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

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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 panning 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.
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’ elibenguMhlalahandlela kulucwaning, uMadhlangala kaDukuza Ndabezitha.
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- 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!!*  

**ABBREVIATIONS:**

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