROACH MEMBERS OF THE SOUTH AFRICAN TRANSLATORS' INSTITUTE (SATI) TO PARTICIPATE IN RESEARCH

Thank you for your letter on the topic above. The research sounds very interesting and relevant. I am happy to grant you permission to approach SATI members to participate in your research. We will send out your request from our office and members will be able to volunteer to complete the questionnaire. Of course we cannot guarantee any particular rate of participation, but SATI members are generally quite responsive.

Thank you for the offer of a copy of the final report. I would like to request that in addition you write an article on your findings for SATI's journal, *Muratho*.

I wish you all the best with your studies.

Yours sincerely

Marion Boers
Executive Director

South African Translators' Institute | Inshangano Yohahumushi YaseNingizdlw Afrika | Umbutho wabaGuquleli waseMzantsi Afrika
iThixo-ye-IsiXhosa | iThixo-ye-IsiZulu | iThixo-ye-IsiNdebele | iThixo-ye-IsiVenda | iThixo-ye-IsiNtshona | iThixo-ye-IsiXhosa
iThixo-ye-IsiZulu | iThixo-ye-IsiNdebele | iThixo-ye-IsiVenda | iThixo-ye-IsiNtshona | iThixo-ye-IsiXhosa

☎ 011 803 2681
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ANNEXURE C: PERMISSION FROM NLS TO CONDUCT RESEARCH



arts & culture

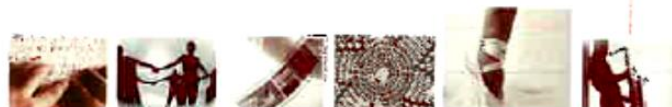
Department:
Arts and Culture
REPUBLIC OF SOUTH AFRICA

INTERNAL MEMORANDUM

TO: CD/NLS (DR M JOKWENI) *DMJ 18/08/2014*
FROM: Hermien Liebenberg (CLP/AFRIKAANS)
ROUTE: DD/FLEA *13/08/14*
D/TE *18/08/14*
DATE: *1* 2014-08-08
SUBJ: REQUESTING PERMISSION TO INVITE NLS COLLEAGUES TO PARTICIPATE IN RESEARCH

1. In 2014 a DAC bursary was allocated to me to pursue a master's degree in Communication Studies at the North-West University (NWU). As I'm interested in the role of translation in health communication, the preliminary title of the research proposal is "South African language practitioners' approaches to the translation of public health communication: are language practitioners mere intermediaries or social and cultural mediators?"
2. Please receive my request for permission to invite language practitioners from the National Language Service (NLS) to participate in focus group or personal interviews on the above topic. Data collection will probably only start in 2015, but I would appreciate your permission before title registration.
3. I would be grateful for such permission and your support. Participation will give colleagues the opportunity to discuss their approaches to the translation of health messages. The expectation is that the research results would broaden our understanding of current translation approaches used by language practitioners when translating health messages for different South African communities.

LAYING THE FOUNDATION FOR GREATNESS



4. Participation by and the voices of language practitioners will distinguish this study from related studies that focus on language and textual equivalence and textual analysis. I consider this research worthwhile, and of benefit to fellow languages practitioners and future translation practice and research.
5. During data collection, care would be taken not to take up production time. All data obtained will be treated confidentially and will be reported in aggregated form to protect the identity of participants. The data will be analysed qualitatively and it will not be possible to relate any information to any participant in the study.
6. I promise, while carrying out this research, to maintain the highest possible ethical standards. I therefore guarantee total confidentiality of information, and shall not reveal anything of a personal or compromising nature. I will also not name the NLS without permission. Upon completion of the study, I undertake to provide NLS management with electronic copies of the full research report and any article that might result from the report.
7. If you require any further information, please do not hesitate to contact me on 076 895 8855 or at HermienLieb@gmail.com
8. Thank you for your time and kind consideration of this matter.

Regards

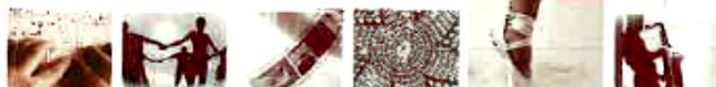
Hermien Liebenberg

CLP/AFRIKAANS

SIGNATURE _____



LAYING THE FOUNDATION FOR CREATNESS



ANNEXURE D: QUESTIONNAIRE

SURVEY: South African language practitioners' approaches to the translation of public health communication: intermediaries or social and cultural mediators?

Section A: Demographic data

Questions 1-6: Please provide the following information by making an X in the appropriate block, for example

1	X

Please indicate your—

1. **Main** profession in language practice (mark one only):

Translator	1	
Interpreter	2	
Lexicographer	3	
Terminologist	4	
Language teacher	5	
Linguist	6	
Other (please specify)	7	

2. Years of translation experience (mark one only):

Less than 2 years	1	
2-5 years	2	
6-10 years	3	
More than 10 years	4	

3. **Highest** level of expertise in health translation (mark one only):

General translation (including health translation)	1	
Health translation	2	
Health and medical translation	3	
Health, medical and pharmaceutical translation	4	

4. **Highest** level of translation training (mark one only):

Self-trained	1	
In-service learning	2	
Short course/s	3	
Diploma	4	
Bachelor's degree	5	
Postgraduate diploma/Honours degree	6	
Master's or doctoral degree	7	

5. **Main** translation direction (you may mark one under 5.1 and one under 5.2):

5.1 From English into which official language?			
From English into→	isiNdebele	1	
	isiXhosa	2	
	isiZulu	3	
	Sesotho	4	
	Sepedi	5	
	Setswana	6	
	Siswati	7	
	Tshivenda	8	
	Xitsonga	9	
	Afrikaans	10	

5.2 From which official language into English?			
isiNdebele	1		→into English
isiXhosa	2		
isiZulu	3		
Sesotho	4		
Sepedi	5		
Setswana	6		
Siswati	7		
Tshivenda	8		
Xitsonga	9		
Afrikaans	10		

6. Location of your place of work (mark one only):

Urban	1	
Rural	2	

PLEASE TURN TO PAGE 3 FOR SECTION B

Section B: Approach to the translation of health messages

Questions 1-18: Please indicate the extent to which you agree or disagree with each of the following statements by making an X in the appropriate block, for example

3	X

Agree

1. When I translate a health text into my mother language, I see myself purely as a go-between (messenger): I ensure that the reader will receive the message of the source text (original text).

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

2. When I translate a health text, I try my best to follow the source text closely. I will move away from the source text only if there is no other way.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

3. When I translate a health message, I relay the message of the source text writer as is. I do not make any changes to the message.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

4. When I translate a health text, I see myself as totally objective: I am responsible only to my profession and myself as language practitioner.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

5. When I translate a health text, I focus strictly and only on the translation brief (the reason for translating).

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

6. When I translate a health text, I use plain language to clarify the message for the reader.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

7. When I translate a health text, I also make changes to the English text to improve both the source text and the target text (translation).

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

8. When a text about traditional medicine has to be translated into English, a better translation may be produced by a language practitioner who understands the cultural group using traditional medicine.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

9. When I translate a health text, I rewrite parts that are unclear or too formal.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

10. When I translate a health text, it is more important to me to consider the reader and the culture of the reader than to try and follow the source text closely.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

11. When I translate a health text that poses many challenges, I may summarise the text or rewrite it in my home language.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

12. When I translate a health text, I will leave out parts that are offensive to the reader.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

13. When I translate a health text, I see myself as a cultural mediator: I will change the health message so that it fits the culture of the reader.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

14. When I translate a health text, I see it as my responsibility to explain traditional or Western health concepts to the reader.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

15. When translating a health text, I will use indigenous terms instead of loan words for the sake of keeping my language alive.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

16. When I translate a health message, my language and culture are enriched by the translation choices I make.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

17. As language practitioner, I am highly flexible when choosing how to translate a health text.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

18. When I translate a health text, I choose an approach that I believe would promote the health of a community.

1		2		3		4	
Strongly disagree		Disagree		Agree		Strongly agree	

PLEASE TURN TO PAGE 6 FOR SECTION C

Section C: Extent of adaptation of health message

Questions 1-3: Please read the following three (3) text chunks. Then answer all 10 questions under each text by making an X in the appropriate block, for example:

4. If I had to translate Text 4, I would....	Not at all	Very little	Some-what	To a great extent
4.1 Change the structure of the text	1 ☐	2 ☐	3 ☒	4 ☐
4.2 Use plain language	1 ☐	2 ☐	3 ☐	4 ☒

Text 1: Ebola treatment

Even after recovery, Ebola might be found in some body fluids, including semen. The time it takes for Ebola to leave the semen is different for each man. For some men who survived Ebola, the virus left their semen in three months. For other men, the virus did not leave their semen for more than nine months.

1. If I had to translate Text 1, I would...		Not at all	Very little	Some-what	To a great extent
1.1	Change the structure of the text	1 ☐	2 ☐	3 ☐	4 ☐
1.2	Use plain language	1 ☐	2 ☐	3 ☐	4 ☐
1.3	Rewrite the text	1 ☐	2 ☐	3 ☐	4 ☐
1.4	Omit parts of the text	1 ☐	2 ☐	3 ☐	4 ☐
1.5	Use an example that is more suitable for my culture	1 ☐	2 ☐	3 ☐	4 ☐
1.6	Remove offensive parts	1 ☐	2 ☐	3 ☐	4 ☐
1.7	Summarise the text	1 ☐	2 ☐	3 ☐	4 ☐
1.8	Paraphrase the text	1 ☐	2 ☐	3 ☐	4 ☐
1.9	Explain parts of the text for the reader	1 ☐	2 ☐	3 ☐	4 ☐
1.10	Other changes: I would... _____ _____				

Text 2: The ABC strategy developed in response to HIV/AIDS in Africa

Know your ABC: A – Abstain, B – Be faithful, and C – Condomise

1. If I had to translate Text 2, I would...		Not at all	Very little	Some-what	To a great extent
1.1	Change the structure of the text	1	2	3	4
1.2	Use plain language	1	2	3	4
1.3	Rewrite the text	1	2	3	4
1.4	Omit parts of the text	1	2	3	4
1.5	Use an example that is more suitable for my culture	1	2	3	4
1.6	Remove offensive parts	1	2	3	4
1.7	Summarise the text	1	2	3	4
1.8	Paraphrase the text	1	2	3	4
1.9	Explain parts of the text for the reader	1	2	3	4
1.10	Other changes: I would... _____ _____				

Text 3: A medicine package insert published on the Internet for the South African public (Glucophage, for the treatment of diabetes 2)

Glucophage stabilizes or reduces body weight. The therapeutic effect is not observed in the absence of insulin in the blood. It does not cause hypoglycaemic reactions. It improves fibrinolytic properties of blood.

1. If I had to translate Text 3, I would...		Not at all	Very little	Some-what	To a great extent
1.1	Change the structure of the text	1	2	3	4
1.2	Use plain language	1	2	3	4
1.3	Rewrite the text	1	2	3	4
1.4	Omit parts of the text	1	2	3	4
1.5	Use an example that is more suitable for my culture	1	2	3	4
1.6	Remove offensive parts	1	2	3	4
1.7	Summarise the text	1	2	3	4
1.8	Paraphrase the text	1	2	3	4
1.9	Explain parts of the text for the reader	1	2	3	4
1.10	Other changes: I would... _____ THANK YOU FOR YOUR TIME				

ANNEXURE E: INTERVIEW GUIDE

Objective 5: To determine how South African language practitioners view themselves when translating public health texts for target groups, i.e. as mere intermediaries or as social and cultural mediators to some extent?

1. As translator, are you merely a go-between between the client (requesting a translation) and the reader (who does not understand the source text)? OR
Do you act as mediator in the sense that you would adapt a text to the social context and culture of the reader?
2. Which is more important to you when you have to translate a poorly drafted text about public health: to translate the text in accordance with the source text OR to adapt the text so that the reader would understand its message?
3. As translator, when does your responsibility end:
 - At delivering a target text (delivering a service to a client)?
 - At delivering a target text with a message that the reader would understand?
 - At delivering a target text adapted for the reader because you regard the reader as the main actor in translation?
 - At delivering a target text that you believe would contribute to the improvement of health services in South Africa?
4. Clients often overestimate the average reader's level of literacy and/or the average reader's level of health literacy. To what degree will you as translator deviate from the source text (or adapt the source text) to make it more understandable to the reader?
5. Texts about public health are often compiled by medical experts who use medical terms, also pharmaceutical terms and concepts. As translator, how will you make sure that a text compiled by a medical expert will be understandable to the layperson (the non-expert)?
6. South African consumers make use of Western and traditional medicine. An estimated 28 million people and about 255 000 traditional healers in South Africa are using indigenous plant products medicinally. If you have to translate a health text containing unfamiliar Western or traditional medicine concepts, how would you approach the text to make sure that the target text is understood by the reader?
7. The Consumer Protection Act (Act 68 of 2008) (section 22) determines the consumers' right to information in a language that is plain and understandable. The Act describes the reader as an ordinary consumer of goods and services, with average literacy skills and minimal experience. To what degree do you support the plain language movement, which, in terms of the Act, means that you may adapt the structure, context and comprehensiveness of a text, its form and style, vocabulary, sentence structure, and headings?
8. Please consider the text below. From the responses to the question about this text in the survey it seemed that some Afrikaans and African Languages translators found it

necessary to change the structure and the memory aid (the ABC rhyme) of the text. How would you approach the translation of the text, and what is your motivation for choosing this approach?

Text 2: The ABC strategy developed in response to HIV/AIDS in Africa

Know your ABC: A – Abstain, B – Be faithful, and C – Condomise

9. For many years, the text above was the main message in the fight against the Aids pandemic. Do you believe that the language practitioner has a social responsibility to convey information about pandemics effectively to the target reader, and why do you say so?
10. To what extent would you consider the culture of the reader when you translate texts about public health? [Examples: texts about so-called taboo topics such as corpses, sex, bodily functions, cannibalism and incest OR texts containing offensive language (a language of disrespect) OR texts about practices that are unacceptable to some cultures such as mercy killing or assisted suicide (euthanasia) for the Muslim]

ANNEXURE F: INTERVIEW MEMORY AID

Demographic information	
Time, place, and date of interview: 10:30 Pretoria, 9 September 2016	
Descriptive notes	Reflective notes
Portrait of participant	Portrait of participant
Experienced translator, also in public health translation (TB and HIV/AIDS, specifically) Language direction: Eng ↔ Afr	Very cooperative Firm views about translation approaches in health translation
Reconstruction of dialogue	Reconstruction of dialogue
Structured interview Put 10 questions to interviewee Questions were compiled to elicit responses about whether the language practitioner view him/herself as intermediary or mediator in public health translation Interviewee initially took a firm intermediary stance but later declared that when culture is at stake or when creativity is needed a LP should consult not only with the client but also with the target community. LP has experience in this regard.	Interviewee responded with sincerity Wide field of experience in public health translation Interviewee does not translate highly technical pharmaceutical texts, but does translate highly technical texts about biotechnology, nuclear energy, agriculture, etc. Good first interview
Description of physical setting	Description of physical setting
Relaxed, quiet environment No loud noises or interruptions	As ex-journalist interviewee was very used to recording device
Accounts of particular events/activities	Accounts of particular events/activities
Interviewee was welcomed and offered tea, reminded of the purpose of the interview, reassured of anonymity and confidentiality and, at completion of the interviewee, thanked for his/her willingness to participate.	Interviewee was selected because his/her responses to the study survey clearly indicated an intermediary stance. Interviewee also had more than 10 years of experience in health translation.

ANNEXURE G: INFORMED CONSENT FORM

Title of study:

South African language practitioners' approaches to the translation of public health communication: mere intermediaries or social and cultural mediators?

Researcher:

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Potchefstroom Campus
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Ethical clearance:

The research proposal has been reviewed and approved by the NWU Ethics Committee.

Purpose of conducting personal interviews:

The purpose is to obtain the views of language practitioners about the research topic.

Risks or discomfort:

No risk or discomfort is foreseen.

Benefits of research:

You may freely state your opinions. Anonymity and confidentiality will be upheld at all times.

Confidentiality:

All digital recordings will be deleted after completion of transcriptions. Copies of transcriptions will be stored for five years in a safe place and then be destroyed. None of the raw data will be archived.

I hereby confirm my agreement to be interviewed. In the event that I withdraw from the study all associated data obtained will be destroyed immediately.

I hereby authorise the use of the transcriptions and associated data that I had given you. I am not waiving any of my legal rights by signing this form. My signature below indicates consent.

Signature_____

Date_____

Name of participant_____

Signature_____

Date_____

Researcher Hermien Liebenberg