

**ARE THE SOUTH AFRICAN INDIGENOUS LANGUAGES
PROBLEMATIC IN THE SOUTH AFRICAN MULTILINGUAL
MULTICULTURAL HOSPITALS?**



by

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**A research report submitted to the Faculty Arts,
University of Pretoria, Gauteng, South Africa,
in partial fulfillment of the requirement
for the degree of Master of Arts**

PRETORIA, 2004

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ABSTRACT

In terms of the current South African Constitution (Act 108 of 1996) South Africa has eleven official languages (RSA, 1996:4). The past political South African history and the constitutional status of these languages could cause language problems comparable to those at the Tower of Babel. Adding to the problem is the fact that in South Africa, language is an emotional and a political issue. South African citizens believe that English should be the only medium of communication in South Africa because English is a universally indispensable language. This, however, is not an idea that finds general approval.

There is a great need to explore the language requirements and difficulties experienced in South African multilingual and multicultural hospitals, especially in the case of people speaking indigenous South African languages, namely Sesotho, Sesotho Sa Leboa, Setswana, Ndebele Swati, Tshivenda, Xitsonga, Xhosa and Zulu.

The aim of this study is thus to study the translation and interpreting shortcomings and needs that exist and make recommendations for intervention and improvement. In the framework of the principle of multilingualism, multiculturalism and the promotion of the use of all eleven South African official languages is supported in this thesis. The main focus of this thesis is, therefore, the identification of translation and interpreting difficulties and the suggestion of the remedies and solutions for these language related problems.

Language planning is mainly concerned with solutions to language related problems, therefore this study should be regarded as a language planning activity. In terms of this thesis, the principles of language planning are described, types of language planning, steps of language planning mainly step one, data accumulation, the responsibility of the language planner and the language planning already done in South Africa.

In order for one to make suggestions it is necessary to first identify the translation and interpreting problems in the South African health fraternity.

The Minister of the DAC, the honorable Dr Ben Ngubane, launched the South African Language Policy and Plan on 18 – 19 March 2003. However, there is still an urgent need for a Language in Health Policy (LiHeP) which will specifically cater for the South African health needs.

A language analysis will expose that there is a break in communication between the hospital personnel and their clients in multilingual – multicultural hospitals. This is a problem with wide-reaching and potentially dangerous consequences. The hospital personnel and their clients often do not understand each others' languages and there are, as yet, no formal or even informal measures to combat this. Instead, the use of hospital staff and other individuals who have an inkling of the target language are used as interpreters. The hospital staff and other individuals acting as hospital interpreters create yet more problems as these people are not trained to be professional health interpreters. Some of these people are not even first language speakers of the target language. The result is that most of the time there is misinterpretation of the messages, for example the term 'stool' referring to faeces, is often interpreted as 'chair' which confuses the patients. This type of error, could result in a serious breakdown of communication which may be fatal.

Doctors that come to South Africa from countries like Cuba also encounter communication problems due to lack of knowledge of the major South African languages. There is also sometimes resistance from the non-qualified interpreters to perform interpretation tasks as there is no financial reward for doing this. The resistance causes negative attitudes resulting to not executing the interpreting task properly.

In chapter four the difficulties and problems revealed by the empirical studies conducted in a multilingual - multicultural hospitals will be discussed. The views of the hospital staff are reflected in the answers to the questionnaires which they were requested to complete. These views are discussed at length together with the identified problems.

Translation and interpreting are closely related practices, however the distinction between them is explored. These concepts both form the main focus of this thesis at different levels. Interpreting seems to dominate because most of the communication is verbal. Nevertheless, translation does feature when pamphlets and medicines are given to clients for personal use within and outside the hospital premises.

The criteria that translators and interpreters have to meet as well as literary overview concerning problems in health with regard to translation and interpreting are addressed.

Emanating from the data accumulated, suggestions are made in the final chapter as to how these language problems can be solved. A feasible suggestion to solve the problems in the field of interpreting is to have well trained health interpreters. Different aspects surrounding the issue of the training of the interpreters is dealt with and recommendations are made in the final chapter.

DECLARATION

I declare that this research work is my original unaided work. It is submitted as a partial fulfillment of the requirement of the Masters Degree in Linguistics, in the University of Pretoria, Pretoria, South Africa. It has not been submitted before for any other degree or examination in any other university.

N.C.E. Ndabezitha

-----day of-----, 2004

DEDICATION



To my beloved late Dad, Madhlangala son of Dukuza Ndabezitha, whose abstract 'living' ancestral spirit sustained me through out this research.

KuBaba wami obe iThongo 'eliphilayo' elibenguMhlahlandlela kulolucwaningo, uMadhlangala kaDukuza Ndabezitha.

ACKNOWLEDGEMENTS

I am sincerely grateful to my supervisor, Prof. V.N. Webb, who ensured that this report was completed by making himself available whenever I needed his guidance and encouragement. His emphasis on professionalism, perfection and excellence has made me to understand independent scholarliness. Without his willingness to listen to me and encouraging me during difficult times, this work would have not been effectively done and completed.

The following also contributed to the success of my work:

- I am grateful to the medical and nursing management, as well as all the employees of the King Edward – Clairwood Hospital, Durban, KwaZulu-Natal, for allowing me to conduct this research in their institution.
- Prof. P.J.N. Zungu and Mr K. Ntombela of the University of KwaZulu-Natal for providing me with their advanced modern Information technology (IT) equipment and expertise.
- My efficient floor assistants Ms T.F. Jele and Ms N. Makhunga.

- My special thanks also goes to Dr Thobekile Gamede for the role she played in indirectly motivating me to carry on. She was always available to ‘pull’ me up when I was ‘falling’ in spite of her very tight doctoral and career schedule.
Ume njalo Gams, ngiyosho ekhaye Dadewethu!!.
- MaButhelezi, who has been my rising bell and reminder that I had to go to school, get a valid body of knowledge and do effective work in the library.
- The support of my friends, namely; Regina, Lindelwa, Pinky and Lilian.
- Finally but not least my thanks goes to my dear family;
 - Mnyamezelikazi, my only child, who always believes in my potential. She patiently bears the discomfort of a career and studying Mama.
Ngiyabonga Mtanami, ha-ha Nomdidizana, siyaPHOKOPHELA!!.
 - My biological distant brother, Mabandla, who is always my pillar of strength and my lifetime academic mentor.
 - My nephew, Siyabonga, who always listens to my endless phone calls during difficult times and responds empathically.

Kanye noMndeni wami wonke osenyongweni, oNdabe'tha Abakhulu!!

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ABBREVIATIONS:

AIDS	Adeno-Immuno-Deficiency Syndrome
ALP	Adequate Language Proficiency
C11	King Edward-Clairwood Hospital
CCC	Cross Cultural Communication
CC	Communicative Competence
CF	Conceptual Framework
DA	Data Analysis
DAC	Department of Arts and Culture
DACST	Department of Arts, Culture, Science and Technology
DC	Discourse Competence
DEAFSA	Deaf Federation of South Africa
DoE	Department of Education
DoH	Department of Health
Dr	Doctor
EL	Everyday Language

ELP	English Language Proficiency
FDA	Final Data Analysis
FGI	Focus Group Interview
GE	Gastro Enteritis
HIV	Human-Immuno-Virus
HLT	Human Language Technology
IALP	Indigenous African Languages' Program
ICI	Individual Cultural Interview
IK	Indigenous Knowledge
ITI	Individual Topical Interviews
KEH-CII	King Edward Hospital-Clairwood Hospital
KZN	KwaZulu Natal
LANGTAG	Language Task Group
LP	Language Policy
LiHeP	Language in Health Policy
LC	Linguistic Competence
ML	Medical Language
MZUKAZWE	IsiZulu National Language Body
NLBs	National Language Bodies
NLP	National Language Project/Policy
NLPF	National Language Policy Framework
NLS	National Language Services
OPD	Outpatients' Department
P_{AN}SALB	Pan South African Language Board
Pat.	Patient
PDA	Preliminary Data Analysis
PLCs	Provincial Language Committees
prn	When necessary
PTSD	Post Traumatic Stress Disorders
R	Recipient
S	Sender
SA	South Africa
SABS	South African Bureau of Standards
SAPS	South African Police Services

SASL	South African Sign Language
SAQA	South African Qualifications Authority
STDs	Sexually Transmitted Diseases
stat	Immediately
Tabts	Tablets
TPP	Text Production Phase
TIP	Text Interpretation Phase
TB	Tuberculosis
T& I	Translating and Interpreting
TISSA	Telephone Interpreting Services of South Africa
VCP	Verbal Communication Process
ZLP	Zulu Language Proficiency/Program