

Translating public information texts on health issues into languages of limited diffusion in South Africa

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Abstract

The growing demand for translation in South Africa is continually forcing translators to elaborate the technical registers of the African languages in various ways. One area in which the demand for information in translated form has increased tremendously since 1994, is public information material. These texts are so called because their primary aim is to inform the public, often by making a text or field more accessible to laypersons. Public health is clearly a vital subject in a developing country. The question is whether the desired information actually reaches the public and how effectively it is communicated. In a multilingual country such as South Africa, the most effective way in which to get health messages across is obviously by means of translation so that the public have access to this information in their own languages. Unfortunately, what many people do not seem to realise is that South Africa is a country where only languages of limited diffusion (LLDs) are spoken. In other words, all eleven languages are in fact minority languages; no language in South Africa dominates clearly over any other language. With English as only the fifth most spoken language in the country, translators should be careful not to lean too heavily on English loan words in a text if they wish to ensure that the message is properly understood. This is a tall order, as some of the medical terms do not exist in the African languages, and the most obvious option is translate them using loan words. But by far the most difficult hurdle to overcome is the client's instruction to use direct language for sensitive or taboo terms. This article investigates some translation strategies found in translated health material in South Africa in an attempt to contribute to the debate around the accessibility of health messages to the general public.

1. Introduction

Historically, the translation profession in South Africa has evolved around a bilingual language policy, with most translators being employed by the public service to translate official documents from Afrikaans to English and vice versa. But after the democratic changeover in 1994, with a multilingual language policy which gives official recognition to eleven languages, the scope for translation had to widen significantly. Unfortunately, what many people do not seem to realise is that South Africa is a country where only “languages of limited diffusion” (LLDs) are spoken (Gauton & De Schryver 2004). In other words, all eleven of the official languages are minority languages; no language in South Africa clearly dominates over any other language (Wallmach 2000:200).¹ It is true that English is an international language, and is therefore arguably not a minority language. It is also true that for more than a century Afrikaans benefited from concerted efforts at first by its speakers and later on by the previous ruling party to develop it as a scientific language. However, the same cannot be said about the nine official African languages. Through colonialism and the policy of *apartheid* the African languages did not receive the same kind of funding and attention and as a result these languages do not have the same “ethnolinguistic vitality” as Afrikaans. “‘Ethnolinguistic vitality’ is the will, energy and motivation of mother-tongue speakers to use their languages in all domains, and to insist on their right to do so, believing that it is to their benefit” (Zawada *et al.* 2007:14). Furthermore, lack of coordination between the bodies and institutions responsible for elaboration and standardisation of the African languages has resulted in duplication and insufficient standardisation (Van Huyssteen 1999:185; 2005:20).

It is well-known that translation and interpreting play a significant role in the development of any language. The growing demand for translation in South Africa is continually forcing translators to elaborate the technical registers of the African languages in various ways (Madiba 2004; Gauton & De Schryver 2004; Moropa 2004; 2007), despite the fact that many of them work in isolation with few resources (Mboweni-Marais 2006:34). One area in which the demand for information in translated form has increased tremendously since 1994, is public information material. Public information material includes a very large category of texts, covering an even larger variety of topics. These texts are so called because their primary aim is to inform the public, often by making a text or field more accessible to laypersons.

Public health is clearly a vital subject in a developing country. The question is whether the desired information actually reaches the public and how effectively it is communicated. The high prevalence of HIV/Aids in South Africa in particular has resulted in research into the effectiveness of communication campaigns that aim to curb the spread of the disease. Swanepoel (2003; 2005), Boer and Carstens (2003) and Carstens and Snyman (2003) approach the problem from a document design perspective. However, very little research has so far been done on the role played by translation and translated material in this regard. Three post-graduate studies deserve to

¹ According to the 2005 Census, South Africa's population by language is as follows: Zulu 23.8%, Xhosa 17.6%, Afrikaans 13.3%, Northern Sotho 9.4%, English 8.2%, Tswana 8.2%, Southern Sotho 7.9%, Tsonga 4.4%, Swati 2.7%, Venda 2.3% and Ndebele 1.6% (www.southafrica.info, 2006).

be mentioned. Makgopa (2000) concentrated on the impact of cultural ideology which dictates the use of figurative language for expressions dealing with sex and related issues and which complicates the acceptance of translated health material in Northern Sotho. Mfazwe (2003) investigated translation strategies that may be used to translate taboo terms in Xhosa. Ndlovu (2008, forthcoming) is investigating the accessibility of translated Zulu health material to teenagers in selected areas. His findings show that this particular readership feel that Zulu culture, traditions and medicine have not been taken sufficiently into consideration by the producers and translators of health texts. Fourie and Feinauer (2005) focus on the quality of medical research questionnaires, a topic which is only slightly related to the problem addressed in this article. This article investigates some translation strategies found in translated health material in South Africa in an attempt to contribute to the debate around the accessibility of health messages to the general public in South Africa.

The article begins with a brief discussion of the difference between medical texts and public information material on health issues. The focus then shifts to Soul City Institute for Health and Development Communication, a non-governmental organisation (NGO). Soul City is mentioned as a case in point because the author has been project manager overseeing the translation of various projects for Soul City and Jacana Media into various South African languages since 2002. Various aspects of a typical brief given to a translation agency by Soul City are then analysed in terms of some translation strategies so as to investigate accessibility of translated public health information material in general in South Africa.

2. Translating public information material on health issues

A medical text is usually written by medical experts and is intended for medical experts or people who are familiar with the field of medicine. It will contain medical or scientific terms which are not accessible to laypersons (cf. e.g. Sager 1990:94 for some features of medical nomenclature). Medical jargon consists of highly standardised language, with scientific terminology that should ideally be transparent in both form and structure. The terms are structured on agreed principles, built up logically from simple elements, usually Greek and Latin, and the general meaning is understandable from its parts. In other words, the structure of the expression conveys the meaning virtually at sight and avoids emotional association. The amazing rate at which medical terminology develops makes it difficult for medical scientists, doctors and pharmacists to keep up with the pace, let alone translators who play an important role in disseminating information about the latest research in medicine, pharmacology and related fields, between different languages.

However, communication between medical experts, and between experts and (potential) patients, is not restricted to publishing research findings or the medical consultation situation. It also involves the publication of informative material of a preventive or curative nature, informing the public on how to avoid or protect themselves from an illness. This is a serious issue in a third-world country where people with a low literacy level need to be educated. Public information texts on health issues are usually written by experts (or non-experts in collaboration with experts) in 'plain' English but the use of technical terms and the explanation of medical issues

cannot be avoided. Such texts are published in the form of posters, flyers, pamphlets, z-folds and brochures by government departments, non-governmental organisations (NGOs), private hospitals and clinics, the World Health Organisation (WHO), community health services, or any association working in the field of health (e.g. a cancer association). In a multilingual country such as South Africa, the most effective way in which to get health messages across is obviously by means of translation so that the public have access to this information in their own languages over the radio, television and the print media. In general, medical terms in health texts are translated by means of common alternatives, more general words (superordinates), more neutral words and loan words for specific terms used in the source language.

Grassroots organisations in South Africa discovered in the early 1990s that merely handing out informational pamphlets with catchy slogans on HIV/AIDS such as *ABC: Abstain, Be faithful, use Condoms* and *Break the Silence*, written in English, does not have the desired intervening effect. Many South Africans had by then lost interest in trying to understand the virus and its implications, even though the HIV infection rate has remained “stubbornly high at more than 21 percent of the population” (www.irinnews.org, 2005). Research has revealed that many of the health education campaigns failed to make an impact because they were designed by people who had a great deal of medical knowledge, but knew little about the cultural realities which would determine whether people would be able to relate to the messages in the pamphlets (cf. www.irinnews.org, 2005). People seem to require more than awareness and basic education – they need advice on how to apply their knowledge of AIDS to their daily lives in their own languages. As a result, the Soul City Institute for Health and Development Communication was established in 1992 by a medical doctor working in the townships (apartheid-created residential areas for non-whites adjoining big cities in South Africa).

3. Soul City - a real success story

The Soul City Institute for Health and Development Communication is a social change project aimed to impact at the individual, community and socio-political levels of society to promote health. It subscribes to the principles of the World Health Organisation’s Ottawa Charter. According to the Ottawa Charter, “health is a product of a range of intersectoral actions that include building an enabling environment, advocacy for health public policy, community action, developing personal skills and re-orientating the health services towards the health promotion approach” (<http://www.soulcity.org.za>, 2007). Soul City’s objective is to educate and engage the public in debate and discussion so as to shift social norms and attitudes about behaviour and social change. The key principles that underlie their approach are research and partnerships. They research each topic thoroughly and develop their materials in partnership with those organisations that are already active in the field to ensure shared ownership and wider involvement (<http://www.soulcity.org.za>, 2007).

Soul City’s highly successful edutainment model embeds various social issues into multimedia entertainment formats, such as a prime time television soap opera, a daily radio drama entitled *Soul City* which is broadcast in all nine the African languages on regional and community radio stations, and a multilingual children’s series on TV

and radio, called *Soul Buddyz*. Research has shown that they reach around 16 million people in the southern African region on issues such as HIV/AIDS, mother and child health, depression, TB, smoking, alcohol abuse, domestic and sexual violence, small business development, housing and land reform. Some programmes have also been broadcast in other parts of Africa as well as Latin America, the Caribbean and South East Asia (<http://www.soulcity.org.za>, 2007).

These initiatives by Soul City are complemented by colourful booklets for readerships ranging from children and teenagers to adults with a low literacy level, parents, caregivers and teachers. The booklets were initially produced as narratives in comic strip form but are nowadays presented in an attractive format that combines informational blocks, comic strip dialogues with photographs of the real *Soul City* and *Soul Buddyz* TV characters and colourful illustrations. The booklets are translated into the official languages of South Africa.

It is not my aim in this article to investigate the impact that Soul City has on the general public in South Africa. The different television and radio series, combined with the translated booklets, the simultaneous publicity and advocacy campaigns around some of the major themes are powerful vehicles to shift social norms and impact on knowledge, attitude and practices.² Judging by the numerous awards they have received for innovative health communication both nationally and internationally, and the various assessment reports by independent companies, this NGO seems to be going from strength to strength. One of the most recent awards, for example, was a Communication for Social Change (CSC) Award from the University of Queensland School of Journalism and Communication in Australia (cf. the Soul City website at <http://www.soulcity.org.za>).

However, while it is clear that translation forms an integral part of Soul City's edutainment model, no research has yet been done to examine the nature of the intervention represented by the translation of their printed material and its effectiveness in reaching the masses. Since 2002, I have been project manager for the translation of various projects for Soul City and Jacana Media into various South African languages and would like to share my experience in this regard with a wider scholarly audience. All examples referred to in this article have been taken from the 1.5 million word Multilingual Health Corpus, which I compiled from texts translated for Soul City and Jacana Media.

4. The translation brief

It is generally accepted that translation never occurs in a vacuum – there is always a reason why translation should take place, and the reasons for translation are usually independent of the reasons for the creation of the source text (Nord 1992; Walker *et al* 1995; Kussmaul 1995; Kruger 2006). It very seldom happens that translators (or agencies) decide on their own to translate a text 'for the love of it'. They are usually asked to do so by an initiator, to use Nord's (1992) term. The initiator starts the translation process because he has a specific *skopos* in mind for the translation. This intended purpose of the translation is usually encompassed in the translation brief,

² For information on the use of soap operas as vehicles for reinforcing positive health behaviour in viewers, see Dutta-Bergman (2006); for multiculturalism in South African soap operas, see Lockyear (2004).

which is basically a set of instructions on why the translation is needed and for whom. Translating public health information material is one area where the translator would require a detailed brief as regards the intended function of the translation and, in particular, the target readership. In terms of Soul City's ethos, the translation agency responsible for the translation of booklets into ten languages is always given a very specific brief as regards linguistic and cultural accessibility. The term 'accessibility' is understood in essentially the same way as broad conceptions of 'readability', defined for example by Mobley (1986:6 quoted in Sanderson 2005:55), as

every aspect of a text which makes it either easy or difficult to read. These aspects include its *visual impact* (e.g. the clarity of the typeface, the positioning of diagrams and illustrations); its *stylistic features* (e.g. the use of familiar words and structures); the *organization* of the information (e.g. the contents table, index and headings); its *conceptual level*, and – perhaps the most important – the amount of *interest* aroused in the reader by the text.

Working within the constraints of the printed English source text where they cannot change the visual impact of the text such as the organization of information and conceptual level, its typeface, layout of the information blocks, photos and illustrations, the Soul City translators usually receive a brief such as the following from the translation agency. It is aimed at guiding the linguistic and stylistic features of each translation so as to ensure accessibility and acceptability to as wide a readership as possible.

Translation brief:

Readership: adults and young people **country-wide**. Your translation should be VERY reader-friendly, make use of very accessible language!

- Use **direct** language for sensitive/ taboo terms – do NOT use euphemisms! Do not explain unnecessarily - your translation goes into a very colourful booklet with very graphic illustrations (e.g. of how to use a condom).
- Use **short/simple sentences** – shorten sentences if necessary, change passive voice to active voice, convert nouns to verbs if necessary.
- Use **simple vocabulary**: more **common** synonyms, not necessarily "pure" language, loan words and indigenised loan words are allowed. Also, if you use an English loan word, please **add** the meaning of the English loan word in your language.
- Use **extra links** to enhance cohesion between pronouns and the preceding referent within the text (i.e. give clearer references if necessary than the English text, e.g. "Colour plays a significant role for frogs. Most use it ..." Here "it" can be changed to "their colour")
- Use **colloquial and spoken language** for the dialogue in the speech bubbles. Make the dialogue sounds like real conversation! If you have to, insert some slang.

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Various aspects of this brief are analysed below in terms of some translation strategies that appear in different languages in Soul City publications.

4.1. The target readership

As indicated earlier, health leaflets in general are aimed at people who have contracted a particular disease (e.g. malaria, TB or HIV/Aids), people who might contract it in the future, people who are exposed to it or anybody interested in a health-related issue (e.g. the effects of smoking and how to stop smoking). Some health texts may be intended for a more specific readership, such as teenagers or parents. It is of the utmost importance that the translator should know exactly who the particular target readership will be in respect of gender, age, social class and level of education.

In South Africa, many people are semi-literate and only have a basic level of education. It is furthermore also necessary to establish whether the readers will be mostly in urban or mostly in rural areas. The Afrikaans translator will automatically present her translation in Standard Afrikaans which will be accepted in any province and also nationally. In this regard, research by Saal (2003) and Saal and Fredericks (2005) should be mentioned. They investigated the attitudes of teenagers towards written translations from English into teenager slang and into Tsotsitaal, a sociolect spoken by young black people in urban areas. It was found that the readership rejected any translated material presented in slang and in Tsotsitaal in terms of similarity between source text and target text, credibility and persuasive effect.

In contrast, African language translators in South Africa have to tread lightly. The Zulu translator, for example, needs to know whether her translation will be circulated at a national level, or primarily in the province of KwaZulu-Natal, where 81% of the speakers are Zulu speakers (<http://www.southafrica.info>, 2006). This knowledge will influence the extent to which the translator will be able to use terms that will be more widely understood nationally in preference to 'purer' terms that may only be understood in KwaZulu-Natal, and also, the extent to which the translator will be able to make use of loan words from English.

4.2. Borrowings

When one language takes in words from another language, the process is referred to as 'borrowing', but the elements taken in aren't truly borrowed (or loaned) because the receiving language never gives them back! Borrowing lexical items from another language is an acknowledged manner in which languages expand their vocabulary to fill lexical gaps. In the South African context we distinguish between using 'pure' loan words and indigenised loan words (Wallmach & Kruger 1999).

'Pure' loan words are source-language words retained exactly as they are in translated texts. Translators often use pure loan words to deal with culture-specific items, e.g. *pizza* and buzz words, e.g. *Internet* (Baker 1992:34). However, depending on the norms prevailing in their target culture, translators are not always free to use loan words (Baker 1992:36). For instance, in South Africa, language chauvinists still criticize words in Afrikaans that may sound like anglicisms, e.g. *ekskursie* [= excursion], *konklusie* [= conclusion] and *ekwivalent* [= equivalent]. Translators are encouraged to rather use words of Germanic origin, e.g. *longontsteking* (lit. lung infection) rather than *pneumonie* for 'pneumonia', or *suikersiekte* (lit. sugar sickness) rather than *diabetes* for 'diabetes'. This attitude is rather short-sighted, as borrowings

such as these originate from a common Romance source (Latin, French). Afrikaans is an established language with its own spoken and written tradition and there is no need to guard against ‘contamination’ by borrowings. Indigenised loan words have been modified according to the pronunciation and orthography of the language which is borrowing the word, for example, ‘condom’ appears as *kondoom* in Afrikaans, as *ikhondomu* in Zulu and *khondomo* in Southern Sotho.

African speakers in the urban areas where multilingualism and code-switching are common are far more tolerant of loan words than those in rural areas. Even so, translators in South Africa should be careful not to lean too heavily on English loan words in a text. Such a practice may cause comprehension problems as English is only the fifth most spoken language in the country (<http://www.southafrica.info>, 2006). In the Southern Sotho translations in the corpus, it is common to find ‘pure’ English borrowings such as *anti-retrovirals*, *polio* and *tetanus*, but terms such as ‘pneumonia’ and ‘measles’ have been indigenised as *nyomonnia* and *maselese* – from *masels* (lit. measles) in Afrikaans.

It is well-known that Zulu speakers in KwaZulu-Natal will reject any text that contains too many English loan words in favour of ‘pure’ forms. According to Van Huyssteen (2005:25, 35), in general, own coinages such as the following are preferred to indigenised loan words:

umtholampilo (lit. place where one can find health) versus *ikliniki* for ‘clinic’
umdlavuza (lit. something that eats roughly) versus *ikhensa* for ‘cancer’

In line with the translation brief, the Zulu translators who did the Soul City translations seem to be doing a fine balancing act between using English loan words that are widely understood, such as *i-HIV* for ‘HIV’ and its indigenous coinage, *iSandulelangculazi* (lit. ‘something that comes before Aids’).

Using a loan word and/or an indigenised loan word accompanied by an explanation is a common strategy in the Zulu translations for Soul City, for example:

hypertension: *ihayihayi* (*i-hypertension*) (lit. ‘high-high’)
measles: *i-measles* (*ifiva nokuqubuka*) (lit. fever with sores)
cholesterol: *ikholesteroli* (*amafutha akhiqizwa isibindi*) (lit. fats produced by the liver)

This is also the case in the Sotho translations, where pure loan words are either preceded by explanations or paraphrased:

hypertension: *kgatello e hodimo ya madi* (*hypertension*) = (lit. high blood pressure)
diabetes: *lefu la tswekere* (lit. sugar disease)
high cholesterol: *mafura a mangata* (lit. too much fat)

Cultural taboos on references to sex, sexuality and sexual diseases seem to be closely linked to the use of loan words in translations in the African languages.

4.3. Cultural taboos, sex and health issues

The most difficult hurdle to overcome when translating public information on health issues in an African language is the instruction in the brief to use direct language for sensitive or taboo terms. In African culture it is socially unacceptable to refer to terms “with a sexual connotation” in a direct manner (Van Huyssteen 2005:30). Makgopa (2000:19), states that “sex-related discourse in Sepedi is condemned as unethical, illegal or at least immoral”. Mfazwe (2003:29) mentions that failure to observe a taboo or prohibition in Xhosa culture, “angers the ancestral spirits, the family and the society as a whole”. Such terms are therefore referred to by the speakers themselves in a figurative or euphemistic manner. For example, the preferred term for ‘sexually transmitted disease’ in Zulu is *isifo socansi esithathelanayo*, which translates literally as ‘the illness of the sleeping mat that is contagious’ (Van Huyssteen 2005:30).

As with expletives, it seems easier to use a loan word from another language to say something that you are not allowed to say in your own language. The following examples illustrate the preferred euphemisms in Zulu and Sotho for ‘condom’ – all borrowings from English or Afrikaans:

- Zulu: *ijazi* from Afrikaans *jas* (lit. ‘coat’/‘jacket’/‘overall’)
ijazi lomkhwenyane (lit. ‘the coat of the young man’)
iglavu (lit. ‘glove’)
- Sotho: *kouso* from Afrikaans *kous* (lit. ‘sock’)

Soul City is adamant that their aim is to educate the public about health matters and that they cannot do so via euphemisms and figurative expressions which may be misunderstood. Translators play a vital role in communicating messages about sensitive issues in a frank and direct manner without being offensive.

In South Africa, translators often go to great lengths to ‘reformulate’ rather than just translate information on health issues for the general public. The following example shows that the Afrikaans translator has not simply translated the message of the source text but has actually reformulated it. By adding a more common synonym (*omgang*, lit. ‘intercourse’) for “sex”, using a more accurate term for “parts” (*geslagsorgane*, lit. ‘sex organs’) and making implicit meaning more explicit in the last sentence, she seems to have achieved greater accessibility.

ST: When two people have **sex** and make a baby, their **inside** and **outside sexual parts** work together. This is called the reproductive system. (Soul City & Jacana Media 2007)

TT: *Wanneer twee mense **omgang** of seks het en 'n baba maak, werk die **geslagsorgane** wat buite hul liggame sit, saam met die **geslagsorgane** binne-in hul liggame. Hierdie organe vorm saam 'n man of 'n vrou se geslag- of voortplantingstelsel.*
(Lit. When two people have **intercourse** or sex and make a baby, the **sex organs** on the outside of their bodies work together with the **sex organs** inside their bodies. These organs together form a man or a woman's sexual or reproductive system.)

In contrast, the Zulu translator uses the commonly known euphemism mentioned above (*socansi* = ‘sleeping mat’) to refer to the sexual act.

TT: *Uma abantu ababili beya ocansini bese benza ingane, ingaphakathi nengaphandle lezitho zabo zezocansi ziyasebenzisana. Lokhu kubizwa ngomgudu wokuzala.*

(Lit. If two people go to the mat and create a baby, the inside and outside of their organs of the mat work together. This is called the birth tract.)

These two very different translation strategies were both accepted by the Soul City team, despite the fact that the longer Afrikaans translation almost violated the space constraints of the printed booklet and the Zulu version, while still using a euphemism, did so in a very frank and direct manner which ensured that the message was accessible.

Another aspect of the translation brief relates to the level of formality of the translation. It is accepted that the translation of a public information leaflet on a health topic should observe the level of formality of the original. But should the translation be content- or reader-centered?

4.4. Content- or reader-centered?

More often than not, the author of the text is ‘absent’, making a health text either content- or reader-centered. Stylistically a content-centered text means that the author has avoided the use of what may be called ‘personal’ style: no first person pronouns (*I, me, my*), no second person pronouns (*you, your*) – in Biber’s (1988) terms, these are linguistic features that typically signal ‘involvement’ or interaction between author and reader in spoken and written texts (also cf. Kruger 2004). The author of a health text is usually not trying to impress the reader with his writing ability but rather with a message that has to be clearly understood by the reader – which is why a public information text is typically not reader-centered. The stylistic and linguistic choices of the source language may therefore not always be aesthetically pleasing, because what matters is the message and the reader’s interest in and reaction to the message.

Alternatively, an informal style seems to be commonly used in health leaflets as it narrows the distance between author and reader and makes medical information more accessible to the lay reader, who is often not highly educated. Some languages have a formal and an informal *you* (e.g. Spanish, French, German, Afrikaans) and the translator has to decide whether the use of the second person pronoun would be acceptable in the target language, or whether it would be too personal or too intimate. The different translations of the title of the following booklet (Soul City & Jacana Media 2005) shows that the Afrikaans translation has been made more personal, whereas the Zulu and the Sotho translators have retained the impersonal tone of the English:

Source Text: *Anti-retroviral treatment for life!*

Afrikaans: *Anti-retrovirale behandeling vir **die res van jou lewe!***

- (Lit. Anti-retroviral treatment **for the rest of your life**)
- Zulu: *Ukwelashwa ngemishanguzo edambisa igciwane lengculazi impilo yonke!* (Lit. To be treated by anti-retroviral medicines that decrease the virus of aids for the rest of life)
- Southern Sotho: *Phekolo Treat ya bophelo ya anti-retroviral!*
(Lit. Treatment using anti-retrovirals)
- Northern Sotho: *Kalafi ya bophelo ka moka ka Diokobatša-dibaerale (Anti-retroviral)!* (Lit. Treatment using anti-retrovirals for life)

In the next example, the Afrikaans translator changed the determiner ('the') into a more personal second person pronoun (*jy* = 'your'). The African languages of South Africa do not differentiate between articles (*the* and *a*), only the context determines the meaning of the noun used.

- English ST: ***The** body has to work hard to get rid of the alcohol*
- Afrikaans: ***Jou liggaam** moet hard werk om van die alkohol ontslae te raak.*
(Lit. **Your** body must work hard to get rid of the alcohol)
- Zulu: *Kufanele usebenze kanzima umzimba ukulwa notshwala.*
(Lit. Body must work hard to fight alcohol)
- Sotho: *Mmele o lokela ho sebetsa ka thata ho hlapholla jwala.*
(Lit. Body has to work hard to get rid of alcohol)

Experience has shown that because a health text is meant to be accessible to as wide a readership as possible, it is tempting for a translator to adopt a condescending or patronizing style, especially if she is translating for an uneducated readership or a readership whose knowledge of the subject is virtually non-existent. Translators should be sensitive enough to try to avoid addressing an adult readership in such a way that they feel lectured at or looked down upon. The aim of the health brochure is to inform them, to give them advice, to teach them, not to make them feel stupid or ignorant.

4.5. Making things easier for the reader

According to the translation brief, the translators have to use syntactic structures that are short and simple. Omitting words, phrases, sentences or sections of the original text is the most direct way of simplifying a translation (Davies 2007:56). Breaking up sentences, changing passive voice to active voice and converting nouns to verbs all appear as strategies in the health corpus as evidence that the translators have attempted to make things "easier for the reader (but not necessarily more explicit)" (Baker 1996:181-182). In the Afrikaans Soul City translations in particular, it has been found that short sentences in the source text are often combined by means of various types of conjunctions to signal different relations and effect more fluent reading. The African language translators do not seem to deem it necessary to provide extra links in the following examples:

- English ST: We are learning more about ARVs all the time. This is a good thing. New information will help scientists to develop new

medicines, and new and better combinations. (Soul City & Jacana Media 2005)

Afrikaans: *Ons leer elke dag meer en meer oor ARV's. Dit is goed want nuwe inligting sal wetenskaplikes help om nuwe medisynes te ontwikkel, en ook nuwe en beter kombinasies van hierdie medisynes te ontwikkel.*

(Lit. We are learning more and more about ARVs each day. This is good **because** new information will help scientists to develop new medicines, and also to develop new and better combinations of these medicines.)

Zulu: *Sifunda okusha ngama-ARVs ngaso sonke isikhathi. Lokhu kuyinto enhle. Ulwazi olusha luzosiza ososayensi ekwenzeni imithi emisha, nenhlanganisela entsha engcono.* (Lit. We learn new things about ARVs all the time. This is good. New knowledge will assist scientists in making new medicines, and new and better mixtures.)

Northern Sotho:

Re ithuta go gontši ka diARV ka dinako tšohle. Se ke selo se se botse. Tshedimošo ye mpsha e tla thuša borasaense/ramahlale go dira dihlaro tše dimpsh, le metswako ye meswa ye e kaone.

(Lit. We are learning a lot about ARVs all the time. This is good thing. New information will help the scientists [loan word]/scientists [Sotho term] to develop new medicine and other new and better mixtures.)

In the same vein, some languages do not tolerate ellipsis, defined by Baker (1992:187) as a case of “leaving something unsaid which is nevertheless understood”. All the translators attempt to spell things out rather than resorting to the use of ellipsis in the following examples:

English ST: The size of this team may be different in different places. Some big hospitals may have all these health workers, other smaller clinics may not.

Afrikaans: *Hierdie span kan meer of minder mense insluit op verskillende plekke. Sommige groot hospitale kan al hierdie gesondheidswerkers in die span hê, sommige kleiner klinieke **het moontlik nie almal nie.***

(Lit. Some big hospitals may have all these health workers in the team, some smaller clinics **may not have all of them.**)

Zulu: *Ubukhulu baleli thimba bungehlukahlukana kuye ngokwehlukahlukana kwezindawo. Ezinye izibhedlela ezinkulu zingaba nabo bonke laba basebenzi bezempilo, kanti kungase kungabi njalo kweminye imitholampilo emincane.* (Lit. The size of this team can be different depending on different places. Some big hospitals can have all these health workers, but it won't be the case in other small clinics.)

Sotho: *Boholo ba sehlopha sena bo ka fapana ho ya ka dibaka. Dipetlele tse kgolo di ka ba le basebeletsi bana bohle ba tsa bophelo, ditleliniki tse ding tse nyenyane di ka nna tsa ba hloka.* (Lit. The majority of this group can differ according to situations. Big hospitals can have all these health workers other small clinics do not have all of them.)

In conclusion, in transferring the informative function of health texts, translators in South Africa seem to realise that it is less important to adhere to the structure of the source text than it is to relay the information. This realisation leaves them free to concentrate on transferring the message as clearly as possible in order to facilitate communication. In terms of a very specific brief to use direct terms for sensitive and taboo terms, translators in the African languages attempt by all means to prevent linguistic exclusion and remove linguistic barriers to understanding by making the information encoded in the source language both accessible and acceptable to the general public. Terms which the translator may deem to be unfamiliar to the reader are therefore paraphrased and explained, implicit meanings are made explicit and information is repeated to gain greater clarity. Interjections and other discourse markers are inserted in the dialogue sections of the comic strips to simulate authentic speech. This last strategy in particular is an effective way in which to ensure reader participation and involvement in written texts – it is not only reserved for spoken language. Both loan words and indigenised loan words often appear in the translated texts. Although some of these loan words are accompanied by explanations and glosses, research needs to be done on whether those loan words which are not explained are indeed widely understood. In South Africa, where English is only the fifth most spoken language, using loan words as translation strategy is not an acceptable soft option to fill lexical gaps.

Translating sensitive and culturally taboo words remain a problem in a society where a large part of the population prefer euphemisms and figurative language to direct terms for private parts and sexual intercourse. Black South Africans of all ages are still extremely conservative and reluctant to use any direct terms in spoken and in written language. This of necessity makes it very difficult for translators to get an important message across to a readership by means of direct language without being offensive. There is some progress in this regard, however – for example, the slightly more direct term *thobalano* ('sleeping on top of one another') in Northern Sotho is now commonly used to refer to sexual intercourse instead of various more indirect euphemisms. So it would seem that while it will still take a long time to change people's attitudes, and as such the translators' dilemma is by no means solved, there does seem to be some light at the end of the tunnel.

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