

TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED



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MIRRANDA THOBELA JAVU

2017

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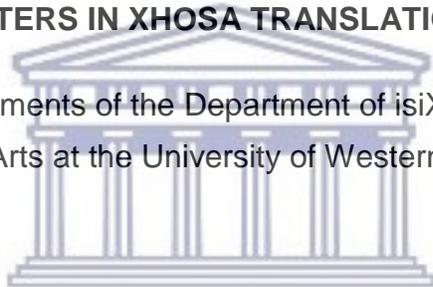
By

MIRRANDA THOBELA JAVU

Thesis submitted in partial fulfilment of the requirements for the degree:

MASTERS IN XHOSA TRANSLATIONS

In accordance with the requirements of the Department of isiXhosa in the Faculty of Arts at the University of Western Cape



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Supervisor: Ms. TV. Mabeqa

Co-Supervisor: Dr. L. Mletshe

2017

ABSTRACT

The aim of this study was to develop isiXhosa terminology for diabetes brochures written in English or in medical terms, to enable diabetes patients to access information on their disease. Lefevere (1992a: xi) describes translation as “rewriting of an original text”. This study re-evaluated Lefevere’s concept of translation by examining English brochures and translating them into isiXhosa brochures. In order to demonstrate how the translator of the English brochures transported the source text messages to the target language, literature was reviewed.

Translation theories or approaches are discussed to assess their impact on the researcher’s attempt in translating diabetes brochures into isiXhosa. Data was collected through questionnaires and interviews, and analysed to assess and answer the problem statement and hypothesis posed by the researcher that there will always be a high death rate of people with diabetes in South Africa, due to a lack of access to materials translated into indigenous languages on how to manage the disease.

Since the available information is written in English or medical terms, it is difficult to reach a large sector of people who cannot read, write and/or speak English. Also, diabetes patients who speak the isiXhosa language lack knowledge on diabetes because they do not have access to information written in isiXhosa, or there is no written information at all.

The study also aimed to translate English terminology including signs and symptoms, and causes and management of diabetes as these are crucial elements to be understood by diabetes patients in order to monitor their health.

Furthermore, the researcher is of opinion that isiXhosa-speaking diabetes patients will be at less risk of dying if they are well informed by means of information in their mother tongue. Language is the soul of people. Without access to information, people are left in the dark and are prone to danger. On this backdrop the research was focused on translating diabetes brochures as a means of disseminating information to diabetes patients whose language is isiXhosa. Challenges encountered during the translation process are highlighted.

DECLARATION OF AUTHENTICITY

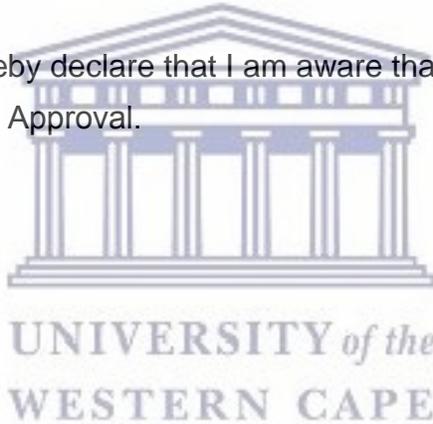
I confirm that;

This thesis is a representation of my original research work and that I have not previously submitted it for a qualification at another institution of higher education. Wherever contributions of others are involved, every effort is made to indicate this clearly, with due reference to the literature, and acknowledgements.

This work was done under the guidance of my supervisor Ms. Thokozile Valencia Mabeqa at the isiXhosa Department, University of Western Cape.

I Mirranda Thobela Javu hereby declare that I am aware that the research may only be published with the Dean's Approval.

Signature of Student



.....

Date.....

SUPERVISOR'S DECLARATION

I confirm that:

In my capacity as supervisor of the candidate's thesis, I certify that the above statements are true to the best of my knowledge.

Supervisor's signature

.....

Date

.....



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DEDICATION

This work is dedicated to my grand daughter

BULUMKO JAVU

“Language is the soul of people.”



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Finally, thank you to the Almighty God for giving me strength and thank you to my Ancestors for giving me an opportunity to continue with my studies.



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Makube “chosi “kuba “hele” maZangwa amahle!!!

KEY WORDS

Translation

Diabetes

Target text

Target reader

Indigenous

Target culture

Source text

Culture

Communication

Language



MEANING OF ABBREVIATED WORDS

ST - Source Text

TT - Target Text

TC - Target Culture

TR - Target Reader

PIC - Prior Informed Consent

LEP - Limited English Proficiency



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Table of Contents

ABSTRACT	ii
DECLARATION OF AUTHENTICITY	iii
SUPERVISOR'S DECLARATION	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
KEY WORDS	viii
MEANING OF ABBREVIATED WORDS	ix

CHAPTER 1

BACKGROUND OF THE STUDY

1.1	Introduction.....	1
1.2	English medical terms used in diabetes brochures.....	2
1.2.1	Information on diabetes.....	4
1.2.2	The impact of translations on diabetes patients	6
1.2.3	The importance of language and culture in translation.....	7
1.2.4	Cultural terms.....	10
1.2.5	Translation and cultural problems	11
1.3	Significance of the study.....	14
1.4	Preliminary cases	14
1.5	Problem statement	17
1.6	Research hypothesis.....	18
1.7	Summary.....	18
1.8	Breakdown of chapters.....	20

CHAPTER 2

LITERATURE REVIEW

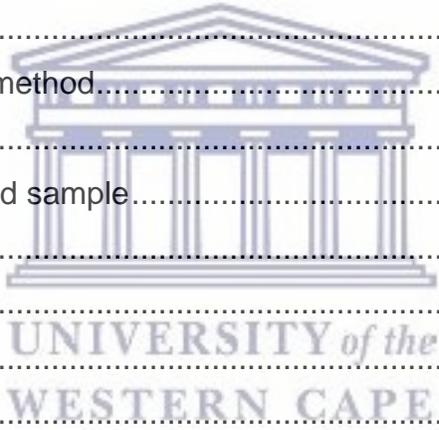
2.1	Introduction.....	22
2.2	What is diabetes?	22
2.3	What is translation?.....	23

2.4	Language and culture in translation.....	30
2.5	Equivalence in translation.....	33
2.5.1	Non-specific definition of the concept.....	42
2.6	Translation theories and approaches	47
2.6.1	Necessity of equivalence as required by essence of translation	55
2.6.2	Necessity of equivalence as demonstrated by limitations of translatability and difficulty of translation.....	56
2.7	Summary.....	57

CHAPTER 3

RESEARCH METHODOLOGY

3.1	Introduction.....	60
3.2	Research design.....	60
3.2.1	Descriptive research method.....	61
3.3	Research setting.....	62
3.4	The study population and sample.....	62
3.4.1	The study population.....	62
3.4.2	Target population	63
3.4.3	Sampling	64
3.4.4	Selective sampling	64
3.4.5	Sample criteria	64
3.5	Data collection.....	65
3.5.1	Data collection procedure.....	65
3.5.2	Data collection settings	66
3.5.3	Data collection instrument.....	67
3.5.4	Questionnaires.....	67
3.5.4.1	<i>Self-designed questionnaires</i>	68
3.5.4.2	<i>Diabetic patients: Questionnaires</i>	69
3.5.4.3	<i>Interviews</i>	70
3.5.5.4	<i>Staff members: Interviews</i>	71
3.6	Data analysis.....	73
3.7	Literature control.....	74
3.8	Trustworthiness	74



3.8.1	Reliability	74
3.8.2	Validity.....	75
3.8.3	Transferability	76
3.8.4	Credibility	77
3.8.5	Dependability	77
3.8.6	Conformability	77
3.8.7	Dissemination of results	77
3.9	Ethical consideration	78
3.9.1	Informed consent	79
3.9.2	Self-determination	80
3.9.3	Anonymity and confidentiality	80
3.9.3.1	<i>Anonymity</i>	80
3.9.3.2	<i>Confidentiality</i>	81
3.10	Summary	81

CHAPTER 4
RESULTS

4.1	Outcomes of the study.....	83
4.2	Analysis of data gathered.....	83
4.2.1	Chart A: Summary of preferred language.....	84
4.2.2	Table A: Analysis of questionnaire, Appendix 7	84
4.2.3	Analysis of questionnaire Appendix 7	85
4.3	Discussion on data analysis and interviews	87
4.4	Challenges encountered during translating diabetes brochure.....	92
4.4.1	Adaptation	94
4.4.2	Borrowing	96
4.4.3	Calque.....	97
4.4.4	Expansion	98
4.4.5	Literal translation.....	98
4.4.6	Modulation.....	99
4.4.7	Variation	99
4.5	Challenges encountered during the study	99
4.6	Summary	101



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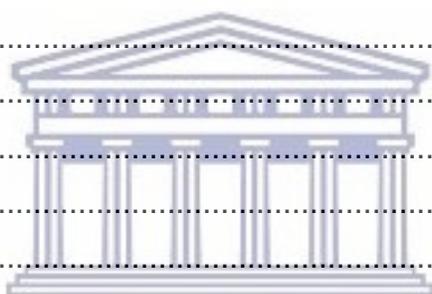
CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion.....	103
5.2 Recommendations.....	105

BIBLIOGRAPHY..... 108

Documents	116
Appendix 1	117
Appendix 2	118
Appendix 3	119
Appendix 3.1	120
Appendix 4	121
Appendix 4.1	122
Appendix 5	123
Appendix 5.1	124
Appendix 7	168
Appendix 7.1	170
Appendix 8	172
Appendix 8.1	173
APPENDIXES AS PROOF OF RESEARCH CONDUCTED.....	174



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CHAPTER 1

BACKGROUND OF THE STUDY

1.1 Introduction

Mfuleni Clinic is situated at Mfuleni Township, which falls under the Cape Metro Region, Western Cape, South Africa. The clinic has an average of 265 diabetes patients who attend a diabetes club on Tuesdays and Wednesdays every week, mainly black and between 30 and 81 years old. The clinic has an average of 98% isiXhosa language speakers and 2% Afrikaans language speakers.

The clinic is overburdened with patients that present with minor illnesses, while other have chronic diseases such as diabetes and high blood pressure. It appears that patients are uneducated in self-management of these diseases due to a lack of access to information written in their own languages, specifically those who come from the Eastern Cape Province of South Africa, where their home language is isiXhosa.

This study aimed to investigate the means of making information available in isiXhosa by translating English diabetes brochures and to make this accessible to diabetes patients in clinics and hospital wards.

The study also aimed to develop isiXhosa terminology for diabetes to enable these patients to understand the signs and symptoms, causes and management of diabetes.

Overall, the main purpose was to increase the availability of isiXhosa-translated brochures in healthcare centres to enable diabetes patients to access useful information in their language that will help to improve and assist themselves and healthcare professionals in the management of diabetes.

The researcher is of opinion that if isiXhosa-speaking diabetics can be well informed by means of translating the information to their indigenous language, the risk of people dying of diabetes would decrease.

1.2 English medical terms used in diabetes brochures

Diabetes is one of the most challenging public health problems of the 21st century. The number of people with diabetes, particularly type 2 diabetes, is rapidly increasing throughout the world. According to Rotchford and Rotchford (2002:60), in 1985 an estimated 30 million people worldwide had diabetes. In 2000 the figure had risen to over 150 million people. According to World Health Organization (WHO) estimations (Rotchford and Rotchford, 2002:60) this figure is expected to double by the year 2025.

Diabetes is characterized by high blood glucose levels resulting from defects in insulin production, insulin action, or both (Diabetes Care. 2003; 26 Suppl. 1: S5-20).

South Africa is a democratic country with different indigenous language users in nine Provinces, with a population that is estimated at 50.5 million including diabetic patients of approximately 840 000. Other studies say there may be as many as 1.5 million diabetics. Although statistics in South Africa show an annual high rate of people with diabetes, very little is known about these people. Here, those most at risk of developing diabetes are the black community because of their rapid lifestyle and cultural changes (<http://sweetlifemag.co.za/2011/07/diabetes-in-southafricathefact/retrieved.date:01/07/2012>).

Therefore, it is imperative that health information has to be written in languages that patients can read, write and understand to enable these patients to take care of their health condition and also to feel free to ask questions concerning their health.

Heylen (1987:1) states that in a time of rapid and radical social change, no understanding or communication is possible without translation. This statement holds true for a country like South Africa, where there are various language groups.

For information to reach across linguistic and cultural barriers, translation is the solution. "Translation is a kind of activity which inevitably involves at least two languages and two cultural traditions" (Toury 1978:200). As this statement implies, translators are permanently faced with the problem of how to treat the cultural aspects that are implicit in a source text (ST), and finding the most appropriate technique of successfully conveying these aspects in the target language (TL). These problems may vary in scope, depending on the cultural and linguistic gap between the two (or more) languages concerned (Nida 1964:130).

Language and cultural differences between patients and health care providers may have adverse health consequences. Doctors and nurses often use specialized terminology that is not well understood by their patients. Names of common illnesses such as arthritis (isifo samathambo), diabetes (isifo seswekile) and hypertension (oxinzelelo lwegazi), often mean something different to the patients.

The English medical terms used in diabetes brochures such as glucose, insulin, pancreas, hyperglycemia, and gestational diabetes, restrict the dissemination of information from reaching disadvantaged communities, especially, in rural areas where elders and young people can neither read nor write English.

In a country like South Africa, these texts are generally written by medical experts and are not translated into indigenous languages. One of these languages is isiXhosa, which is spoken by most people who relocated from the Eastern Cape to seek employment opportunities in the Western Cape.

Kruger (2010: 150–166) warns that as English is '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'. Hence, when the researcher translated diabetes brochures into isiXhosa, words/sentences that are used in English were rephrased (see appendix 7.1 attached) to a language that will be understood by the target reader. For example, on page 6 of the original English brochure there are phrases like "gestational diabetes". If the researcher were to translate this word using a loan word that is "igestayshinali", TR would never understand the meaning;

hence, the researcher rephrased it to “isifo seswekile ngexesha lokukhulelwa”. Other examples: on page 8, hyperglycaemia was translated to “iqondo eliphezulu leswekile elingaphezu komlinganiselo weswekile yegazi”. On page 2, insulin was translated to “incindi yedlala eveliswa yinjeke”, and on page 3, glucose to “iswekile yegazi”. However, if the words “igestayishinali”, “idayabhethisi”, “iglukhozi”, “i-insulini”, “ihayiphaglaykhemiya” were to be translated using these loan words, the TR would not understand. Hence, the researcher decided to re-write these words in a manner that the TR would understand and follow the message conveyed from the original text.

1.2.1 Information on diabetes

According to the 2006 estimates from Statistics South Africa (<http://www.south-africa.org.za>, 2006), English is only the fifth most spoken language in our country. Since taking power in the 1994 elections, the ANC has promoted English as the main language of government. South Africans often take pride in using indigenous languages for any purpose.

In terms of linguistic classification, the official languages include two West Germanic languages (English and Afrikaans) and nine African languages. Five of these are Nguni languages (Zulu, Xhosa, Swati, Tshivenda and Ndebele) and three are Sotho-Tswana languages (Northern Sotho, Southern Sotho and Tswana). Tsonga is a Tswa-Ronga language. The most common language spoken as a first language by South Africans is Zulu (23%), followed by Xhosa (16%), and Afrikaans (14%). English is the fourth most common first language in the country (9.6%), but is understood in most urban areas and is the dominant language in government and the media.

The majority of South Africans speak a language from one of the two principal branches of the Bantu languages represented in South Africa, namely: the Sotho-Tswana branch (Sesotho, Northern Sotho, Tswana), or the Nguni branch (Zulu, Xhosa, Swazi, Ndebele). For each of the two groups, the languages within that group are for the most part intelligible to a native speaker of any other language within that group.

African languages of South Africa can be divided into two geographical zones, with Nguni languages being predominant in the South-Eastern third of the country (Indian Ocean coast) and Sesotho languages being predominant in the Northern third of the country located further inland, as also in Botswana and Lesotho. Gauteng is the most linguistically heterogeneous province, with roughly equal numbers of Nguni, Sesotho and Indo-European language speakers. This has resulted in the spread of an urban jargon, Tsotsitaal, in large urban townships in the province.

Afrikaans, a language derived from Dutch, is the most widely spoken language in the Western half of the country (Western and Northern Cape). It is spoken as first language by approximately 61% of whites and 76% of colored people in the country. Afrikaans is also spoken widely across the centre and North of the country, as a second (or third or even fourth) language by black South Africans living on farms in the Western Cape areas. Other significant languages spoken in South Africa, though not mentioned in the Constitution, include Fanagalo, Lobedu (Kholobedu), Northern Ndebele (Sindebele), and Phuthi (Siphuthi). Lobedu has been variously claimed to be a dialect of Northern Sotho and an autonomous language. Fanagalo is a pidgin often used as a mining lingua franca. More importantly, all these languages mentioned above have significant local functions in specific communities whose identity is tightly bound around the linguistic and cultural identities.

There is also sign language that needs to be recognized as one of the official languages in South Africa. The constitution mentions "sign language" in the generic sense rather than, as is widely believed, South African Sign Language. South African Sign Language is understood across the country, though sometimes sign language interpreters and translators use manually coded language.

Therefore, it is essential that all of these language users to receive information, particularly health-related information in health care centres, that is translated into the different languages that they understand and feel comfortable to use. For example, when the researcher was conducting this study at the Mfuleni clinic, she came across one participant who spoke none of the two languages, but sign language. Willing and interested to participate in the study, the participant highlighted that in the community

health care centres there should be information translated from English to sign language to enable those who do not understand any of the languages spoken in the clinic.

A complicating issue is the fact that the TR of health information at urban clinics and hospitals have access to the written diabetes information, while the vast majority of the rural population is unable to access the information. The question that begs to be answered is whether isiXhosa-translated diabetes brochures are indeed accessible to the general readership of isiXhosa speakers. In particular, the problem that will be addressed in this study is how isiXhosa-translated diabetes information can be made more accessible to isiXhosa language users.

Furthermore, the use of English may also hamper understanding as readers from rural areas are not that familiar with English, and for this reason, when the researcher translated the English brochures to isiXhosa, 'easy' language had to be used that the TR would understand. According to Bassnett (1980:23), when translating, translators are expected to use strategies that can deal with non-lexicalized, problematic or other related terms that appear in health texts, as well as geographical and cultural constraints. Hence, the translators have to deal with cultural constraints such as the issue of cultural taboos. For example, explicit sexual expressions should be avoided in material aimed at an African target group.

1.2.2 The impact of translations on diabetes patients

The potential for misunderstanding is huge, especially for disadvantaged communities of the population with a low digital and literacy level. Poor cross-cultural communication between the healthcare professionals and patients were noted at the Mfuleni clinic, which other communication barriers, apart from language barriers, lead to a lack of understanding between the two parties.

When health care providers fail to understand cultural differences between themselves and their patients, the communication and trust between them may suffer. This in turn may lead to patient dissatisfaction, poor adherence to medications and health promotion strategies, and poorer health outcomes. Moreover, when providers fail to consider socio-

cultural factors, they may resort to stereotyping, which can affect their behavior and clinical decision-making. For example, during this study, a diabetes patient was complaining about a lack of communication between the nurses, using Afrikaans and English without any interpreter. The patient, Mrs "X", reported that she was attended to by an Afrikaans-speaking nurse, who was communicating in English. The patient was given a piece of paper, which she never understood what to do with, as it was her first time at the Mfuleni clinic. She took the paper home with her not knowing that it was her medication prescription. She was told to take the paper to the front desk and wait for her name to be called for her medication, due to the language used by an English-speaking nurse, which she could not understand. She went back home complaining that she was never given treatment.

Before she decided to go to another clinic, she fell ill and her neighbor gave her diabetes medication from her prescription. She continued to deteriorate until she was taken back to the clinic. The nurses were furious that Mrs "X" did not want to take her medication, telling her that if he does not want medication, she is at risk.

1.2.3 The importance of language and culture in translation

It is known that a perfect translation of culturally bound texts is impossible. The translation focusing on the purpose of the SL text writing is, however, always possible.

Translation plays an important role in human communication. Language and culture are homologous mental realities. Cultural products are representations and interpretations of the world that must be communicated in order to be lived. Therefore, to speak is to assume a culture, and to know a culture is like knowing a language.

Language and culture may be seen as being closely related and both aspects must be considered for translation. When considering the translation of cultural words and notions, Newmark proposes two opposing methods: transference and componential analysis (Newmark, 1988:96). As Newmark mentions, transference gives "local colour", keeping cultural names and concepts. Although placing the emphasis on culture, meaningful to initiated readers, he claims this method may cause problems for the general readership

and limit the comprehension of certain aspects. The importance of the translation process in communication leads Newmark to propose componential analysis which he describes as being "the most accurate translation procedure, which excludes the culture and highlights the message" (Newmark, 1988:96).

More specifically concerned with language and translation, Newmark (1988:94) defines culture as "the way of life and its manifestations that are peculiar to a community that uses a particular language as its means of expression", thus acknowledging that each language group has its own culturally specific features. He further clearly states that operationally he does "not regard language as a component or feature of culture" (Newmark 1988:95) in direct opposition to the view taken by Vermeer who states that "language is part of a culture" (1989:222).

According to Newmark, Vermeer's stance would imply the impossibility to translate whereas for the latter, translating the source language (SL) into a suitable form of TL is part of the translator's role in transcultural communication.

On a practical level, language has to do with sounds, symbols and gestures that a community puts in order and associates so that they can communicate. On a deeper level, language is an expression of who we are as individuals, communities, and nations. Culture refers to dynamic social systems and shared patterns of behavior, beliefs, knowledge, attitudes and values. Culture provides the environment in which languages develop, and even influences how they are used and interpreted. For example, in many European cultures a "good day" is a sunny day, while in many African cultures a "good day" is a rainy day. Different culturally shared values provide the context for interpreting the term "good" (Why Language & Culture Studies? SIL International retrieved on the 3/3/2016).

The notion of culture is essential to considering the implications for translation and, despite the differences in opinion as to whether language is part of culture or not, the two notions appear to be inseparable. Discussing the problems of correspondence in translation, Nida confers equal importance to both linguistic and cultural differences between the SL and the TL and concludes, "differences between cultures may cause more severe complications for the translator than do differences in language structure" (Nida, 1964:130). The

researcher supports this statement, in the case of translating English diabetes brochures to isiXhosa. Lotman (1978: 211-32) states that "no language can exist unless it is steeped in the context of culture; and no culture can exist which does not have at its centre, the structure of natural language". Bassnett (1980: 13-14) underlines the importance of this double consideration when translating by stating that language is "the heart within the body of culture," the survival of both aspects being interdependent.

Linguistic notions of transferring meaning are seen as being only part of the translation process; "a whole set of extra-linguistic criteria" must also be considered. As Bassnett (1980:23) further points out, "the translator must tackle the SL text in such a way that the TL version will correspond to the SL version. To attempt to impose the value system of the SL culture onto the TL culture is dangerous ground." Thus, when translating, it is important to consider not only the lexical impact on the TL reader, but also the manner in which cultural aspects may be perceived, and then make translating decisions accordingly.

Literary texts display many linguistic peculiarities, as well as social and cultural aspects of our lives and, thus, we can assert that literary translation is one of the main ways of communication across cultures. Translating literary texts, however, is not an easy task, since it certainly poses many problems for the translator. One such a problem is that some words or phrases denoting objects, facts, phenomena, etc., are so deeply rooted in their source culture (SC) and so specific (and perhaps exclusive or unique) to the culture that produced them, that they have no equivalent in the target culture (TC). Be it because they are unknown, or because they are not yet codified in the target language (TL). When discussing the problems of correspondence in translation, "differences between cultures may cause more severe complications for the translator than do differences in language structure" (Nida 130). Moreover, several theorists, such as Santoyo, García Yebra and Yifeng, amongst others, support untranslatability when texts are faced with terms which are as culture-bound and culture-specific as to defy translation (cf. Fernández Guerra, "The issue" 41).

In all cases, when cultural differences exist between the two languages, it is extremely difficult to achieve a successful transfer, if not impossible (whatever the competence of the translator in the two languages involved). In addition, even the slightest variation from the

source language (SL) cultural term can be seen as an act of subversion against the culture it represents. Literary translation itself can even be regarded as an act of subversion, or a means of providing an alternative or subversion of reality.

1.2.4 Cultural terms

Many scholars agree with the fact that language is an expression of culture and individuality of its speakers and have, hence, deeply examined cultural terms, as well as the problems involved in their translation when there is a lack of equivalence between two languages and cultures. Venuti (1998) for example seem to have been the first one to coin the term to refer to cultural elements, and the term has now been generalized and is frequently used to refer to objects, customs, habits, and other cultural and material aspects that have an impact in shaping a certain language.

Since then, many classifications and classifications for such cultural aspects have been offered (Baker (1992), Katan (1999), Newmark (1998), etc.). Following Nida and applying the concept of culture to the task of translation, Newmark (1998:21) puts forth his classification of foreign cultural words, establishing four categories:

1. Ecology (flora, fauna, winds, climate, etc.)
2. Material culture (food, clothes, houses, towns, transport)
3. Social culture (work and leisure)
4. Organizations, customs, activities, procedures or concepts (which include artistic, religious, political and administrative sub-categories, gestures and habits)

Katan (1999:17) also provides a comprehensive view of how culture reveals itself at each of the following logical levels:

1. Environment (including climate, housing, food, etc.)
2. Behavior (actions and ways of behaving in certain cultures): greeting someone with two kisses instead of shaking hands, for example, is quite common in Spain
3. Capabilities, strategies and skills used to communicate (including non-verbal communication, rituals, etc.)
4. Values of the society and its hierarchy
5. Beliefs

It is true that translating cultural terms, such as the types mentioned above, causes many translation difficulties, but this does not mean that they cannot be translated. In fact, along the lines of some translation scholars, all languages can say (or are capable of saying) the same things; but, as a rule, all of them say it in a different way. Indeed, should two languages say it in the same way; one would not be speaking of two languages, but of the same language. The translator can have recourse to several devices for solving the problem of bridging the gap across cultures, providing that s/he is culturally aware of those differences. S/he can rely on various procedures, techniques or strategies to deal with such translation problems.

1.2.5 Translation and cultural problems

The problem is what happens when cross-culture contacts and interaction take place, i.e., when the message producer and the message receiver are from different cultures. The contact among culture increased and makes the intercultural communication imperative for people to make a concerted effort to get along with and understand those whose beliefs and backgrounds may be vastly different from their own.

Language can mark the cultural identity, and is also used to refer to other phenomena and refer beyond itself especially when a particular speaker used it for his intentions. A particular language points to the culture of a particular social group. We can conclude that language is a culture, consequently, translating a language is translating a culture. Therefore, to translate, a translator should know both the language and culture.

Culture is a fuzzy set of attitudes, beliefs, behavioral conventions, and basic assumptions and values that are shared by a group of people and that influence each member's behavior and each member's interpretations of the meanings of other people's behavior. Language is the medium for expressing and embodying other phenomena. It expresses the values, beliefs and meanings that members of a given society share by virtue of their socialization into it. Language also refers to object unusual to a given culture and that is so evident in proper names that embodied those objects. Language is a part of culture and

through it, we can express the cultural beliefs and values. In fact, translation means to produce an equivalent message in the target language.

In this context, Nida (1964: 120) notes that the production of an equivalent message is a process of matching different parts of speech, but also reproducing the total dynamic character of the communication. In other words, the text and the context have to be considered. Language and context are based on the culture and its sign systems in which the language is created.

Language, as a sign system, is a cultural vehicle that reflects the society and its values in which communications take place. Non-linguistic signs that form part of the context determine the cultural framework in which linguistic signs function. The task of the translator is to find a translation theory to deal with cultural aspects in the transference of the meaning of the sign into a target language.

Nida (1964) suggests five important phases of communication that have to be considered when translating. They are:

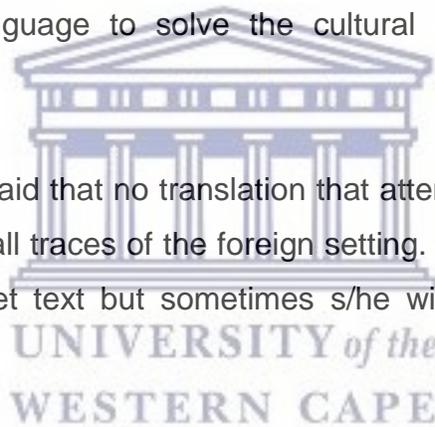
1. The subject matter, i.e., the referents that are talked about.
2. The participants who take part in the communication.
3. The process of writing.
4. The code used that is language, including all its symbols and arrangements.
5. The message that is the particular way in which the subject matter is encoded into specific symbols and arrangements.

According to Nida (1964) the translator may have problems in decoding the message in the case of translating texts between different cultures which are not closely related. The translator, in this case, will find a rare form of words, unusual syntax, strange combinations of words and unfamiliar themes. As a result, s/he will face problems in decoding the original message. He added that certain aspects of culture are universal and not culturally bound. Human experiences are so much alike throughout the world. Everyone eats, sleeps, works, are related to families' experiences, loves, hates, has jealousy, is capable of altruism, loyalty, and friendship, and employs many facial gestures, which are almost

universal. In fact, what people of various cultures have in common is far greater than what separates them from one another.

Nida (1975:156) further proposed cultural dynamic equivalence. The dynamic equivalent translation is the closest natural equivalent to the message of the source language. This definition contains three essential terms: equivalent, which refers to the source language message; natural, which refers to the receptor language; and closest, which binds the two orientations together based on the highest degree of approximation. The translation should bear no obvious trace of a foreign origin; it should fit the whole receptor language and culture. However, when source and receptor languages represent very different cultures there should be many basic themes and accounts that cannot be naturalized by the process of translating. Language is embedded in a cultural context and has to be transferred to the target language to solve the cultural challenges and problems in translation.

In this case, Nida (1969:24) said that no translation that attempts to bridge a wide cultural gap, could hope to eliminate all traces of the foreign setting. Thus, the translator could not always domesticate the target text but sometimes s/he will foreignise certain terms or words.



Domestication means changing the SL values and making them readable for the TL audience. However, foreignisation is keeping the values of the SL and exposing the audience to them.

The translation from the English language is to be faithful to the meaning of the original message, the translator should know the linguistic and extra-linguistics signs, and culture of the target receivers. In this context Hurtado Albir (1990: 79) writes, "In order to be faithful to the original meaning, the translator should be faithful to what the original author wants to say. Then in his re-writings he should be faithful to the proper meaning that helps the target language to express these thoughts. What the author wants to say help the receivers to understand the target text the same as the original text receivers understand it." (Hurtado Albir (1990: 79) in Arab World Journal AWEJ Special Issue on Translation No. (2) 2013. Retrived on the 02/02 2017).

1.3 Significance of the study

The study aimed to promote isiXhosa translated brochures and written information on diabetes to be accessible in healthcare centres.

The researcher explored the effectiveness of isiXhosa-translated diabetes brochures and captured data from participants regarding the impact on isiXhosa-translated information.

The study recognized the important role that can be played by diabetes patients in managing their health condition by promoting the translation of medical terms into isiXhosa, and the use of the isiXhosa language in community health care centres.

The study will assist in influencing language policies in terms of promoting written isiXhosa translations of diabetes information; furthermore, it will contribute towards translating English information on diabetes to isiXhosa.

Furthermore, the study will influence healthcare professionals, such as doctors and nurses, to make use of isiXhosa-translated brochures and to distribute isiXhosa diabetes information amongst their diabetes patients during their club visits.

The study will also help in developing interpersonal relations between healthcare professionals and diabetes patients through sharing an understanding of diabetes information.

Lastly, the study will influence healthcare professionals to acknowledge and embrace the use of indigenous languages within the health sectors.

1.4 Preliminary cases

Having observed the problem of a lack of isiXhosa-translated information/brochures in diabetes healthcare centres of the Western Cape Province, it was the researcher's first attempt to translate an English diabetes brochure into IsiXhosa.

The Mfuleni Clinic was used to conduct a pilot study to investigate whether diabetic patients are dying due to a lack of access to isiXhosa-translated information and that it is the reason that makes them fail to manage their condition. Hence, this study was undertaken as an acknowledgement of the importance of diabetes patients at the Mfuleni Clinic. As far as could be ascertained, a study of this nature was the first of its kind in South Africa and the researcher found rareness in literature regarding this topic.

The written approval to conduct this study was granted by the Senate Research Committee of the University of the Western Cape. The first meeting was held with the Unit Manager of Mfuleni Clinic, during which verbal permission was obtained to conduct the study. The Unit Manager who was interested and willing to participate in the study, directed the researcher to the National Health Research Database to apply and request for written permission from the Health Impact Assessment Committee of the Western Cape Province to conduct the study at Mfuleni Clinic. Written permission was kindly granted.

The staff members at the clinic were also very excited about the study, stressing the fact that there is no written information on diabetes in their clinic at all. Sister Tiervlei, an Afrikaans-speaking nurse who is responsible for diabetes patients, also indicated that most diabetes patients attending this clinic are isiXhosa-speaking, and most of them do not understand Afrikaans or English. She also stated the clinic is overcrowded and the nurses are very busy, and in her case, it is sometimes difficult to find someone who can translate or interpret, which creates room for error due to the language barrier.

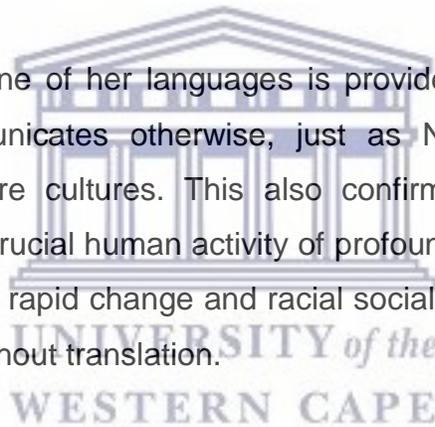
She emphasised that if the Department of Health could provide Community Health Care Centres written information on diabetes, particularly in isiXhosa, it would assist them as biomedical workers as they all cannot speak African languages. She concluded by saying that she is praying for the study to be successful so that the first isiXhosa-translated diabetes brochures will be available at Mfuleni Clinic.

The willingness of the diabetes patients to participate in the study made the data collection possible in only two weeks. Participants had a choice to read either the English or the isiXhosa-translated brochure. 18 participants voluntarily chose the isiXhosa brochure and were not interested in reading the English brochure. The researcher was curious to know

why the participants refused the English brochure and the responses were different. Some would say that English is difficult to understand and that they only read isiXhosa; others preferred the isiXhosa brochures because they felt it would be better to read the information in their own language. A questionnaire was also used to determine the number of the preferred language.

A deaf 39-year-old female participant could not fully understand any the two languages but was willing to participate. She asked the researcher to read any of the two brochures but preferred to write her answers in English. The researcher read the isiXhosa brochure and questionnaire, which were translated into sign language by her sign language interpreter. The researcher wanted to understand the willingness of her participation, to which she responded that she had a personal interest in diabetes information.

She further indicated that none of her languages is provided here as she belongs to a different culture that communicates otherwise, just as Nord (1997:24) claimed that translating means to compare cultures. This also confirms the statement by Heylen (1987:1) that translation is a crucial human activity of profoundly transformative nature. He further stated that in a time of rapid change and racial social change, no understanding or communication is possible without translation.



The researcher also conducted interviews with three staff members of the clinic, who work directly with the diabetes patients. This was done to find out more about the need and importance of isiXhosa information on diabetes, and also to investigate if there were any isiXhosa brochures on diabetes, or any diabetes information, available in the clinic.

Here, it was indicated that there is no written information on diabetes at all. The only information that patients were receiving is verbal information. This creates difficulty to focus on diabetes patients only as attending patients are suffering from other illnesses like high blood pressure.

The staff members further indicated that since the diabetic patients do not attend the diabetes club every day, not all patients are receiving the verbal information since there is a change of topic for every club meeting to accommodate other patients who are suffering

from other illnesses. They also highlighted that if they could be provided with written diabetes information or brochures, especially in isiXhosa, it would make a change in people's lives.

The brochure information was left with the Unit Manager to read, this was done to explore the interest of a need for a isiXhosa brochure, and to pave a way for a follow-up meeting with the manager.

1.5 Problem statement

The activities of the National Department of Health and various non-governmental organizations (NGOs) in disseminating information about health issues include writing texts on themes such as: health education, curative and preventive services and the elimination of causes of ill health.

The brochures and health information produced by the Department of Health and the NGOs are mainly written in English and distributed to English readers in private clinics and hospitals. There are no isiXhosa brochures on diabetes nor isiXhosa-translated diabetes information in health care centres in black communities and public hospitals.

Since the information is written in English it creates difficulty for the information to reach a large sector of people who can or cannot read, write nor speak English. Welman, Kruger and Mitcell (2005:14) echoed that in the process of scientifically investigating research problems, there must be discernment between different, successive stages called the empirical cycle.

This process leads to the setting of the research question (Welman et al., 2005:13).

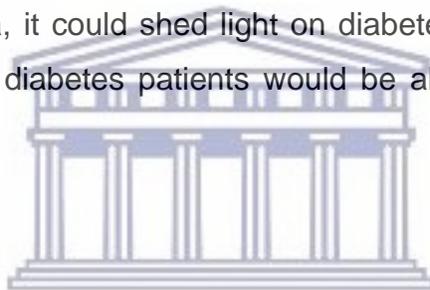
Therefore, it appears that there is a lack of access to translated diabetes information particularly in isiXhosa, which cause lack of knowledge about diabetes and leads to further serious complications or death.

When the researcher visited Mfuleni Clinic, she found it strange that the nurse attending to diabetic patients is Afrikaans speaking and could not speak or understand isiXhosa or any African language. Interestingly, the majority of diabetes patients in this clinic were isiXhosa

language users, and particularly those who could not understand Afrikaans or English. This means that there will always be misunderstanding between both the healthcare professionals and the patients. Secondly, there was no written isiXhosa-translated information on diabetes and no written information on diabetes at all.

It was also indicated that patients are only receiving verbal information. This made it difficult for the staff to focus on diabetes patients only, since other attending patients are suffering from and other illnesses.

Chesterman (1989:13) claimed that the ultimate goal of translation is to build understanding between groups that see each other as “other”. This means that two groups with different languages and cultures see each other as different. Therefore, by translating English brochures to isiXhosa, it could shed light on diabetes care in South Africa, since healthcare professionals and diabetes patients would be able to understand each other better through translation.



1.6 Research hypothesis

According to Singh (2006:17-22), the research hypothesis is a presumptive statement of proposition, which the investigation seeks to prove, and that the hypothesis offers a solution to a problem. The research hypothesis of this study is therefore: There will always be a high rate of people dying of diabetes in South Africa, because of a lack of access to materials translated into indigenous languages on how to manage diabetes.

1.7 Summary

Having observed the problem of a lack of access to materials translated into isiXhosa in diabetes health care centres of the Western Cape, the Mfuleni Clinic was used to conduct a pilot study to investigate whether diabetic patients are failing to manage their condition because of a lack of materials translated into isiXhosa.

It was also indicated that patients are only receiving verbal information. This made it difficult for the staff to focus on diabetes patients only, since other attending patients are suffering from and other illnesses.

A variety of different approaches have been examined in relation to the cultural implications for translation. It is necessary to examine these approaches bearing in mind the inevitability of translation loss when the text is, as here, culture bound.

Considering the nature of the text and the similarities between the ideal ST and TT reader, an important aspect is to determine how much missing background information should be provided by the translator.

It has been recognised that in order to preserve specific cultural references, certain additions need to be brought to the TT. This implies that formal equivalence should not be sought as this is not justified when considering the expectations of the ideal TT reader.

At the other end of Nida's scale, complete dynamic equivalence does not seem totally desirable either, as cultural elements have been kept in order to preserve the original aim of the text. Thus, the cultural implications for translation of this kind of ST do not justify using either of these two extremes and tend to correspond to the definition of communicative translation, attempting to ensure that content and language present in the SL context is fully acceptable and comprehensible to the TL readership (Newmark, 1988).

It is true that translating cultural terms, such as, environment, behavior, capabilities, values of the society and its hierarchy beliefs, identity environment, including ecology, place names, cultural heritage, social culture and linguistic culture; strategies and skills used to communicate causes many translation difficulties, but this does not mean that they cannot be translated. In fact, along the lines of some translation scholars, particularly those of the Leipzig school, all languages can say (or are capable of saying) the same things; but, as a rule, all of them say it in a different way. Indeed, should two languages say it in the same way, then we would not be speaking of two languages, but of one and the same language. The translator can have recourse to several devices for solving the problem of bridging the gap across cultures, providing that s/he is culturally aware of those differences. S/he can

rely on various procedures, techniques or strategies to deal with such translation problems.

1.8 Breakdown of chapters

Chapter 1 is an introductory chapter aimed to investigate means of making information written in isiXhosa, by translating English diabetes brochures, accessible to diabetes patients in clinics and hospital wards to enable isiXhosa-speaking patients to know more about their illness and to form a better understanding of how to manage their condition.

Chapter 2 consists mainly of a literature review to supply the necessary theoretical basis for the study. It focussed on what translation is as discussed by different translation scholars, and also looked at what the translation process is about, as suggested by different translation scholars. Translation theories/approaches were discussed to assess their impact on the researcher's attempt in translating diabetes brochures to isiXhosa. To sum up, Chapter 2 views over the concept of translation and equivalence. They say translation studies maybe analogous. In addition, the components of equivalence were described. Furthermore, two main approaches known as linguistic approach and functional or descriptive-historical approach were discussed.

In Chapter 3, the geographical area where the study was conducted, the study design and the population and sample were described. The instrument used to collect the data, and reliability of the instruments was also described.

Chapter 4, is the data analysis, and the approaches that have been discussed in Chapter 2 that resulted in the production of a translated text. The data was organised, analysed and summarised by the researcher according to the number of participants, age, gender, race, information distributed and language preference to assess and answer the question of the problem statement and the hypothesis posed that there is no isiXhosa translated information/brochures on diabetes.

Chapter 5 is the conclusion and recommendations. It was demonstrated that diabetes patients lack knowledge of diabetes because some of them are uneducated and do not

have access to the information that is written in isiXhosa, and there is no written information at all that they can read and understand in health care facilities.



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CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter consist mainly of a literature review to supply the necessary theoretical basis for the study, it looked at what translation is as discussed by different translation scholars, and also at what the translation process is about. Translation theories/approach are discussed to assess their impact on the researchers' attempt in translating English diabetes brochures to isiXhosa. De Vos (1998:119) suggests that the purpose of a literature review is the evidence of reading about the topic. It therefore enables the researcher to identify limitations from previous studies.

The chapter also investigated and discussed translation theories and approaches as suggested by various translation theorists, to see whether they had any significance in the translation of English diabetes brochures into isiXhosa.

It also demonstrated the various inconsistencies in the different approaches with regard to translation, particularly isiXhosa translation. Nicholas (1996:83) states that a literature review can be done before and after data was collected and is used to create a factual background for the study and/or to compare with collected data. If it is used to serve as method of control, it is called a literature control. Nicholas (1996) further states that the new information can be compared against the existing information. This would serve the purpose of confirming and elaborating on existing literature or to prove contradiction facts.

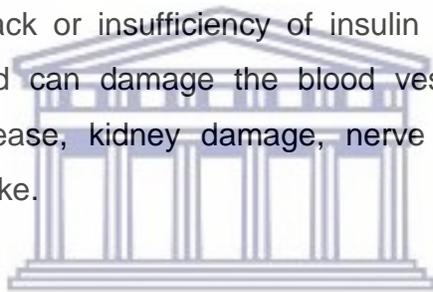
2.2 What is diabetes?

Mandal (2012:37) describes diabetes as a condition where the body fails to utilize ingested glucose properly. He states that this could be due to a lack of the hormone insulin or

because the insulin that is available is not working effectively. Mandal explains the term “diabetes”, which is the shortened version of the full name, Diabetes Mellitus.

There are two types of diabetes – type 1 and type 2. Type 1 diabetes is called insulin-dependent Diabetes Mellitus and occurs at a younger age or childhood. It is caused by heredity; genes are passed down from biological parent to child. Genes carry instructions for making proteins that are needed for the body’s cells to function. In these patients there is a complete lack of the hormone insulin that mandates external administration of the hormone regularly as treatment.

In type 2 diabetes, not enough insulin is produced or the insulin that is made by the body is insufficient to meet the needs of the body. Obesity or being overweight predisposes one to type 2 diabetes. Due to a lack or insufficiency of insulin there is high blood glucose. Excess glucose in the blood can damage the blood vessels. This leads to several complications like heart disease, kidney damage, nerve damage, eye damage and blindness, impotence and stroke.



2.3 What is translation?

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Translation is defined in many ways and may be understood differently by people, especially people who are not translators. Translation is one of the diverse means of communication. This is mainly because it sets up an association between at least two languages and their culture. Through translation, are also transferred the characteristic elements from one language into the other.

Translation has a great effect on our everyday life. We can define it as being a process or even being a product, as well. Therefore, it covers different perspectives. Translation focuses on the translator’s role from taking a source text and turning it into one in another language, but also concentrates on the specific product created by the translator.

In Susan Bassnett’s book, *Translation Studies* (2002: 21), translation is defined as, “Translation involves the transfer of "meaning" contained in one set of language signs into

another set of language signs through competent use of the dictionary and grammar; the process involves a whole set of extra-linguistic criteria also.”

As Shuttleworth and Cowie (1997:48) observe throughout the history of research into translation, the phenomenon has been variously delimited by formal descriptions, echoing the frameworks of the scholars proposing them. For example, Bell (1991: XV) starts with an informal definition of translation, which runs as follows: the transformation of a text originally in one language into an equivalent text in a different language retaining, as far as is possible, the content of the message and the formal features and functional roles of the original text. At the beginning of the ‘scientific’ (Newmark, 1988:2) study of translation, Catford (1965: 20) described it in these terms: the replacement of textual material in one language (SL) by the equivalent textual material in another language (TL). That his concern was with maintaining a kind of ‘equivalence’ between the ST and the TT is apparent.

Thirty years later, in Germany, the concept of translation as a form of ‘equivalence’ is maintained, as we can see from Koller’s definition (1995: 196): “the result of a text processing activity, by means of which a source language text is transposed into a target-language text. Between the resultant text in TLR (the target-language text) and the source text in SLT (the source language text) there exists a relationship, which can be designated as a translational, or equivalence relation”. Because complete equivalence (in the sense of synonymy or sameness) cannot take place in any of his categories, Jakobson (1959:138–143) declares that all poetic art is, therefore, technically untranslatable. That is, the translator has to take the question of interpretation into account in addition to the problem of selecting a TL phrase which will have a roughly similar meaning.

Exact translation is impossible. In this regard, Bassnett (1996:23) claims that all texts, being part of a literary system descended from and related to other systems, are “translations of translation of translations”: every text is unique and at the same time, it is the translation of another text. No text is entirely original because language itself, in its essence, is already a translation: firstly, of the non-verbal world and secondly, since every sign and every phrase is the translation of another sign and another phrase. However, this argument can be turned around without losing any of its validity; all texts are original

because every translation is distinctive. Every translation, up to a certain point, is an invention and as such, it constitutes a unique text.

The task of the translator has always been the question of the translator's responsibility towards the original. To what extent, scholars have been asking for hundreds of years, can the translator add to, omit from, or in any way alter the source text? Debates on this issue have given rise to too much theorizing and are at the heart of the age-old free/literal translation paradigm. In modern times, considerations of the relationship between translation and original have often focused on principles of 'faithfulness' and 'accuracy'. While usually understood in widely diverse ways, faithfulness has assumed the status of an ethical responsibility, with translators in many countries required to take an oath to guarantee the accuracy and correctness of their work before being officially licensed to practice.

Translators, thus, are expected to present their readers with an 'accurate' picture of the original, without any 'distortions', and without imposing their personal values, or those of their own culture, on the intellectual products of other nations. For a long time, this pressure of the original did not disturb the almost generally accepted principle of 'natural' translation. A translated text, often still emphasized, should read like an original composition and not call attention to its translatedness – an effect that is usually created through 'free' translation strategies. According to Robinson (1997a: 126), free translation became an orthodoxy in the West from the Renaissance onwards.

Hence, modern translation studies are no longer concerned with examining whether a translation has been "faithful" to a source text. Instead, the focus is on social, cultural, and communicative practices, on the cultural and ideological significance of translating and of translations, on the external politics of translation, on the relationship between translation behavior and socio-cultural factors. In other words, there is a general recognition of the complexity of the phenomenon of translation, an increased concentration on social causation and human agency, and a focus on effects rather than on internal structures.

Since translation involves texts with a specific communicative function, the limitations of a narrow linguistic approach soon became obvious. Thus, from the 1970s, insights and

approaches of text linguistics, pragmatics, discourse analysis, sociolinguistics, communication studies, were adopted to translation studies. Translation was defined as text production, as retextualising an SL-text according to the TL conventions (Shamma, 2009:65-86). In other words, translation itself being a crossroads of processes, products, functions, and agents, its description and explanation call for a comprehensive interdisciplinary approach. The text moved into the centre of attention, and notions such as textuality, context, culture, communicative intention, function, text type, genre, and genre conventions have had an impact on reflecting about translation. Texts are produced and received with a specific purpose, or function, in mind. This is the main argument underlying functionalist approaches to translation, initiated by Vermeer (1989) with his Skopos Theory.

In other words, translation itself being a crossroads of processes, products, functions, and agents, its description and explanation call for a comprehensive interdisciplinary approach (Shamma, 2009). Less stable notions (such as hybrid text, hybrid cultures, space-in-between, intercultural space). However, since insights and methods from various other disciplines are of relevance for studying all aspects of translation as product and process, translation studies are often characterized as an interdisciplinary.

Translation is the transmittal of written text from one language into another. Although the term translation and interpretation are often used interchangeably, by strict definition, translation refers to the written language, and interpretation to the spoken word. It is the action of interpretation of the meaning of a text, and subsequent production of an equivalent text that communicates the same message in another language. The text to be translated is called the source text, and the language it is to be translated into is called the target language; the final product is sometimes called the “target text”.

Kelly (2005:26-27) defines translation as the skill of understanding the source text and rendering it in the target language by using the register, the background knowledge, and other language resources according to the intended purpose. Therefore, a translator is a mediator of the two languages and cultures who can transfer the SL to TL. In this respect, the translator is a rewriter of the original text as he or she engages in the act of cultural

and ideological transportation and distorts the source text (ST) to accommodate it into target text (TT).

Lefevere (1992a: xi) describes translation 'a re-writing of an original text'. His concept of translation as a form of re-writing is based on his studies of translations of literary works and their influences on social, cultural and literary development. According to Lefevere (1992a: vii), translation is an activity 'carried out in the service of power', a control factor which can be exerted by a person, groups of persons, a religious body, a political party, a social class, a royal court, publishers, and the media, including newspapers. He further notes that such control factors often act as a force on the translator to produce translated text which conforms to their patron's ideology as a result; translators often resort to rewriting the original work.

Venuti (1998:81) also acknowledges that translators have the power to influence society and literature, since translation has 'far-reaching social effects'. Indeed, translators have the power to contribute to the preservation or enrichment of the literature and society, as well as to the enhancement of trust, understanding and respect between different languages, cultures, and ideologies. Furthermore, translators may play an invaluable role in bringing the world closer and enhancing humanity's identification with global citizens.

Nida (1964a:159) cited Dolet (1506-1546 A.D) who summarized the fundamental principles of translation under five headings:

1. The translator must understand perfectly the content and intention of the author whom he is translating.
2. The translator should have a perfect knowledge of the language from which he is translating (SC) and an equally excellent knowledge of the language into which he is translating (TL).
3. The translator should avoid the tendency to translate word to word, for to do so is to destroy the meaning of the original text and to ruin the beauty of the expression.
4. The translator should employ the forms of speech in common usage.
5. Through his choice and order of words the translator should be able to produce to total overall effect with an 'appropriate tone.

Nida and Taber (1969:12-14) view translation as consisting of reproducing in the receptor language the closest natural equivalent of the source language (SL) message, first in terms of meaning and secondly in terms of style. They further claim that translating must aim primarily at “reproducing the message”, and to do that the translator must make a good many grammatical and lexical adjustments. They prioritize the importance of meaning and regard style as secondary to content.

Newmark (1984:7) indicate that translation is a craft that attempts to replace a written message and/or statement in one language by the same message or statement in another language, also, he views translation as a science, a skill, an art, and matter of taste. As a science, translation includes the knowledge and assessment of the facts and the language that describes them as a skill; translation contains the appropriate language and acceptable usage; as an art translation differentiated good writing from bad and involve innovative, intuitive and inspired levels; and lastly, viewing translation as a matter of taste includes the fact that translator resorts to his or her preferences; so the translated text varies from one translator to another.

Larson (1984: 48) states that in translation communication, as much as possible, the same meaning that was understood by the speakers of the source language, using the normal language from of the receptor language, while maintaining the dynamics of the original source language text. She also expresses the goal of a translator should be to produce a receptor language text (a translation) that is idiomatic, i.e., one has the same meaning as the receptor language.

Bassnett-McGuire (1987: 31) further says that translation involves the transfer of ‘meaning’ contained in one set of language signs into another set of language. He further quoted that ‘no language can exist unless it is steeped in the context of culture and no culture can exist which does not have its centre, the structure of natural language’. Language, then, is the heart within the body of culture, and it is the interaction between the two that results in the continuation of life-energy. Therefore, the translator treats the text in isolation from the culture at his peril.

Snell-Hornby (1987:82) is of the opinion that translation is not merely the transcoding of words or sentences from one language to another, but a complex of actions, whereby someone provides information on the text (source language material) in a new situation and under changed functional, cultural and linguistic conditions, preserving formal aspects as closely as possible.

Snell-Hornby shares Nord's sentiments (1997:24) on the concept of culture as the one condition for proper translation. Vermeer (1996:13) supports Nord's view by stating that translators or interpreters act within a particular cultural community, and therefore any practical application of the general theory must consider this.

Hatim and Mason (1990: 26-30) suggested that translation is a process involving the negotiation of meaning between producers and receivers of the text; they also see translation as a useful test case for examining the whole issue of the language in social life. In creating a new act of communication out of a previously existing one, they say translators are inevitable acting under the pressure of their own social conditioning while at the same trying to assist in the negotiation of meaning between the producer of the source-language text (ST) and the reader of the target language text (TT), both of whom exist within their own, different social framework.

Newmark (1995:5) is of the view that translation as a profession has to be seen as a collaborative process between the translators, terminologists, often writers and clients, where one works towards a general agreement, and that, only one person can be responsible for one piece or section of translation.

Venuti (1995:17) describes translation as a process by which the chain of signifiers that constitute the SLT is replaced by a chain of signifiers in the TL, which the translator provides on the strength of an interpretation.

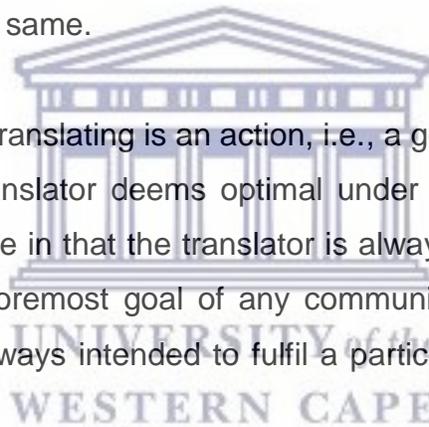
Koller (1995:196) describes translation as the result of a text-processing activity, by means of which a source language text (SLT) is transposed into a target language text (TLT). Between the TLT and SLT there exists a relationship, which can be designated as a translation or equivalence relation. What Koller is saying is that the original text is

translated into the target text (TT), and the original language is transposed into the target language (TL).

Koller (1995:197) further states that translations are characterized by a double linkage: firstly, by its link to the ST and secondly by its link to the communicative conditions on the receiver's side. These two texts have to abide by the communicative conditions of target readers.

In the case of isiXhosa translated diabetes brochures, the translated version should take cognizance of the living and cultural conditions of amaXhosa, as these play a vital role in communication. This literally means that the translator should be aware of the fact that the communicative conditions of the target text readers (TTR) and those of the source text readers (STR) may not be the same.

Vermeer (1996:13) says that translating is an action, i.e., a goal-oriented procedure carried out in such a way as the translator deems optimal under the prevailing circumstances. What Vermeer is saying is true in that the translator is always driven by a goal when s/he is translating. The first and foremost goal of any communicative activity is to convey a message. The message is always intended to fulfil a particular function, and the Skopos theory supports this view.



2.4 Language and culture in translation

Different languages create different limitations in language and culture in translations, therefore people who share a culture but speak different languages, will have different world views. Still, language is rooted in culture and culture is reflected and passed on by language from one generation to the next. From this, one can see that learning a new language involves the learning of a new culture. Therefore, teachers of a language are also teachers of culture. Culture is vital in forming civilization. In other words, culture is more likely to be essence and basis of civilization.

Civilization is more extended than culture as the former one relates to the vast majority of people beyond the borders, but generally culture belongs to a specific group of people

limited inside the borders. Knowledge, beliefs, perspectives transfer through language and culture. Culture links the past, present and future together. Language and culture may be seen as being closely related and both aspects must be considered for translation (Indian Journal of Fundamental and Applied Life Sciences ISSN 2231– 6345). Language is a tool shared among human beings, and regarded as one way of communication. It is a specific feature that distinguishes us from other creatures on earth. We express our interests, likes, dislikes, thoughts as well as ideas through language. However, people speak differently throughout the world, but this unique commonality among all languages brings us together. Language also fulfils many other tasks such as greeting people, conducting religious service, etc.

Krech (1962) explained the major functions of language from the following three aspects:

1. Language is the primary vehicle of communication.
2. Language reflects both the personality of the individual and the culture of his history.
3. In turn, it helps shape both personality and culture.
4. Language makes possible the growth and transmission of culture, the continuity of societies, and the effective functioning and control of social group

(<http://www.gdufts.edu.cn/jwc/bestcourse/kecheng/38/whjiaoan/tiles/intro.html>).

It is obvious that language plays a paramount role in developing, elaborating and transmitting culture and language, enabling us to store meanings and experience to facilitate communication. The function of language is so important in communication that it is even exaggerated by some scholars. The most famous one is the hypothesis of linguistic determinism concerning the relationship between language and culture, which Nida regards as misconceptions constituting serious difficulties for cross-cultural understanding. Thus, language is a part communication base and a part cultural base.

It is truly wrong to draw a border line between language and culture and separate them exclusively. Knowing language regardless of understanding the culture of those who speak that language leads to misunderstanding and misconception (Brown 1994), a language is a part of a culture and a culture is a part of a language; the two are intricately interwoven so that one cannot separate the two without losing the significance of either language or culture. In a word, culture and language are inseparable.

Many linguists explore the relationship between language and culture, in specific Nida (1998) holds the view that, language and culture are two language items symbolic systems. Everything we say in language has meanings, designative or associative, denotative or connotative. Every language form we use has meanings, carries meanings that are not in the same sense because it is associated with culture and culture is more extensive than language. People of different cultures can refer to different things while using the same language forms.

When considering the translation of cultural words and notions, Newmark proposes two opposing methods: transference and componential analysis (Newmark, 1988:96). As Newmark mentions, transference gives "local colour", keeping cultural names and concepts. Although placing the emphasis on culture, meaningful to initiated readers, he claims this method may cause problems for the general readership and limit the comprehension of certain aspects. The importance of the translation process in communication leads Newmark to propose componential analysis, which he describes as being "the most accurate translation procedure, which excludes the culture and highlights the message" (Newmark, 1988:96).

More specifically concerned with language and translation, Newmark (1988:94), defines culture as "the way of life and its manifestations that are peculiar to a community that uses a particular language as its means of expression" thus acknowledging that each language group has its own culturally specific features. He further clearly states that operationally he does "not regard language as a component or feature of culture" (Newmark 1988:95) in direct opposition to the view taken by Vermeer who states that "language is part of a culture" (1989:222).

According to Newmark, Vermeer's stance would imply the impossibility to translate whereas for the latter, translating the source language (SL) into a suitable form of TL is part of the translator's role in transcultural communication.

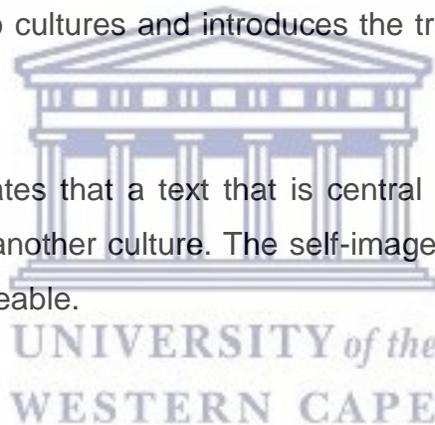
Hatim and Mason (1997: 1) state that translation is an act of communication which attempts to relay across cultural and linguistic boundaries another act of communication

(which may have been intended for different purposes and different readers). Literally, this is true, as translation relays a message from one language and culture to another language and culture.

Nord (1997:24) suggested that translating means to compare cultures. She further argues that translators interpret source culture (SC) phenomena in the light of their own culture-specific knowledge of that culture, from either the inside or the outside, depending on whether the translation is from or into the translator's native language and culture.

The researcher supports the above-mentioned view because when translating, the translator is dealing with two cultures as Vermeer (1996:13) supports Nord's view by stating that translators or interpreters act within a particular cultural community and therefore any practical application of the general theory must consider this. The translator therefore compares these two cultures and introduces the translated text to target culture (TC).

Lefevere (1992(b): 11-26) states that a text that is central in its own culture may never occupy the same position in another culture. The self-image of the target culture is by no means constant and unchangeable.



2.5 Equivalence in translation

The process of translation has existed for ages, thus facilitating both linguistic and cultural transfer. As a discipline, however, it began to develop in the second half of the twentieth century under the name "translation studies" which was proposed by the scholar James Holmes (1972). This term was widely accepted because it envisaged translation as a broad discipline shifting emphasis to neglected areas of translation such as interpreting and translator training. Perhaps, the biggest contribution of James Holmes (1988) lies in his attempt to draw the map of the 'territory' of translation studies.

The concept of equivalence has been of particular concern to translation scholars since it has been inextricably linked with both definitional and practical aspects of translating. Becoming an essential feature of translation theories in the 1960s and 1970s, equivalence was meant to indicate that source text (henceforth ST) and target text (henceforth TT)

share some kind of “sameness”. The question was as to the kind and degree of sameness, which gave birth to different kinds of equivalence. In what follows, an attempt will be made to critically analyze the equivalence paradigm as was conceptualized by the following scholars in the field, namely, Vinay and Darbelnet (1958), Jakobson (1959), Nida and Taber (1969), Catford (1965), House (1997), Koller (1979), Newmark (1981), Baker (1992), and finally, Pym (2010).

Vinay and Darbelnet (1958: 84) distinguish between direct and oblique translation, the former referring to literal translation and the latter to free translation. Moreover, they propose seven procedures, the first three covered by direct translation and the remaining four by oblique translation. These procedures are: borrowing, calque, literal translation, transposition, modulation, equivalence and adaptation. In particular, it is argued that equivalence is viewed as a procedure in which the same situation is replicated as in the original but different wording is used (Vinay and Darbelnet, 1995: 32).

Through this procedure, it is claimed that the stylistic impact of the source-language (henceforth SL) text can be maintained in the target-language (henceforth TL) text. Hence, when dealing with proverbs, idioms and clichés, equivalence for them is sought at the level of sense and not image. For example, the idiom “*comme un chien dans un jeu de quills*” meaning literally like a dog in a set of skittles could be translated like a bull in a china shop (cited in Munday, 2001: 58).

The problem with equivalence is this; it is known that equivalence is the real thing in translation, that there is no translation if there is no equivalence between the original text and the translated text. In addition, it is known that equivalence exists, that is not the real problem. The real problem is to explain how. A translation theory should do exactly that as its main task. It has to explain many other secondary things but to explain equivalence is the first and most important thing.

As “equivalence” is a term that is also broadly used outside of the field of enquiry at hand, it may be useful to start with a more general definition of the concept before mentioning ones that are more specific. The necessity of considering more general perceptions has been argued convincingly by Snell-Hornby (1988,1990), who maintains that the

inconsistency between the vagueness of a more general understanding of the concept (its English usage) and the inflexibility of more specific definition is the origin of much of the confusion surrounding its use today.

According to Hartmann and Stork (1972:713) emphasis, texts in different languages may be equivalent in different degrees (fully or partially equivalent), in respect of different levels of presentation (equivalent in respect of context, of semantics, of grammar, of lexis, etc.) and at different ranks (word-for-word, phrase-for-phrase, sentence-for-sentence).

The difficulty in defining equivalence seems to result in the impossibility of having a universal approach to this concept. Many different theories of the concept of equivalence have been elaborated within this field in the past fifty years.

The work of the linguistically oriented scholars represents an approach to the study of translation in which equivalence is crucial. Catford (1965: 21) (who, along with Nida and members of the "Leipzig school", is often considered representative of the "scientific" approach) states that: The central problem of translation practice is that of finding TL translation equivalents. A central task of translation theory is that of defining the nature and conditions of translation equivalence.

Furthermore, Vinay and Darbelnet (1995:255-256), consider as a necessary and sufficient condition for equivalent expressions between language pairs to be acceptable to be listed in a bilingual dictionary as "full equivalents". Nevertheless, they realized the utopia of such a statement by admitting that glossaries and collections of idiomatic expressions are non-exhaustive. In other words, the rendering of an equivalent of an expression in the SL text in a dictionary or glossary does not suffice or guarantee a successful translation since the context surrounding the term in question plays an equally important role in determining the translation strategy employed. They conclude by stating that the situation is what determines the need for creating equivalences, so translators are encouraged to firstly look in the situation of the ST in order to come up with a solution.

The structuralist Roman Jakobson (1959/2000: 114), maintains that there are three kinds of translation, that is, intralingual (rewording or paraphrasing within one language), interlingual (rewording or paraphrasing between two languages), and intersemiotic

(rewording or paraphrasing between sign systems). Interlingual translation has been the focus of translation studies. More specifically, when addressing the thorny problem of equivalence in meaning between words in different languages, he immediately stresses the fact that there can be no full equivalence between two words. He cites the example of cheese in English by saying that it is not identical to the Russian syr – the concept of cottage cheese not being included in the latter. Jakobson does not propose that translation is impossible but rather pinpoints the differences in the structure and terminology of languages.

On closer inspection of the above-mentioned views on equivalence, one may claim that there are some similarities between Vinay and Darbelnet's theory of translation and Jakobson's. Adopting a linguistic approach, they both argue that translation is possible despite cultural or grammatical differences between SL and TL. They both recognize the fact that the role of the translator should not be neglected and acknowledge some limitations of the linguistic approach, thus allowing the translator to also rely on other procedures that will ensure a more effective and comprehensive rendering of the ST message in the target text.

The contribution of Eugene Nida in the field of translation studies cannot be overstressed, with his two famous books in the 1960s: *Toward a Science of Translating* (1964) and the co-authored *The Theory and Practice of Translation* (Nida and Taber, 1969), attempting to give a more "scientific" sense to translation. Borrowing theoretical concepts from semantics and pragmatics, and being influenced by Chomsky's generative-transformational grammar (1965), Nida adopts a more systematic approach to exploring the field of translation studies. With regard to equivalence, Nida maintains that there are two basic types of equivalence: (1) Formal equivalence and (2) dynamic equivalence. In particular, Nida argues that in formal equivalence the TT resembles very much the ST in both form and content whereas in dynamic equivalence an effort is made to convey the ST message in the TT as naturally as possible.

It could be argued that Nida is in favour of dynamic equivalence since he considers it a more effective translation procedure. This comes as no surprise given the fact that Nida was, at the time at which he proffered his views about equivalence, translating the

Bible, and hence trying to produce the same impact on various different audiences he was simultaneously addressing. Nida's preference is more clearly stated in Nida and Taber's edition (1969:25) since it is argued that dynamic equivalence in translation goes beyond correct communication of information.

As Munday (2001:42) points out, Nida is credited for introducing a receptor-based direction to the task of translating. Nevertheless, Nida's theory has been severely criticized for several reasons. In more detail, Lefevere (1993:7) holds that equivalence is still focused on the word-level whereas Broeck (1978:40) wonders how it is possible to measure the equivalent effect since no text can have the same effect or elicit the same response in two different cultures in different periods. Perhaps, the fiercest critic of Nida's work is Edwin Gentzler, who dedicates a whole chapter to the "science" of translation in his *Contemporary Translation Theories* (2001), using quotation marks around the word science perhaps in order to indicate his own sceptical views on the scientific virtue of translation methods. Gentzler overtly criticizes Nida for using the concept of dynamic equivalence in order to proselytize readers, regardless of their culture, to endorse the ideas of Protestant Christianity.

Despite these criticisms, it could be concluded that Nida moved a long way forward from the position of his predecessors because he was able to produce a systematic and analytical procedure for translators working with all kinds of texts and, more importantly, brought into the translation game, the readers; that is, the receptors, as well as their cultural expectations.

Catford's main contribution in the field of translation studies lies in the introduction of his idea of types and shifts of translation. Shifts refer to the changes that take place during the translation process. More specifically, Catford describes very broad types of translation according to three criteria. Firstly, full translation is contrasted with partial translation that differs according to the extent of translation. Secondly, total translation differs from restricted translation according to the levels of language involved in translation, and, thirdly, Catford distinguishes between rank-bound translation and unbounded translation, depending on the grammatical or phonological rank at which equivalence is established.

Since the interest of this study lies in translating English diabetes brochures to isiXhosa, the researcher was concerned with the third type of translation, and provided an analysis of the notion of shifts. With regard to translation shifts, Catford (1965:73-80) defines them as departures from formal correspondence when translating from the SL to the TL. Moreover, he maintains that there are two main types of translation shifts, that is, level shifts (where an SL item at one linguistic level, for example grammar, has a TL equivalent at a different level, for instance lexis) and category shifts, which are divided into (a) structure-shifts involving change in grammatical structure, (b) unit-shifts involving changes in rank, class-shifts involving changes in class, and (d) intra- system shifts which occur internally when source and target language systems share the same constitution but a non-corresponding term in the TL is selected when translating.

Catford was severely criticized for holding a largely linguistic theory of translation. Snell-Hornby (1988:19-20) puts forward the claim that linguistics should not be considered as the only discipline which enables translation to take place, but that cultural, situational and historical factors should also be taken into consideration. Moreover, she goes on to claim that Catford's definition of textual equivalence is "circular", his reliance on bilingual informants "hopelessly inadequate" and his example sentences "isolated and even absurdly simplistic" (cited in Leonardi, 2007:87). However, Malmkjaer (2005:20-24) insightfully observes that one should bear in mind that when Catford (1965) defines translation as the replacement of SL textual material by TL equivalent textual material he does not mean equivalent in meaning.

Adopting pragmatic theories of language use, House (1997) has come up with a translation model in which the basic requirement for equivalence of ST and TT is that original and translation should match one another in function. This function should be achieved by employing equivalent pragmatic means. The translation is only, therefore, considered adequate in quality if it matches the 'textual' profile and function of the original. In more detail, carrying out contrastive German-English discourse analyses, House has distinguished between two basic types of translation, namely, overt translation and covert translation. As the term itself denotes, an overt translation points to a TT that consists of elements that "betray" that it is a translation. On the other hand, a covert translation is a TT that has the same function with the ST since the translator has made every possible effort

to alleviate cultural differences. In conclusion, it could be argued that House's theory seems more flexible than Catford's since it incorporates the pragmatic aspect of translation by using authentic examples.

One of the most prominent German scholars working in the field of translation studies is Werner Koller. Koller's (1979) *Einführung in die Übersetzungswissenschaft* (Introduction into the Science of Translation) is a detailed examination of the concept of equivalence and its linked term correspondence. In particular, correspondence involves the comparison of two language systems where differences and similarities are described contrastively, whereas equivalence deals with equivalent items in specific ST- TT pairs and contexts.

In an effort to answer the question of what is equivalent to what, Koller (1979:186-191) distinguishes five different types of equivalence:

- (a) Denotative equivalence involving the extra-linguistic content of a text,
- (b) Connotative equivalence relating to lexical choices,
- (c) Text-normative equivalence relating to text-types,
- (d) Pragmatic equivalence involving the receiver of the text or message, and, finally,
- (e) Formal equivalence relating to the form and aesthetics of the text.

Having identified different types of equivalence, Koller (1979:89) goes on to argue that a hierarchy of values can be preserved in translation only if the translator comes up with a hierarchy of equivalence requirements for the target text. Although the hierarchical ordering of equivalences is open to debate, Koller's contribution to the field of translation studies is acknowledged for bringing into translator's attention various types and ways in which the fashionable of equivalence may be achieved.

Peter Newmark, one of the founders of the Institute of Linguists and a fervent advocate for the professionalization of translators, Newmark's *Approaches to Translation* (1981) and *A Textbook of Translation* (1988) do not aim to promote any monolithic translation theory but rather attempt to describe a basis for dealing with problems encountered during the translation process. More specifically, Newmark replaces Nida's terms of formal and dynamic equivalence with semantic and communicative translation respectively.

The major difference between the two types of translation proposed by Newmark is that semantic translation focuses on meaning whereas communicative translation concentrates on effect. In other words, semantic translation looks back at the ST and tries to retain its characteristics as much as possible. Its nature is more complex, detailed and there is a tendency to over-translate. On the other hand, communicative translation looks towards the needs of the addressees, thus trying to satisfy them as much as possible. In this respect, communicative translation tends to under-translate; to be smoother, more direct and easier to read. Hence, in semantic translation a great emphasis is placed on the author of the original text whereas communicative translation is meant to serve a larger readership. It should be pointed out that during the translation process, communicative translation need not be employed exclusively over semantic or vice versa.

It may well be the case in a literary text that a particular sentence requires communicative translation whereas another sentence from the same text may require a semantic one. Hence, the two methods of translation may be used in parallel, with varying focuses where each is employed.

Moreover, Newmark (1981:39) strongly believes that literal translation is the best approach in both semantic and communicative translation. However, he is careful to note that when there is a conflict between the two forms of translation, then communicative translation should be favored in order to avoid producing an abnormal, odd-sounding or semantically inaccurate result. In order to illustrate his point, he uses the example of the common sign *bissiger Hund* and *chien méchant*, which should be translated communicatively as *beware the dog!* Instead of semantically as *dog that bites!* And *bad dog!* So that the message is communicated effectively. Although Newmark has been criticized for his prescriptivism (Munday, 2000:46), the wealth of practical examples in his books constitutes a good advisory guide for both trainees and established translators.

Mona Baker in her influential book "In Other Words" (1992:6) addresses the vexing issue of equivalence by adopting a more neutral approach when she argues that equivalence is a relative notion because it is influenced by a variety of linguistic and cultural factors. In particular, the chapters of her book are structured around different kinds of equivalence, that is, at the level of word, phrase, grammar, text and pragmatics. Hence, terms such as

grammatical, textual and pragmatic equivalence come up. In more detail, a distinction is made between word-level and above-world level equivalence.

Adopting a bottom-up approach, Baker acknowledges the importance of individual words during the translation process, since the translator looks firstly at the words as single units in order to find their equivalent in the TL (pg11-12) goes on to provide a definition of the term word referring to its complex nature since a single word can sometimes be assigned different meanings in different languages. Consequently, parameters such as number, gender and tense should be taken into consideration when translating a word.

Grammatical equivalence refers to the diversity of grammatical categories across languages and the difficulty of finding an equivalent term in the TT due to the variety of grammatical rules across languages. In fact, she stresses that differences in grammatical structures may significantly change the way the information or message is carried across. Consequently, the translator may be forced to add or delete information in the TT because of the lack of specific grammatical categories. Some of the major categories that often pose problems for translators are number, voice, person, gender, tense and aspect.

On the other hand, textual equivalence refers to equivalence that may be achieved between a ST and TT in terms of cohesion and information. Baker argues that the feature of texture is of immense importance for the translators since it facilitates their comprehension and analysis of the ST and helps them to produce a cohesive and coherent text in the TL. The translator's decision to maintain (or not) the cohesive ties as well as the coherence of the SL text mainly rests on three main factors; the target audience, the purpose of the translation and the text type.

Lastly, pragmatic equivalence deals mainly with implicature. Drawing from Grice (1975), Baker argues that the term implicature is used to refer to what is implied and not to literal meaning. In other words, the focus of interest is not on what is explicitly said but what is intended or implied in a given context. The role of the translator is to work out the meaning of implicatures if these exist in the ST and transfer them to the extent that this is possible. The primary aim of the translator should be to recreate the intended message of the SL in such a way so that it becomes accessible and comprehensible to the target audience.

Baker's contribution to the field of translation studies is widely acknowledged on account of her providing a systematic approach to training translators through the elaboration of specific strategies that can be used to deal with the numerous translation problems translators encounter daily. Hence, by addressing both theoretical and practical issues in translation, this book forms a sound basis for translators.

Lastly, Pym (2010:37) makes his own contribution to the concept of equivalence by pointing out that there is no such thing as perfect equivalence between languages and it is always assumed equivalence. In particular, for Pym (2010:7) equivalence is a relation of "equal value" between an ST segment and a TT segment and can be established on any linguistic level from form to function. He goes on to distinguish between natural and directional equivalence.

Natural equivalence exists between languages prior to the act of translating, and, secondly, it is not affected by directionality. On the other hand, theories of directional equivalence give the translator the freedom to choose between several translations strategies that are not dictated by the ST. Although there are usually many ways of translating, the strategies for directional equivalence are reduced into two opposing poles; one adhering to SL norms and the other to TL norms. Perhaps, the most important assumption of directional equivalence is that it involves some kind of asymmetry since when translating one way and creating an equivalent does not imply the creation of the same equivalent when translating another way (p. 26).

2.5.1 Non-specific definition of the concept

Bassnett-McGuire (1980:13-29) states that the notion of equivalence is undoubtedly one of the most problematic and a controversial area in the field of translation theory studies. This term has been analysed, evaluated and extensively discussed from different points of view and has been approached from many different perspectives. As translation involves at least two languages and since each language has its own peculiarities in phonology, grammar, vocabulary, ways of denoting experiences and reflects different cultures, any translation involves a certain degree of loss or distortion of meaning of the source text.

It is impossible to establish absolute identity between the source text and the target text, hence equivalence in translation should not be approached as a search for sameness, but only as a kind of similarity or approximation, and this naturally indicates that it is possible to establish equivalence between the source text and the target text on different linguistic levels and on different degrees.

Reiss (1983:77) makes a distinction between the concept of equivalence used in comparative linguistics which studies languages or language systems and the notion of textual equivalence used in translation studies which focuses on parole or speech act. Parole orientation means the translator has to take account of the way linguistic signs are used by communicative agents in culture-bound situations. For example, equivalence at word rank does not imply textual equivalence, nor does equivalence at text rank automatically lead to lexical or syntactic equivalence. For Reiss, the generic concept is adequacy, not equivalence. Equivalence may be one possible aim when translating but it is not held to be a translation principle valid finally. The Skopos of the translation determines the form of equivalence required for an adequate translation.

Reiss and Vermeer (1984:123-124) are focusing on adequacy and equivalence that in case of translation, the translator is a real receiver of the source text who then proceeds to inform another audience, located in a situation under target-culture conditions, about the offer of information made by the source text. The translator offers this new audience a target text whose composition is, of course, guided by the translator's assumptions about their needs, expectations, previous knowledge, and so on.

These assumptions will obviously be different from those made by the original author, because source text addressees and target text addressees belong to different cultures and language communities. This means the translator cannot offer the same amount and kind of information as the source text producer. What the translator does is offer another kind of information in another form, Nord (1997: 24). This view of the translator's task directly challenges the traditional concept of equivalence as a constitutive feature of translation. Reiss (1983) does not completely abandon the concept; instead, she relates it to the super-ordinate concept of adequacy. Her concept of 'adequacy' is almost the opposite of other uses of the term. Equivalence is static, result-oriented concept describing

a relationship of equal communicative value between two texts or, on lower ranks, between words, phrases, sentences, syntactic structures and so on.

According to Meiyun (1989:38) as far as languages are concerned, there are no two absolute synonyms within one language. Quite naturally, no two words in any two languages are identical in meaning. As translation involves at least two languages and since each language has its own peculiarities in phonology, grammar, vocabulary, ways of denoting experiences and reflects different cultures, any translation involves a certain degree of loss or distortion of meaning of the source text. That is to say, it is impossible to establish absolute identity between the source text and the target text.

Therefore, we can say that equivalence in translation should not be approached as a search for sameness, but only as a kind of similarity or approximation, and this naturally indicates that it is possible to establish equivalence between the source text and the target text on different linguistic levels and on different degrees. In other words, different types of translation equivalence can be achieved between the source text and the target text such as phonetic equivalence, phonological equivalence, morphological equivalence, lexical equivalence, syntactical equivalence and semantic equivalence.

Baker (1992:11-12) seems to offer a more detailed list of conditions upon which the concept of equivalence can be defined. She explores the notion of equivalence at different levels, in relation to the translation process, including all different aspects of translation and hence putting together the linguistic and the communicative approach. She distinguishes between equivalence that can appear at word level and above word level, when translating from one language into another.

Baker acknowledges that, in a bottom-up approach to translation, equivalence at word level is the first element to be taken into consideration by the translator. In fact, when the translator starts analyzing the ST s/he looks at the words as single units in order to find a direct 'equivalent' term in the TL. Baker gives a definition of the term word since it should be remembered that a single word can sometimes be assigned different meanings in different languages and might be regarded as being a more complex unit or morpheme.

This means that the translator should pay attention to a number of factors when considering a single word, such as number, gender and tense.

She also considers the grammatical equivalence, when referring to the diversity of grammatical categories across languages. She notes that grammatical rules may vary across languages and this may pose some problems in terms of finding a direct correspondence in the TL. In fact, she claims that different grammatical structures in the SL and TL may cause remarkable changes in the way the information or message is carried across. These changes may induce the translator either to add or to omit information in the because of the lack of particular grammatical devices in the TL itself. Amongst these grammatical devices which might cause problems in translation.

Baker focuses on number, tense and aspects, voice, person and gender. Baker also refers to textual equivalence, and when referring to the equivalence between a SL text and a TL text in terms of information and cohesion. Texture is a very important feature in translation since it provides useful guidelines for the comprehension and analysis of the ST which can help the translator in his or her attempt to produce a cohesive and coherent text for the TC audience in a specific context. It is up to the translator to decide whether to maintain the cohesive ties as well as the coherence of the SL text. His or her decision will be guided by three main factors, that is, the target audience, the purpose of the translation and the text type.

Pragmatic equivalence is when referring to applicators and strategies of avoidance during the translation process. Implicate is not about what is explicitly said but what is implied. Therefore, the translator needs to work out implied meanings in translation in order to get the ST message across. The role of the translator is to recreate the author's intention in another culture in such a way that enables the TC reader to understand it clearly.

Newmark (1995:5-7) suggests that translation render the meaning of a text into another language in the way that the author intended the text. He emphasizes the notion that one may see such an exercise as complicated, artificial and fraudulent, since by using another language one is pretending to be someone he/she is not.

Hence, in many types of text (legal, dialect, local, cultural) the temptation is to transfer as many SL words to the TL as possible. Newmark does not regard language as a component or feature of culture. He stresses that if were so, translation would be impossible.

Newmark further states that most 'cultural' words are easy to detect, since they are associated with a particular language and cannot be literally translated, but many cultural customs are described in ordinary language, where literally, translation would distort the meaning and a translation may include an appropriate descriptive-functional equivalent.

Newmark (1995:48-49), focuses in the equivalent effect. He highlighted that in the communicative translation of vocative texts, equivalent effect is not only desirable, it is essential; it is the criterion by which the effectiveness, and therefore the value, of the translation of notices, instructions, publicity, propaganda, persuasive or eristic writing, and perhaps popular fiction, is to be assessed. The reader's response could even be quantified as a percentage rate of the success of the translation. In informative text, equivalence effect is desirable only in respect of insignificant emotional impact; it is not possible if SL and TL culture are remote from each other, since normally the cultural items have to be explained by cultural neutral or generic terms, the topic content simplified, SL difficulties clarified. The TL reads the text with the same degree of interest as the SL reader, although the impact is different.

However, the vocative thread in most informative texts has to be rendered with an eye to the readership, that is, with an equivalent effect purpose. He further explains that, in semantic translation, the first problem is that for serious imaginative literature, there are individual readers rather than a readership. Secondly, whilst the reader is not entirely neglected, the translator is essentially trying to render the effect the SL text has on him, not on any assumed readership.

Certainly, the more 'universal' the text, the more a broad equivalent effect is possible, since the ideas of the original go beyond any cultural frontiers. In any event, the reaction is individual rather than cultural or universal. However, the more cultural a text, the less is equivalent effect even conceivable unless the reader is imaginative, sensitive and steeped

in the SL culture. Cultural concessions (e.g., a shift to a generic term), are possible only where the cultural word is marginal, not important for local colour, and has no relevant connotative or symbolic meaning.

Commutative translation, being set at the reader's level of language and knowledge, is more likely to create equivalent effect than semantic translation at the writer's level; but a text written some hundred years ago gives the reader of the translation an advance over the SL reader; the inevitably simplified, under-translated translation in modern language may well have a greater impact than the original.

According to Nord (1997:24-32), in Skopos theories, equivalence means adequacy to a Skopos that requires that the target text serve the same communicative function or functions as the source text, thus preserving 'invariance of function between source and target text', the concept of equivalence is reduced to functional equivalence of the text level of what Reiss refers to as communicative translation.

2.6 Translation theories and approaches

Different scholars have approached translation studies from different points of view. Venuti (2000:114) cites theorists like Nida and Catford, who viewed translation as a purely linguistic phenomenon. These scholars did not consider other extra-linguistic factors that influence the translation process. The focus was on linguistic equivalence. In fact, equivalence was regarded as the necessary condition for translation. The translator had to be faithful to the author of the ST, thus producing a text that is similar in style to the ST.

Meiyun (1989:33) postulates that the different types of translation equivalence can be achieved between the source text and the target text such as phonetic equivalence, phonological equivalence, morphological equivalence, lexical equivalence, syntactical equivalence and semantic equivalence.

The aim of discussing a term 'equivalence' in translation in this chapter is to review the theory of equivalence as interpreted by some of the most innovative theorists in this field,

Vinay and Darbelnet (1958), Jakobson (1959), Nida and Taber (1969), Catford (1965), House (1997), and finally Baker (1992).

These theorists have studied equivalence in relation to the translation process, using different approaches, and have provided fruitful ideas for further study on this topic. Their theories will be analyzed in chronological order so that it will be easier to follow the evolution of this concept.

These theories can be substantially divided into three main groups. In the first, there are those translation scholars who are in favour of a linguistic approach to translation and who seem to forget that translation in itself is not merely a matter of linguistics. In fact, when a message is transferred from the SL to TL, the translator is also dealing with two different cultures at the same time.

This particular aspect seems to have been taken into consideration by the theorists who regard translation equivalence as being essentially a transfer of the message from the SC to the TC and a pragmatic/semantic or functionally oriented approach to translation. Finally, there are other translation scholars who seem to stand in the middle, such as Baker for instance, who claims that equivalence is used 'for the sake of convenience because most translators are used to it rather than because it has any theoretical status' (quoted in Kenny, 1998:77).

Vinay and Darbelnet (1995:255-342) view equivalence-oriented translation as a procedure which 'replicates the same situation as in the original, whilst using completely different wording'. They also suggest that, if this procedure is applied during the translation process, it can maintain the stylistic impact of the SL text in the TL text. According to them, equivalence is therefore the ideal method when the translator has to deal with proverbs, idioms, clichés, nominal or adjectival phrases and the onomatopoeia of animal sounds. With regard to equivalent expressions between language pairs, Vinay and Darbelnet claim that they are acceptable as long as they are listed in a bilingual dictionary as 'full equivalents'. However, later they note that glossaries and collections of idiomatic expressions 'can never be exhaustive'. They conclude by saying that 'the need for creating equivalences arises from the situation, and it is in the situation of the SL text that

translators have to look for a solution'. Indeed, they argue that even if the semantic equivalent of an expression in the SL text is quoted in a dictionary or a glossary, it is not enough, and it does not guarantee a successful translation.

Jakobson (1959:232-234), his study of equivalence gave new impetus to the theoretical analysis of translation since he introduced the notion of 'equivalence in difference'. Based on his semiotic approach to language he suggests three kinds of translation:

- Intralingual (within one language, i.e. rewording or paraphrase)
- Interlingual (between two languages)
- Intersemiotic (between sign systems)

Jakobson claims that, in the case of interlingual translation, the translator makes use of synonyms in order to get the ST message across. This means that in interlingual translations there is no full equivalence between code units. According to his theory, 'translation involves two equivalent messages in two different codes'. Jakobson goes on to say that from a grammatical point of view, languages may differ from one another to a greater or lesser degree, but this does not mean that a translation cannot be possible, in other words, that the translator may face the problem of not finding a translation equivalent. He acknowledges that 'whenever there is deficiency, terminology may be qualified and amplified by loanwords or loan translations, neologisms or semantic shifts, and finally, by circumlocutions'.

Jakobson provides a number of examples by comparing English and Russian language structures and explains that in such cases where there is no a literal equivalent for a particular ST word or sentence, then it is up to the translator to choose the most suitable way to render it in the TT.

There seems to be some similarity between Vinay and Darbelnet's theory of translation procedures and Jakobson's theory of translation. Both theories stress the fact that, whenever a linguistic approach is no longer suitable to carry out a translation, the translator can rely on other procedures such as loan-translations, neologisms and the like. Both theories recognize the limitations of a linguistic theory and argue that a translation can never be impossible since there are several methods that the translator can choose.

The role of the translator as the person who decides how to carry out the translation is emphasized in both theories.

Vinay and Darbelnet as well as Jakobson conceive the translation task as something that can always be carried out from one language to another, regardless of the cultural or grammatical differences between ST and TT. It can be concluded that Jakobson's theory is essentially based on his semiotic approach to translation according to which the translator has to recode the ST message first and then s/he has to transmit it into an equivalent message for the TC.

Nida and Taber (1964:159), Nida argued that there are two different types of equivalence, namely formal equivalence that in the second edition and it is referred to as formal correspondence and dynamic equivalence. Formal correspondence focuses attention on the message itself, in both form and content unlike dynamic equivalence, which is based upon 'the principle of equivalent effect'. In the second edition (1982:200-201) of their work, the two theorists provide a more detailed explanation of each type of equivalence. Formal correspondence consists of a TL item which represents the closest equivalent of a SL word or phrase. Nida and Taber make it clear that there are not always formal equivalents between language pairs. They therefore suggest that these formal equivalents should be used wherever possible if the translation aims at achieving formal rather than dynamic equivalence.

The use of formal equivalents might at times have serious implications in the TT since the target audience (Fawcett, 1997) will not easily understand the translation. Nida and Taber themselves assert that typically, formal correspondence distorts the grammatical and stylistic patterns of the receptor language, and hence distorts the messages, as to cause the receptor to misunderstand or to labor unduly hard. Nida and Taber (1982:25) also defined dynamic equivalence as a translation principle according to which a translator seeks to translate the meaning of the original in such a way that the TL wording will trigger the same impact on the TC audience as the original wording did upon the ST audience. They argue that 'frequently, the form of the original text is changed; but as long as the change follows the rules of back transformation in the source language, of contextual

consistency in the transfer, and of transformation in the receptor language, the message is preserved and the translation is faithful'.

One can easily see that Nida is in favor of the application of dynamic equivalence, as a more effective translation procedure. This is perfectly understandable if one takes into account the context of the situation in which Nida was dealing with the translation phenomenon, that is to say, his translation of the Bible.

Thus, the product of the translation process, that is the text in the TL, must have the same impact on the different readers it was addressing. Only in Nida and Taber's edition is clearly stated that 'dynamic equivalence in translation is far more than mere correct communication of information'. Despite using a linguistic approach to translation, Nida is also much more interested in the message of the text or, in other words, in its semantic quality. He therefore strives to make sure that the message remains clear in the target text.

Catford (1965:73-80), his approach to translation equivalence clearly differs from that adopted by Nida since Catford had a preference for a more linguistic-based approach to translation and this approach is based on the linguistic work of Firth and Halliday. His main contribution in the field of translation theory is the introduction of the concepts of types and shifts of translation. Catford (1965) proposed very broad types of translation in terms of three criteria:

1. The extent of translation (full translation vs partial translation);
2. The grammatical rank at which the translation equivalence is established (rank-bound translation vs. unbounded translation).
3. The levels of language involved in translation (total translation vs. restricted translation vs. unbounded translation)

The researcher will refer only to the second type of translation, since this is the one that concerns the concept of equivalence, and will then move on to analyze the notion of translation shifts, as elaborated by Catford, which are based on the distinction between formal correspondence and textual equivalence. In rank-bound translation an equivalent is sought in the TL for each word, or for each morpheme encountered in the ST. In

unbounded translation equivalences are not tied to a particular rank, and we may additionally find equivalences at sentence, clause and other levels.

As far as translation shifts are concerned, Catford defines them as 'departures from formal correspondence in the process of going from the SL to the TL'. Catford argues that there are two main types of translation shifts, namely level shifts, where the SL item at one linguistic level (e.g. grammar) has a TL equivalent at a different level (e.g. lexis), and category shifts which are divided into four types:

1. Structure-shifts, which involve a grammatical change between the structures of the ST and that of the TT;
2. Class-shifts, when a SL item is translated with a TL item which belongs to a different grammatical class, i.e. a verb may be translated with a noun;
3. Unit-shifts, which involve changes in rank;
4. Intra-system shifts, which occur when 'SL and TL possess systems which approximately correspond formally as to their constitution, but when translation involves selection of a non-corresponding term in the TL system' For instance, when the SL singular becomes a TL plural.

Catford (1965) was very much criticized for his linguistic theory of translation. One of the most sarcastic criticisms came from Snell-Hornby (1988:19-20), who argued that Catford's definition of textual equivalence is 'circular', his theory's reliance on bilingual informants 'hopelessly inadequate', and his example sentences 'isolated and even absurdly simplistic'.

She considers the concept of equivalence in translation as being an illusion. She asserts that the translation process cannot simply be reduced to a linguistic exercise, as claimed by Catford for instance, since there are also other factors, such as textual, cultural and situational aspects, which should be taken into consideration when translating. In other words, she does not believe that linguistics is the only discipline which enables people to carry out a translation, since translating involves different cultures and different situations at the same time and they do not always match from one language to another.

House (1977:49) is in favour of semantic and pragmatic equivalence and argues that ST and TT should match one another in function. House suggests that it is possible to characterize the function of a text by determining the situational dimensions of the ST. In fact, according to her theory, every text is in itself placed within a particular situation which has to be correctly identified and taken into account by the translator.

After the ST analysis, House is in a position to evaluate a translation; if the ST and the TT differ substantially on situational features, then they are not functionally equivalent, and the translation is not of a high quality.

In fact, House (1977:194) acknowledges that 'a translation text should not only match its source text in function, but employ equivalent situational-dimensional means to achieve that function'. Central to House's discussion is the concept of overt and covert translations. In an overt translation the TT audience is not directly addressed and there is therefore no need at all to attempt to recreate a 'second original' since an overt translation 'must overtly be a translation'. By covert translation, on the other hand, is meant the production of a text which is functionally equivalent to the ST. House also argues that in this type of translation the ST 'is not specifically addressed to a TC audience'.

House (1977:203) sets out the types of ST that would probably yield translations of the two categories. An academic article, for instance, is unlikely to exhibit any features specific to the SC; the article has the same argumentative or expository force that it would if it had originated in the TL and the fact that it is a translation at all need not be made known to the readers.

A political speech in the SC, on the other hand, is addressed to a particular cultural or national group which the speaker sets out to move to action or otherwise influence, whereas the TT merely informs outsiders what the speaker is saying to his or her constituency. It is clear that in this latter case, which is an instance of overt translation, functional equivalence cannot be maintained, and it is therefore intended that the ST and the TT function differently. House's theory of equivalence in translation seems to be much more flexible than Catford's. In fact, she gives authentic examples, uses complete texts

and, more importantly, she relates linguistic features to the context of both source and target text.

An extremely interesting discussion of the notion of equivalence can be found in Baker (1992:11-12) who seems to offer a more detailed list of conditions upon which the concept of equivalence can be defined. She explores the notion of equivalence at different levels, in relation to the translation process, including all different aspects of translation and hence putting together the linguistic and the communicative approach. She distinguishes between:

- Equivalence that can appear at word level and above word level, when translating from one language into another. Baker acknowledges that, in a bottom-up approach to translation, equivalence at word level is the first element to be taken into consideration by the translator. In fact, when the translator starts analyzing the ST s/he looks at the words as single units in order to find a direct 'equivalent' term in the TL. Baker gives a definition of the term word since it should be remembered that a single word can sometimes be assigned different meanings in different languages and might be regarded as being a more complex unit or morpheme. This means that the translator should pay attention to a number of factors when considering a single word, such as number, gender and tense.
- Grammatical equivalence, when referring to the diversity of grammatical categories across languages. She notes that grammatical rules may vary across languages and this may pose some problems in terms of finding a direct correspondence in the TL. In fact, she claims that different grammatical structures in the SL and TL may cause remarkable changes in the way the information or message is carried across. These changes may induce the translator either to add or to omit information in the TT because of the lack of particular grammatical devices in the TL itself. Amongst these grammatical devices which might cause problems in translation, Baker focuses on number, tense and aspects, voice, person and gender.
- Textual equivalence, when referring to the equivalence between a SL text and a TL text in terms of information and cohesion. Texture is a very important feature in translation since it provides useful guidelines for the comprehension and analysis of the ST which can help the translator in his or her attempt to produce a cohesive and coherent text for the TC audience in a specific context. It is up to the translator to decide whether or not to maintain the cohesive ties as well as the coherence of the SL text. His or her decision will be guided

by three main factors, that is, the target audience, the purpose of the translation and the text type.

- Pragmatic equivalence, when referring to implicatures and strategies of avoidance during the translation process. Implicature is not about what is explicitly said but what is implied. Therefore, the translator needs to work out implied meanings in translation in order to get the ST message across. The role of the translator is to recreate the author's intention in another culture in such a way that enables the TC reader to understand it clearly.

Nida, E. (1969:12) distinguishes two types of equivalence, formal equivalence and dynamic equivalence, where formal equivalence 'focuses attention on the message itself, in both form and content. In such a translation one is concerned with such correspondence as a sentence to sentence, and concept to concept.' Nida calls this type of translation a 'gloss translation', which aims to allow the reader to understand as much of the SL context as possible. Dynamic equivalence is based on the principle of equivalent effect, that is, that the relationship between the original receivers and the SL message.

Nida and Taber (1982) make it clear that there are not always formal equivalents between language pairs. They therefore suggest that these formal equivalents should be used wherever possible if the translation aims at achieving formal rather than dynamic equivalence. The use of formal equivalents might at times have serious implications in the TT since the translation will not be easily understood by the target audience.

Bassnett (1980:23-29) says that a translator must bear in mind both its autonomous and its communicative aspects and any theory of equivalence should consider both elements. Equivalence in translation, then, should not be approached as search for sameness, since sameness cannot even exist between two TL versions of the same text, let alone between the SL and the TL version.

2.6.1 Necessity of equivalence as required by essence of translation

There are also various opinions concerning the nature of translation. Translation is a language activity. In history, translation has always functioned as a bridge for people who

do not know foreign languages to understand the source text. Translators and translation theorists worldwide have long realized the essence of translation as a kind of communication.

Generally, it is agreed that the fundamental requirement of any kind of communication is to guarantee that the message is adequately transmitted from the source to the receptor. The translator should try his best to reproduce the closest equivalent message of the original text in the target text so that the target text reader can understand the source message adequately; otherwise, translation as a kind of communication would end in failure. Therefore, it might be safe to say that the essence of translation as a kind of communication calls for the necessity of equivalence in translation.

Bassnett-McGuire (1980:26) is of the opinion that the principle of equivalent effect can lead to “dubious conclusions although it has enjoyed popularity in certain cultures”. She argues that equivalence should not be approached as a search for sameness since sameness cannot exist even between synonyms of the same language. Jacobson in Venuti (2000:114) shares the same idea when he claims that on the level of Interlingua translation there is no full equivalence between code-units. He also mentions the fact that it is difficult to remain faithful to the original when translating because of the difference in grammatical categories in the different languages.

2.6.2 Necessity of equivalence as demonstrated by limitations of translatability and difficulty of translation

Catford (1965:29), says that when we say that something is translatable, in a sense, it means that a certain degree of equivalence of the source text can be achieved in the target language. Contrarily, when we say that something is untranslatable, it means that no equivalence of the source text can be realized in the target language. In other words, the limitations of translatability are caused by the necessity of equivalence in translation.

Zhongde, (1991:6) argues that if translation were not to seek equivalence, there would be no limitation of translatability, and any translated text can be regarded as a correct version of the original text. The existence of limitations of translatability demonstrates the

necessity of equivalence in translation because the difficulty of translation sometimes arises from the necessity of equivalence in translation.

Zhongde states that the necessity of equivalence in translation is also suggested in the remark made by Yan Fu when he exclaimed: "It often takes as long as ten days or even a whole month to establish a term in translation after repeated consideration and hesitation". It is equivalence that connects the source text and the target text and only after the realization of equivalence of some degree or in some aspects can it be said that the target text is the translation of the source text; without equivalence of some degree or in some aspects, nothing can be regarded as the (successful) translation of a certain text.

2.7 Summary

Chapter 2 consisted mainly of a literature review to supply the necessary theoretical basis for the study, it looked at what translation is as discussed by different translation scholars and looked at what the translation process is about, as suggested by different translation scholars. Translation theories/approaches were discussed to assess their impact on the researcher's attempt in translating diabetes brochures to isiXhosa.

Translation is the transmittal of written text from one language into another. Although the terms translation and interpretation are often used interchangeably, by strict definition, translation refers to the written language, and interpretation to the spoken word. Translation is the action of interpretation of the meaning of a text, and subsequent production of an equivalent text, also called a translation, that communicates the same message in another language. The text to be translated is called the source text, and the language it is to be translated into is called the target language; the final product is sometimes called the "target text". It is said that the main objective of translation studies is the explication of translation equivalence.

The definition of equivalence comprises other non-specific definitions of equivalence. It is defined as generally being equal and interchangeable in value, quantity, significance, etc. the writer defines the different aspects of equivalence and describes them. In other words, the all components of the equivalence were described.

There is also a definition for translation studies. It is being equivalent according to different degrees of languages and ranks of languages. Another definition for equivalence is the scientific definition that states that the central problem of translation is that of finding TL translation equivalent and the central task of translation theory is that of defining the nature and conditions of translation equivalence.

Different scholars' points of view toward equivalence like Nida's formal and dynamic equivalence are explained. Displacement of equivalence concept by introducing the historical-descriptive approach toward equivalence and translation is considered. This approach emphasizes the significance of the situation, and more specifically, the culture in which translations are to be situated. The scholars of this approach focus on the target culture. Generally, there are two approaches that are explained, one is the linguistic approach and the other one is the descriptive-historical approach or functional approach.

This study regards the theoretical aspects of the notion of equivalence from different points of view. Among them, the somehow dichotomy of linguistic versus functional equivalence is explained. The whole debate is around the nature of the notions.

The translator needs to work out implied meanings in translation in order to get the ST message across. The role of the translator is to recreate the author's intention in another culture in such a way that enables the TC reader to understand it clearly.

The notion of equivalence is undoubtedly one of the most problematic and a controversial area in the field of translation theory studies. This term has been analyzed, evaluated and extensively discussed from different points of view and has been approached from many different perspectives. The first discussions of the notion of equivalence in translation initiated the further elaboration of the term by contemporary theorists.

The difficulty in defining equivalence seems to result in the impossibility of having a universal approach to this notion. It is also highlighted that when senders and receivers belong to different cultures, the situations can be so different that they need intermediary who enables them to communicate across time and space.

Translators enable communication to take place between members of different culture communities. They bridge the gap between situations where differences in verbal and non-verbal behaviors, expectations, knowledge and perspectives are such that there is not enough common ground for the sender and receiver to communicate effectively by themselves.

It is generally agreed that the fundamental requirement of any kind of communication is to guarantee that the message is adequately transmitted from the source to the receptor. The translator should try his best to reproduce the closest equivalent message of the original text in the target text so that the target text reader can understand the source message adequately; otherwise, translation as a kind of communication would end in failure.

Zhongde (1991) argues that if translation were not to seek equivalence, there would be no limitation of translatability, and any translated text can be regarded as a correct version of the original text. He also highlighted that without equivalence of some degree or in some aspects, nothing can be regarded as the (successful) translation of a certain text.

A variety of different approaches has been examined in relation to the cultural implications for translation. It is necessary to examine these approaches bearing in mind the inevitability of translation loss when the text is, as here, culture bound.

To sum up chapter 2, it was the explanation of different views over the concept of translation and equivalence. They say translation studies maybe analogous. In addition, the components of equivalence were described. Furthermore, two main approaches known as linguistic approach and functional or descriptive/historical approach were discussed.

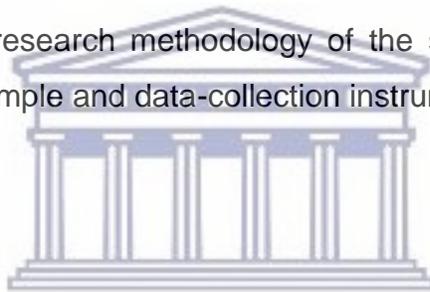
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

In the previous chapters, an orientation to the research study was given, the research problem was identified. The aim and the purpose of the study were introduced. The research hypothesis was highlighted. The concepts relevant to the study were described and the translation theories/approaches were discussed.

This chapter deals with the research methodology of the study, including the research design, setting, population, sample and data-collection instrument.



3.2 Research design

Polit and Hungler (1999:155) describe the research design as a blueprint, or outline, for conducting a study in such a way, that maximum control will be exercised over factors that could interfere with the validity of the research results.

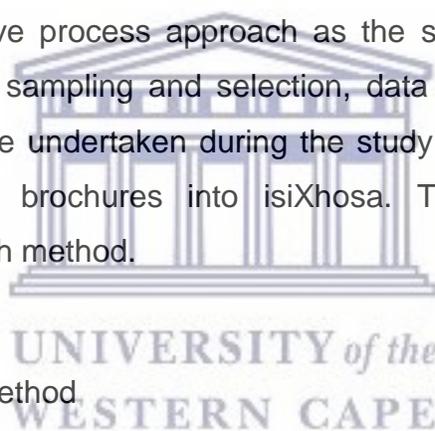
The research design is the researcher's overall plan for obtaining answers to the research questions guiding the study. Burns and Grove (2001:223) state that designing a study helps researchers to plan and implement the study in a way that will help them obtain the intended results, thus increasing the chances of obtaining information that could be associated with the real situation.

According to Polit and Hungler (1993:225) a research design refers to a researcher's overall plan for obtaining answers to the research questions. The research design spells out the strategies that the researcher adopts to develop information that is accurate, objective and meaningful. The research design also designates in what setting the study will take place, which may be in naturalistic environments such as in clinics or in people's homes.

The research design stipulates the fundamental form that the research takes, which incorporates the data collection plan, the sampling plan and the analysis plan.

Furthermore, qualitative researchers usually create their own design that is best suited to their research, or even design their whole research project around the strategy selected. The qualitative research strategy differs from the quantitative research design in that it does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow (Fouché in De Vos, 2002:72).

This chapter describes the methods of gathering information. It will describe the research design and planning. Selective process approach as the stepping-stone, looking at the study stage, the study area, sampling and selection, data collection, management and handling procedures that were undertaken during the study process. The study explores translating English diabetes brochures into isiXhosa. The researcher employed a qualitative descriptive research method.



3.2.1 Descriptive research method

There are three main types of descriptive methods: observational methods, case-study methods and survey methods. The researcher decided to use a survey method because in survey method research, participants answer questions administered through interviews or questionnaires.

After participants answer the questions, researchers describe the responses given. In order for the survey to be both reliable and valid, it is important that the questions be constructed properly. Questions should be written so they are clear and easy to comprehend. Another consideration when designing questions is whether to include open-ended, closed-ended, partially open-ended, or rating-scale questions. Advantages and disadvantages are identified with each type.

Jackson, (2009: 89) states that open-ended questions allow for a greater variety of responses from participants but are difficult to analyze statistically because the data must be coded or reduced in some manner. Closed-ended questions are easy to analyze statistically, but they seriously limit the responses that participants can give.

A descriptive method was selected because it provides an accurate portrayal of the characteristics, for example, knowledge of a particular individual (Burns & Grove 1993:29). This design was chosen to meet the aims of the study, i.e., to determine whether isiXhosa-speaking diabetes patients lack knowledge on diabetes because they are uneducated and do not have access to the information written in isiXhosa or there is no written information at all.

This method was used to collect original data for describing a population too large to observe directly (Mouton 1996:232). Polit & Hungler (1993:148) state that a survey obtains information from a sample of people by means of written conclusion or findings, the people respond to a series of questions posed by the researcher by means of questionnaires. In this study, the information was collected through self-administered questionnaires distributed personally to the participants by the researcher.



3.3 Research setting

A pilot study was conducted at Mfuleni Clinic. The clinic is situated in the Mfuleni Township, which falls under the Cape Metro region of the Western Cape Province, South Africa.

3.4 The study population and sample

3.4.1 The study population

A pilot study is a small-scale version or a trial run of the major study (Polit & Hungler, 1993:62). It is aimed at obtaining information for improving the study or assessing its feasibility. The researcher was interested in patients living with diabetes and spoke

isiXhosa language. Since it is improbable to use every person belonging to this population, an accessible population of isiXhosa diabetics attending the Mfuleni Clinic was chosen. Mfuleni Clinic has an average of 265 diabetes patients that attend a diabetes club on Tuesdays and Wednesdays once a week. These patients are mainly black and aged between 30 – 81 years. The clinic has an average of 90% isiXhosa language speakers.

The population included diabetic patients who could not read and write. There were different levels of education amongst the participants. Patients who were assisted could not have a privacy of response as others did.

A convenient sample of diabetic patients was selected to pilot the study. Mouton (1996:132) defines a sample as elements with the intention of finding out something about the total population from which they are taken. Polit and Hungler (1993:176) state that a convenient sample consists of subjects included in the study because they happen to be in the right place at the right time.

A selective survey was employed in this study to get information that encapsulates the purpose of this study, particularly the risk caused by the lack of accessibility of isiXhosa translated information for diabetic patients in health care centres and in diabetes clinics. The researcher wanted to be very specific as the focus of the study was on diabetics. Participants who met the sample criteria were identified by the researcher, and were those who were willing to participate in the research during the period of data collection.

3.4.2 Target population

The population in a research study is the entire group of persons or objects that are of interest to the researcher (Brink, 2001:132). Population refers to all the individuals who meet the sample criteria for inclusion in the study, while sample refers to the subset of the population that is selected for a study (Burns and Grové, 1999:776).

The reason for choosing the Mfuleni Clinic in the Mfuleni Township as the research area was the fact that it consists of many isiXhosa speaking people, most of whom were from the rural areas of the Eastern Cape where their home language is isiXhosa.

3.4.3 Sampling

Sampling is the process of selecting a portion of the population to represent the entire population (Polit and Hungler 1999:714). Exploratory design, according to Brink and Wood (1998:320), calls for small samples that are chosen through a deliberative process to represent the desired population. In qualitative research individuals are selected to participate in the research based on their first-hand experience of the phenomenon of interest, hence the researcher decided to use selective sampling. In this case, diabetic patients were used as a selective sampling for the study.

3.4.4 Selective sampling

The method of sampling used in this study was selective, because this type of sampling occurs where the researcher decides to sample in a particular site or seek particular types of people, for example, people living with diabetes. Again, this was driven by rational thought rather than convenience or bias.

This method was used in order to ensure that specific elements were included in the sample. In selective sampling, the selection of the participants is based entirely on the judgment of the researcher. A sample is composed of elements that contain the most characteristics of the population (Strydom and Venter in De Vos, 2002:207).

3.4.5 Sample criteria

The sample size was 20 potential participants who were selectively chosen amongst other patients during their visits to the clinic on diabetes club days. Participants included in the sample were selected to meet specific criteria. The diabetic patients had to meet the following criteria to be included in the sample:

1. They should have had the disease for at least 1 year or more,
2. Be mentally sound in order to consent to participation,
3. Be willing to participate,
4. Be 21 years or older, and

5. Be an isiXhosa language speaker.

3.5 Data collection

Data collection is the process of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcomes. The goal for all data collection is to capture quality evidence that then translates to rich data analysis and allows the building of a convincing and credible answer to questions that have been posed.

Data collection starts with determining what kind of data required followed by the selection of a sample from a certain population. After that, you need to use a certain instrument to collect the data from the selected sample. Data collection approaches for qualitative research usually involves direct interaction with individuals on a one to one basis or direct interaction with individuals in a group setting.

This study employed qualitative data collection techniques, since data was collected in the form of words and not numbers. Qualitative data is such as open-ended responses, interviews, participant observations, field notes, and reflections. According to Johnson and Christensen (2008: 34), qualitative research data collection methods are time consuming. The benefits of a qualitative approach are that the information is richer and has a deeper insight into the phenomenon under study. The main methods for collecting qualitative data are individual interviews, focus groups, observations and action research.

3.5.1 Data collection procedure

The researcher found some patients at the clinic during their diabetes club visit. Brochures were both English and isiXhosa; the aim was to evaluate the understanding and the knowledge of both languages. Data was collected with the aid of English and translated isiXhosa brochures to evaluate the patient's knowledge and views on both brochures. For this study, the researcher decided to employ the use of questionnaires and interviews. The researcher translated all the information and questionnaires written in English into isiXhosa to enable the TR to understand. An information sheet and prior informed consent (PIC) form were also designed and translated by the researcher.

All informed consent documents and questionnaires were submitted to the Ethics Committee of the University of the Western Cape for approval before the study commenced. IsiXhosa translated brochures were given to patients whose home language is isiXhosa in order to evaluate and determine whether the isiXhosa translation is correct.

The prior informed consent (PIC) form was explained and distributed by the researcher.

IsiXhosa and English brochures were distributed amongst the participant to read, this was to investigate their understanding between the two languages.

IsiXhosa and English information was distributed personally to diabetes patients by the researcher, this was done deliberately to investigate which questionnaires were to be preferred by the patients to read. All the patients that were randomly chosen, were isiXhosa language speakers.

Questionnaires were personally distributed by the researcher to the patients to complete. Instruction guidelines were attached to the questionnaires to guide the participants as whether to tick, elaborate and comment. The researcher assisted those who could not read and write in completing questionnaires. The data was collected over a period of two weeks.

All information collected from the patients aimed at determining the knowledge and views of patients regarding isiXhosa translation. Assessing problems experienced due to a lack of understanding English.

3.5.2 Data collection settings

Diabetes patients were placed in one of the least distractive rooms in the clinic to explain the purpose of the study, to address terms of confidentiality, explain the format of the questions and to indicate how long it will take. This was also to allow the participants to clarify any doubts about the study.

3.5.3 Data collection instrument

The researcher decided how to collect the data, which data had to be collected, who will collect the data and when to collect the data. The selection of a data collection method was based on the identified hypothesis and research problem, the research design and the information gathered about the variable.

A questionnaire and interviews were chosen as data collection instrument. The questionnaire was a printed form designed to elicit information that can be obtained through the written responses of the participants. The information obtained through a questionnaire is similar to that obtained through interviews, but the questions tend to have less depth (Burns and Grove 1993:368).

The researcher used self-designed questionnaires and interviews in the process to collect the information needed to answer the research problem and the hypothesis.

3.5.4 Questionnaires

Questionnaires are sharply limited by the fact that respondents must be able to read the questions and respond to them, Foddy, W. H. (1994).

Questionnaires used for the research consisted of a set of questions to collect facts or opinions during the study, they were printed with blank spaces for answers.

The researcher used clear and comprehensible wording that was easily understandable to all educational levels. The questions asked, were leading the participant towards answers; this was to avoid being bias.

The self-designed questionnaire is a type of questionnaire, either in paper or electronic form, that a respondent completes on his/her own.

The main purpose of designing these questionnaires was to let the participants fill it out themselves to avoid skewed responses, and to avoid being bias. Again, this was to allow

participants to note their specific likes and dislikes in response to the questions about their experiences.

3.5.4.1 *Self-designed questionnaires*

Self-designed questionnaires were used as a qualitative data-collection instrument; first, to measure the understanding of English information, and secondly, to evaluate in which language the information will be best understood.

Data was collected with the aid of questionnaires and interviews to evaluate diabetic patients' and staff members' knowledge and views on English versa isiXhosa diabetes information. Questionnaires were used because it ensured a high response rate. These were distributed to respondents to complete and were collected personally by the researcher. This required little time and energy to administer, and also offered the possibility of anonymity because the participants' names were not required on the completed questionnaires. Therefore, there was less opportunity for bias.

Most items on the questionnaire were closed, which made it easier to compare the responses to each item. Apart from the advantages as listed above, questionnaires have their weaknesses; for example, there is the question of validity and accuracy (Burns and Grove 1993:368). The subjects might not reflect their true opinions but might answer what they think will please the researcher, and valuable information may be lost as answers are usually brief.

The questionnaires consisted mostly of closed-ended questions and a few open-ended questions, as these provide detail that is more diverse. In the open-ended questions, the participants were required to respond in writing, whereas closed-ended questions had options that were determined by the researcher (Burns and Grove 1993:370). Open-ended questions were included because they allow subjects to respond to questions in their own words and provide more detail. Closed-ended questions were included because they are easier to administer and to analyze. They are also more efficient in the sense that a respondent is able to complete more closed-ended items than open-ended items in a given period of time (Polit and Hungler 1993:203).

The questionnaires were in both English and isiXhosa to enable those who wanted to complete it in isiXhosa. For those who could not read or write, the researcher read and wrote their answers for them. They were given the assurance that the answers would not be able to link their responses to them, therefore ensuring anonymity.

The questionnaires are shown in Appendix 7. It aimed at gaining demographic data such as age, level of education, gender and to test whether the researcher complied with the norms and values of isiXhosa tradition/culture when translating the English brochures to isiXhosa.

This information assisted the researcher in the interpretation of the results, for example, whether participants lacked knowledge on Diabetes Mellitus because they were uneducated, or whether they did not follow the prescribed treatment regimen due to a lack of money, or because of inaccessibility of translated and non-translated diabetes brochures available at their clinic.

3.5.4.2 *Diabetic patients: Questionnaires*

The researcher included open-ended questions because they allowed participants to respond in their own words and provide more detail. Closed-ended questions were included because they were easier to administer and to analyze. They were also more efficient since the participants were able to complete more closed-ended questions than open-ended questions in a given period.

The questionnaires were written in English and translated into isiXhosa to allow participants to choose which questionnaire they preferred to read. For those whom needed assistance, who could not read and/or write the researcher assisted.

The research questions posed to the participants were as follows: (see appendix 5)

- Did you ever come across diabetes brochures? (Wakhe wayifunda incwadana ngesifo seswekile?)
- If yes, was it written in English, isiXhosa or both? (Ukuba “ewe”, yayibhalwe ngesiNgesi, ngesiXhosa okanye zombini?)

- If yes, did you understand it? (Ukuba “ewe” wayiqonda?)
- If no, what was the problem? (Ukuba “hayi”, yaba yintoni ingxaki?)
- Would you prefer to read diabetes brochure written in English or isiXhosa? (Ukhetha ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?)
- Give the reason for your answer. (Nika izizathu zempendulo yakho.)
- Do you have any other comments? (Unayo enye ingcaciso?)

3.5.4.3 Interviews

One of the more popular areas of interest in qualitative research design is that of the interview protocol. Interviews provide in-depth information pertaining to participants' experiences and viewpoints of a particular topic (Leedey and Ormrod, 2001: 87).

The standardized open-ended interviews were structured in terms of the wording of the questions. Participants were always asked identical questions, but the questions were worded so that responses were open-ended. The composition of open-ended interviews call for participants to express their responses in as much detail as desired.

The interviews were more personal than the questionnaires. The researcher worked directly with the interviewees, and had the opportunity to ask follow up questions. The main task in interviewing is to understand the meaning of what the interviewees are saying, Kvale, (1996: 90).

The researcher used a general interview guide approach – the intention was to ensure that the same general areas of information are collected from each interviewee; this provided more focus and allowed a degree of freedom and adaptability in obtaining information from the interviewee.

The researcher designed the interview questions to conduct interviews with the Mfuleni Clinic staff members. Information obtained from a questionnaire was different to that obtained from an interview.

The researcher collected all information from the patients and staff members. Section B aimed at determining the knowledge and views of patients and family members on Diabetes Mellitus and its treatment regimen. Questions assessing knowledge about diet, medication, exercise, foot care and problems experienced were included. Instruction guidelines were attached to the questionnaires to guide the subjects whether to circle or tick the chosen response.

3.5.5.4 *Staff members: Interviews*

Staff members were visited in their offices according to appointment dates to avoid any distraction during the interview. Their interview setting was conducive in terms of confidentiality. Thus was to allow the interviewees to clarify any doubts about the study. Privacy and comfort were maintained throughout the interviews in a quiet environment.

The researcher introduced herself and explained the purpose of the study, the participants were given time to read and sign the consent form, which was clearly articulated to them before the study commenced. (See appendix 4)

An informal, conversational interview was conducted with three staff members, during which no predetermined questions were asked in order to remain as open and adaptable as possible to the interviewee's nature and priorities. This was also done to reduce biases within the study, particularly when the interview process involves more than one participant.

Open-ended questions were asked to the following staff members: one staff member who was working directly with diabetic patients, another staff member who was a health promoter at the clinic, and the person in-charge of Mfuleni Clinic. This open-ended questions approach allowed the participants to contribute as much detailed information as they desired and it allowed the researcher to ask probing questions as a means of follow-up. The reason for this was to determine the need and importance of the accessibility of isiXhosa information on diabetes in health care centres, and also to investigate whether there were any isiXhosa diabetes brochures or any diabetes

information available at all. Also, for the researcher to explore whether the research hypothesis offered a solution to the problem.

McNamara (1999:7) states that interviews may be useful as follow-up to certain respondents to questionnaires, e.g. to further investigate their responses. The interviews were useful to get the information behind participants' responses. The researcher pursued in-depth information about the inaccessibility of diabetes information and non-translated diabetes brochures. The research questions posed to the interviewees were unplanned, and lead as follows:

- Do you have isiXhosa diabetes brochures in this clinic? (Ninazo iincwadana zesiXhosa ezichaza ngesifo seswekile kule klinikhi?)
- If no, do you think it is important that you have them? (Ukuba hayi, ucinga kubalulekile ukuba nibenazo?)
- Why? (Ngoba kutheni?)
- How do you educate your diabetic patients on diabetes? (Nizifundisa njani izigulana zesifo seswekile ngesifo seswekile?)
- What are the limitations to accessibility of isiXhosa information on diabetes? (Yeyiphi imiqobo edalwa kukungabikho kwezi ncwadana zokufunda malunga nesifo seswekile, ingakumbi ezibhalwe ngesiXhosa?)
- Will English diabetes brochures which are downloaded from the internet have any impact when translated into isiXhosa? (Lingabakho igalelo kuguqulo lweencwadana ezibhalwe ngesiNgesi ezifumanela kwi-intanethi, ziguqulelwe esiXhoseni?).
- Do you have any comments or recommendations? (Unazo ezinye iingcacizo okanye iingcebiso?).

Probing follow-up questions were used to generate clear responses, especially when it lacked clarity. Participants were encouraged to describe their experiences in their own cultural terms and in their own language, where after the data were translated by an approved Xhosa language practitioner. All interviews were audiotaped, with prior permission from the participants. Comprehensive field notes were made throughout this period. Gestures and facial expressions were noted (Creswell, 1994:165).

Closure of the interviews were achieved by means of summarizing the key points that were identified during the interview in a brief form, which unifies the main themes, content and feelings. This promotes mutual understanding between the interviewer and the participants (Anderson, 1990:59). The interview took approximately 40 - 60 minutes.

Each tape was transcribed within a few hours after each interview. In instances where permission for tape recording was not granted, notes were taken (Brink, 2001:158). The interviews were continued until data saturation occurred (Babbie, et al., 2001:272).

3.6 Data analysis

Analysis of data is a process of inspecting, cleaning, transforming, and modelling data with the goal of discovering useful information, suggesting conclusions, and supporting decision-making.

Questionnaires and interviews were transcribed and analysed, using the descriptive analysis technique developed by Tesch (Creswell, 1994:155). Once interviews were completed, the transcripts and observational field notes were subjected to coding (De Vos, et al., 2002:345). Reading and rereading of the scripts were done in order to identify similar responses and opinions.

Opinions, values, beliefs and behaviors were identified as well as similarities, differences, strengths and weaknesses. Finally, the responses were grouped into similar categories. This process will be discussed more comprehensively in Chapter 4.

The researcher examined all the information that were collected. The goals of the data analysis were to make some type of sense out of each data collection, to look for patterns and relationships both within a collection, and across collections, and to make general discoveries about the phenomena that was researched.

3.7 Literature control

According to Creswell (1994:23) a literature control study is used to compare and contrast results of the research with other research findings in order to avoid the duplication of existing work. In this case, the researcher could not find any similar work exploring the importance of isiXhosa translation of diabetes brochures in South Africa.

3.8 Trustworthiness

In qualitative research, reliability and validity are described through strategies of trustworthiness. The key principles of good qualitative research are transferability, credibility, dependability, and conformability (Babbie, et al., 2001:276). These principles are explained in in this chapter.



3.8.1 Reliability

Polit and Hungler (1993:445) refer to reliability as the degree of consistency with which an instrument measures the attribute it is designed to measure. In the two questionnaires, which were answered by both groups, the diabetic patients and staff members revealed consistency in responses. Reliability can further be ensured by minimizing sources of measurement error, like data collector bias. Here, it was minimized by the researcher being the only one to administer the questionnaires; and by standardizing conditions, such as exhibiting similar personal attributes to all respondents, e.g., friendliness and support.

The physical and psychological environment where data was collected was made comfortable by ensuring privacy, confidentiality and general physical comfort. The subjects were offered comfortable chairs in the side ward. Windows were opened for fresh air. The researcher remained in the ward with the subjects. A “do not disturb” notice was placed on the door to maintain privacy and prevent interruptions. Subjects were requested not to write their names on the questionnaires to ensure confidentiality.

3.8.2 Validity

The validity of an instrument is the degree to which an instrument measures what it is intended to measure (Polit and Hungler 1993:448). Content validity refers to the extent to which an instrument represents the factors under study. To achieve content validity, questionnaires included a variety of questions on the knowledge of patients and their family members about Diabetes Mellitus and its treatment regimen (Polit and Hungler 1993:250).

Content validity was further ensured by consistency in administering the questionnaires. All questionnaires were distributed to participants by the researcher personally. The questions were formulated in simple language for clarity and ease of understanding. Clear instructions were given to the participants, and the researcher completed the questionnaires for those subjects who could not read.

All the participants completed the questionnaires in the presence of the researcher. This was done to prevent participants from giving questionnaires to other people to complete on their behalf. For validation, participants were given an evaluation questionnaire on original Xhosa translation. This questionnaire was to measure whether the researcher complied with the norms and values of isiXhosa tradition/culture when translating the English brochures into isiXhosa. The questions asked were as follows: (See appendix 6 and 6.1)

1. Did you read the English brochure I requested you to read? (Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?).
2. Did you understand it? (Uyiqondile?) .
3. If no or yes, please elaborate? (Ukuba “hayi” okanye “ewe”nceda cacisa).
4. Did you read isiXhosa brochure I requested you to read?
(Uyifundile incwadana yesiXhosa ebendikucele ukuba uyifunde?)
5. Did you understand it? (Uyiqondile?).
6. If no or yes, please elaborate? (Ukuba “hayi” okanye “ewe” nceda cacisa).
7. Which brochure was understandable? (Yeyiphi incwadana eqondekalayo?)
8. Is there anything in the isiXhosa-translated brochure that you feel does not comply with the norms ad values of isiXhosa tradition/culture? (Ingaba lukhona uguqulo

kule ncwadana eguqulelwe esiXhoseni oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?).

9. If yes or no, please elaborate. (Ukuba “Ewe” okanye “Hayi” nceda cacisa.)
10. Any comments? (Unayo enye ingcaciso?).

External validity was ensured. Burns and Grove (1993:270) refer to external validity as the extent to which study findings can be generalized beyond the sample used. All the persons approached to participate in the study completed the questionnaires. No single person refused to participate.

Generalizing the findings to all members of the population is therefore justified.

Seeking participants who are willing to participate in a study can be difficult, particularly if the study requires extensive amounts of time or other types of investment by participants. If the number of the persons approached to participate in a study declines, generalizing the findings to all members of a population is not easy to justify. The study needs to be planned to limit the investment demands on participants in order to increase participation. The number of persons who were approached and refused to participate in the study should be reported so that threats to external validity can be judged. As the percentage of those who decline to participate increases, external validity decreases (Burns and Grove 1993:270).

3.8.3 Transferability

Transferability means that the findings can be transferred to other contexts or with other respondents (Holloway and Wheeler, 2002:255). In qualitative research, the researcher cannot conclude that the knowledge gained from one context can be statistically generalized, but rather believes in the uniqueness of each situation, context or experience (Babbie, et al., 2001:277). Hence, the Mfuleni Clinic was used to pilot this study. Transferability is a standard against which applicability of qualitative data is assessed. An extensive, detailed and dense description of a holistic picture of the experiences of participants, and the meaning they attach to their experiences, are provided in this study (Babbie, et al., 2001:277).

3.8.4 Credibility

Credibility means carrying out the research in such a manner that the findings will be found to be objective. Data checks were done to check both data and interpretation, and to assess the overall adequacy of data (Babbie, et al., 2001:277).

3.8.5 Dependability

The findings of the study need to be consistent and accurate in order to be found dependable (Holloway & Wheeler, 2002:255). The research must provide evidence that if the study were to be repeated with the same or similar participants, in a similar context, its findings would be similar (Babbie, et al., 2001:278).

3.8.6 Conformability

The findings of the research should be objective and focus on the inquiry and not the biases of the researcher, for it is the characteristics of the data that are evaluated and not the researcher's views (Krefting, 1991:221). Checking of responses from the participants by the supervisor took place after the research process. Notes were used to provide further detail about the feelings demonstrated by the participants, either by their tone of voice or body language. This will be discussed more in the next chapter.

3.8.7 Dissemination of results

The research findings will be made available in a written document accessed via the library of the University of the Western Cape and may be only be published with the Dean's approval.

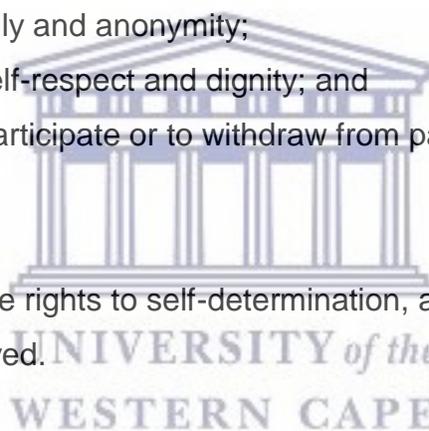
3.9 Ethical consideration

Mouton (2001:238) states that scientific research is a form of human conduct and therefore it should conform to acceptable ethical norms and values. Great care was exercised to ensure that the rights of the participants were protected. The conducting of research required not only expertise and diligence, but also honesty and integrity.

According to Seaman (quoted in Tjale and De Villiers, 2004:256) the researcher's responsibility is towards the participants, who have the following rights:

- The right not to be harmed;
- The right to self-determination and informed voluntary consent;
- The right to privacy;
- The right to confidentiality and anonymity;
- The right to maintain self-respect and dignity; and
- The right to refuse to participate or to withdraw from participation without fear of recrimination.

To render the study ethical, the rights to self-determination, anonymity, confidentiality and informed consent were observed.



Written approval of the methodology and ethics of this research project was granted to conduct the study by the Senate Research Committee of the University of the Western Cape (see appendix 1), which assessed whether there were any ethical issues involved, because the study involved direct patient contact (Gillibrand and Flynn, 2001:204).

Verbal permission to conduct the study was obtained from the Unit Manager at Mfuleni Clinic in the Mfuleni Township.

The research study was registered by the National Health Research Database, and written permission was granted by the Health Impact Assessment Committee of the Western Cape Province.

Research objectives were articulated to the participants both verbally and in writing. Methods of data collection were also clearly explained, as were the data collection strategies and activities.

3.9.1 Informed consent

This research study was guided by the principle of respect for persons, as stated by Brink, (2001:39). Participants were informed about the purpose of the study, the procedures that would be used to collect the data, and assured that there were no potential risks or costs involved. Informed consent means that the participants had adequate information regarding how, where and what was to be done in the research. It is the researcher's responsibility to provide the participants with sufficient understandable information, which may be verbal, written, or by means of a taping device (Brink, 2001:42).

Participants were informed about their rights to voluntarily consent or decline to participate, and to withdraw participation at any time without penalty or prejudicial treatment. According to Strydom (in De Vos, 2002:65) participants must have a choice to either participate or withdraw from the study at any stage. For the purpose of this study, participants signed an informed consent form, which was clearly articulated to them before the study commenced. (See appendix 4 and 4.1)

The researcher abided by the principle of beneficence (Brink, 2001:40). No physical or emotional harm was done to the participants, who shared their experiences of living with diabetes and not have an access to the information on diabetes. Should there have been any discomfort; the research would have been discontinued.

The principle of justice (Brink, 2001:40) was observed in the selection of participants. Selective sample selection was done fairly, from the population of isiXhosa speaking diabetic patients at the Mfuleni Clinic with the assistance of a staff member.

3.9.2 Self-determination

The ethical principle of self-determination was maintained. Participants were treated as autonomous agents by informing them about the study and allowing them to voluntarily choose to participate or not. Burns and Grove (1993: 776) define informed consent as the prospective participant's agreement to participate voluntarily in a study, which is researched after assimilation of essential information about the study. In this study, participants consent was obtained before they completed the questionnaires and being interviewed.

The questionnaires were written in English and isiXhosa, and were personally distributed by the researcher to diabetes patients to complete. Instruction guidelines were attached to the questionnaires to guide the participants whether to tick, elaborate and comment. For those who could not read or write; the researcher assisted to complete the questionnaire by reading and writing their answers for them.

3.9.3 Anonymity and confidentiality

Anonymity and confidentiality were maintained throughout the study. Anonymity of information was preserved and confidentiality maintained (Brink, 2001:41). Thus, the published research report does not identify the participants in anyway.

3.9.3.1 *Anonymity*

Participants were given the assurance that the answers will not be able to link their responses to them, therefore ensuring anonymity. Burns and Grove (1993: 762) define anonymity as when participants cannot be linked, even by the researcher, with his or her individual responses. In this study, anonymity was ensured by not disclosing the patient's name on the questionnaire and research reports, and detaching the written consent from the questionnaire.

3.9.3.2 Confidentiality

Confidentiality was maintained by keeping the collected data confidential and not disclosing the participant's identities when reporting or publishing the study (Burns and Grove 1993: 99). When participants are promised confidentiality it means that the information they provide will not be publicly reported in a way that identifies them (Polit & Hungler 1995:139).

All participants were given the assurance of privacy during the data collection process. At the end of the study, the tapes were deleted in order to maintain confidentiality. Sensitivity on the part of the researcher was observed, as in-depth exploration and probing of personal areas may expose deep-seated fears that were previously repressed by the participants.

3.10 Summary

Questionnaires were designed and translated into isiXhosa by the researcher. The information was explained and distributed by the researcher to the participants.

The researcher used a qualitative, descriptive survey design. Questionnaires were administered by the researcher herself to collect the data from a convenient sample of 23 diabetic participants, including three interviews of staff member participants.

The questionnaires had closed and open-ended questions. The sample characteristics included adults who were mentally sound and had had Diabetes Mellitus for at least 5 years, and were willing to participate.

Written approval of the methodology and ethics of this research project was granted to conduct the study by the Senate Research Committee of the University of the Western Cape.

Verbal permission to conduct the study was obtained from the Unit Manager at Mfuleni Clinic. The study was registered by the National Health Research Database, and written

permission was granted by the Health Impact Assessment Committee of the Western Cape Province.

Consent was obtained from the participants themselves. Anonymity, self-determination and confidentiality were ensured during administration of the questionnaires and report writing. Questionnaires were distributed to participants to ensure validity. Reliability and validity were further increased by post-testing the questionnaire.

This chapter described the research methodology, including the population, sample, data collection instruments as well as strategies used to ensure the ethical standards, reliability and validity of the study.



CHAPTER 4

RESULTS

4.1 Outcomes of the study

With the help from the healthcare promoter, it was possible to manage the situation. The researcher distributed 33 isiXhosa brochures and 2 English brochures to the participants who were willing to join the study. 26 participants came back to continue with the study and were willing to answer all the questionnaires, others with help of the researcher. The researcher collected all the information with the help of the healthcare promoter from the participants.

Six questionnaires that were spoilt papers, others were not filled in completely, and there were some with errors where the participant answered a question in the wrong line because maybe s/he could not see properly. Others, after having made a mistake, would scratch the answer and write it on the other side of the questionnaire. Others would mark the wrong box and the supporting statement would not match what was marked on the box.

Of all the participants, 20 participated very well and finished the study with no mistakes on the questionnaires.

4.2 Analysis of data gathered

After the information sheet forms (see appendix 3) was distributed and explained by the researcher, all participants who were willing to continue with the study signed the consent forms. (See appendix 4)

An evaluation questionnaire to measure which language was preferred by the most diabetic participants and the reason why the language is preferred, was also distributed. (Appendix 5). The researcher distributed English and isiXhosa brochures to read. (See appendix 6 and 6.1)

4.2.1 Chart A: Summary of preferred language

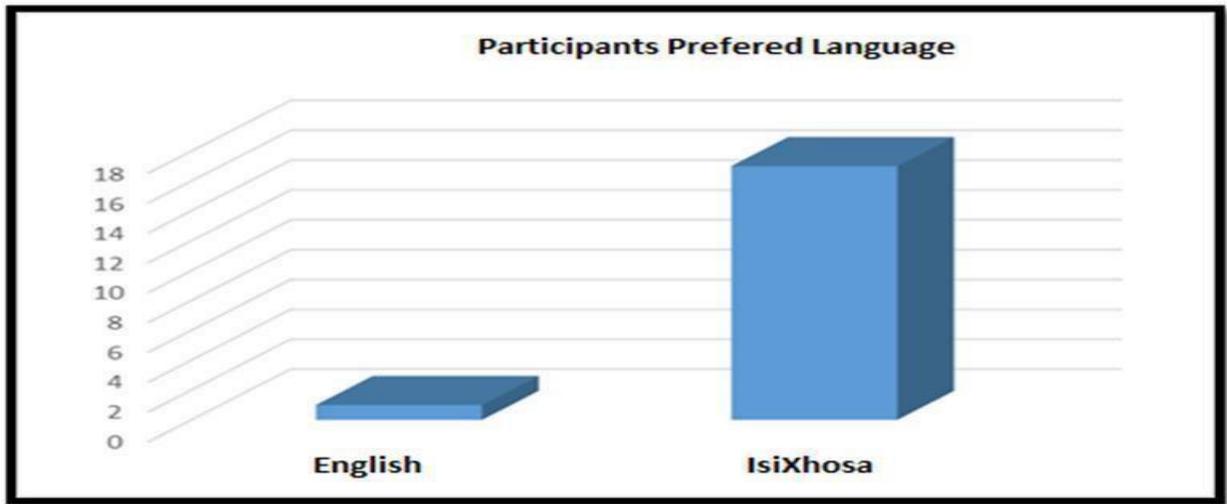
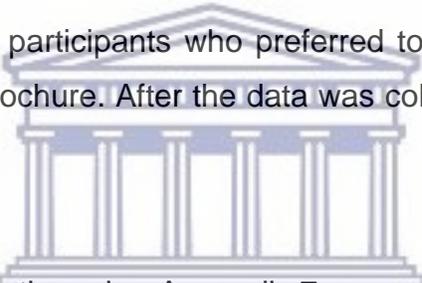


Chart A shows the number of participants who preferred to read the isiXhosa diabetes brochure versus the English brochure. After the data was collected, it was organised and analysed.



4.2.2 Table A: Analysis of questionnaire, Appendix 7

Gender	Age	Home Language	Preferred language
Males participated	30-81	IsiXhosa	English: 0
5			IsiXhosa: 5
Female participated	31-71	IsiXhosa	English: 2
15			IsiXhosa: 14
			Sign language

4.2.3 Analysis of questionnaire Appendix 7

Table A shows that there were fewer men who participated than women. Males were between the age of 30 – 81 and females between the ages of 31 – 71. It also shows that not only English or isiXhosa were the preferred languages, there was a participant who belonged to neither of the two language groups (discussed in point 4.2.).

The questions were as follows (see appendix 5):

1. Question: Did you ever come across diabetes brochures?

Answers: Yes = 3, No = 17 participants never came across a diabetes brochure

2. Question: If yes, was it written in English, isiXhosa or both?

Answers: IsiXhosa = 0, English = 3

3. Question: If yes, did you understand it?

Answers: No

4. Question: If no, what was the problem?

*Answers: - It was written in English
- I could not understand some of the English words
- My problem I needed sign language interpreter*

5. Question: Would you prefer to read diabetes brochures written in English or isiXhosa?

Answers: IsiXhosa = 18, English = 2

6. Question: Give the reasons

*Answers: - 1 = both are not my languages but can write English.
- 1 = I like reading English more than isiXhosa but I prefer to respond in isiXhosa so that I can be able to express myself in my language
- 18 = I am isiXhosa speaking (4)
= I understand IsiXhosa better than English (6)
= IsiXhosa is my mother tongue and I am proud (1)
= I do not understand English (2)*

= I can't hear English (1)

= My language is what I will understand (2)

= I will prefer isiXhosa brochure (1)

7. Question: Do you have any other comments?

Answers: = Yes

- Health Care Centre must also translate for Deaf*
- Nurses and Doctors should have interpreters of isiXhosa language*
- Our Diabetes nurse is an Afrikaans speaking and cannot speak our language*
- Written information about Diabetes must be provided for us to read isiXhosa or English, one will choose which for him/herself. Which one to read.*

Table A also indicates the total number of diabetes patients who participated, and the number of patients who preferred to read isiXhosa information and isiXhosa brochures. It also indicates gender and age of participants, their home language and the preferred language as well.

Analysis of the questionnaire (Appendix 5) indicates the number of participants who voluntarily participated in the study. It also indicates that 18 participants never came across any brochure on diabetes, and also indicates that the majority preferred isiXhosa written information over English information.

The willingness of the patients to participate made the study possible in two weeks, although there were challenges before and during data collection. That will be discussed on point 4.3 below.

Participants had a choice to choose which brochure they wanted to read. 18 participants voluntarily chose the isiXhosa brochure and were not interested to take an English brochure to read. 1 female participant was interested to read an English brochure and indicated that her home language is isiXhosa, but that she did not prefer any of the two languages.

In summary, all results indicated that diabetes patients were more interested in reading isiXhosa brochures than English brochures. This preference also indicated that in order

to understand their condition, it was better to read the information in a language that was understandable to the language users.

This also proves that the information that patients are receiving about their health should be translated into the language that patients will understand. In fact, any written information should be translated into a language that the patients will be able to read, that is to promote and respect language and culture of the patients. This supports what is claimed by Nord (1997:24) that translating means to compare cultures.

4.3 Discussion on data analysis and interviews

When language or cultural barriers are identified, it often leads the health practitioners to explore whether the patient understands the oral or written communication. However, when the patient speaks the same language and is of the same culture as the healthcare workers, too often the health practitioners assume that the patient, who does not ask questions, understands. Many health practitioners have belatedly discovered that a patient is functionally illiterate, the patient cannot read or write (general literacy), let alone understand a health practitioner's medical jargon or complex instructions (health literacy).

Mfuleni Clinic has 98% isiXhosa speaking patients and it seemed to be in crisis by not having any isiXhosa-translated information for their diabetes patients. It also seemed to be a problem that isiXhosa speaking diabetes patients were attended to by an Afrikaans speaking nurse, who does not understand isiXhosa. With the isiXhosa speaking patients not understanding Afrikaans as well, there was a language barrier between the two parties.

According to Leininger (2002:47), culture refers to the learned, shared and transmitted knowledge of values, beliefs, and life ways of a particular group that are generally transmitted intergenerational and influence thinking, decisions, and actions in patterned or in certain ways.

At a practical level, nurses must be aware that culture affects individual and collective experiences that are directly and indirectly related to health.

The researcher would add the acquisition and application of health literacy skills to this list. Language, according to Random House's dictionary.com (n.d.) is "a body of words and the systems for their use common to a people who are of the same community or nation, the same geographical area, or the same cultural tradition". Language in its many forms is a primary source of culture, yet it does so in ways that are not always easily translated. Limited English proficiency (LEP) is the restricted ability to read, speak, write, or understand English by patients for whom English is not the primary language.

The researcher also conducted interviews with three staff members of the clinic, who were working directly with diabetes patients, reason being to find out the need and importance of isiXhosa information on diabetes, and also to investigate whether there were isiXhosa brochures or any diabetes information available at the clinic.

The person in charge complained about of a lack of isiXhosa translated information in their clinic. He also indicated that it is not just isiXhosa-translated information that they do not have, but any information on diabetes, which made it difficult for them. He felt that the verbal information that they give their patients is not enough, and further explained that other patients are old people who get tired to listen, while others fall asleep whilst you think they are listening. Others visit the clinic only because it is their date to collect their medication and go home. He indicated that when they wanted diabetes information, he would do an internet search and to find some important information to share, but that he was unable to translate and make copies for all the patients due to scarce resources.

He believed that giving out brochures to the patients to read, or for family members to read, it could help tremendously to change the control they have over their condition.

Staff member number 2, a health promoter at the clinic, confirmed that there is no written information on diabetes at all. The person also indicated that the patients were only receiving verbal information, and that the lack of written information makes it difficult to focus on diabetes patients only, as patients with other ailments also attending the clinic. Also, since the diabetic patients do not attend their club meetings every day, not everybody is receiving the verbal information. The staff member highlighted that written diabetes information or brochures, especially in isiXhosa could change people's lives.

Staff member number 3, responsible for diabetes patients at the clinic, first complained about the language barrier between the patients and the staff members. She further said that the clinic is multiracial and they also have Afrikaans speaking patients. This makes it difficult for the staff to communicate in any of the two languages (Afrikaans and/or isiXhosa), because patients attending the diabetes club are not grouped by their preferred language. Consequently, the staff communicated in English assuming that the patients understood English. Here, one would assume that the patients understood since they listened to the verbal information, or kept quiet when a question was raised to them. She also highlighted the challenge of scarce resources and felt that the information they have was not enough. If the information could be translated into isiXhosa, it would make their work easier.

She pleaded with the researcher to make means of supplying the isiXhosa-translated brochure to their clinic. She also felt that staff members do not have enough time for their diabetes patients since the clinic is very small and that the diabetics are only visiting twice a week, and even then, it is different patients. Some patients visit once a month and often forget the information that they received.

A 39-year-old female participant knew none of the two languages but was willing to participate. She asked the researcher to read her any brochure, but preferred to write her answers in English. All the information was translated to sign language by her sign language interpreter. She also indicated that her language is not provided in health care centres as she belongs to a different culture that communicates differently from other cultures. Although, by birth, she was Xhosa and grew up in the Eastern Cape, she was not able to communicate in isiXhosa because she was taught sign language and English, thus she preferred to read English. Her emphasis was to encourage translation for all the South African languages to enable even the deaf community to have access to health information. This supports what is claimed by Nord (1997:24) that translating means to compare cultures.

Chesterman (1989:13) claims that the ultimate goal of translation is to build understanding between groups that see each other as “other”. This means that two groups with different languages and cultures see each other as different; therefore, by

translating English brochures to isiXhosa, this could answer big questions about diabetes in South Africa. Biomedical workers and diabetes patients will be able to understand each other better through translation.

The researcher was also curious to know from other participants why they refused the English brochure and the responses were different. Some would say English is difficult to understand, hence they only read isiXhosa; others preferred isiXhosa brochures because they felt it would be better to read the information written in their own language. They also explained that in English, there are words that they do not understand even if they can read them. This takes back to Byran (1989) that the specific collocations of a given word are strange to a language and its relationship with culture.

A 31-year-old female diabetic preferred an isiXhosa brochure saying she can read and write English, but in order to understand more concerning your health, it is better to read in your own language. She also highlighted that in English there are words that are difficult to understand, and at home, they do not have English-isiXhosa dictionaries. She said that sometimes when you read English, you read for the sake of reading, only to find out you did not understand or get the important message.

She further mentioned that she has never come across diabetes information written in any of the two languages. She narrated her story that, the day she was diagnosed with diabetes, she was told that she was sick and was given treatment and a date for her next appointment. She was never verbally or non-verbally educated about diabetes, and added that educated nurses do not share information with sick people but expect patients to know how to control diabetes. Therefore, having participated in the study and having read isiXhosa information about diabetes, made her aware about her condition.

This confirms what Heylen said (1987:1), that translation is a crucial human activity of profoundly transformative nature. Heylen further states that in a time of rapid change and racial social change, no understanding or communication is possible without translation.

The researcher was so interested when a 65-year-old man was saying that he can read and write English, but for the diabetes brochure he would prefer it in isiXhosa since the

medical terms that 'Health' are using are not easy to understand. He also took the isiXhosa brochure because he has never received this type of information; he wants to read it with understanding since diabetes is killing people. He continued that in the clinic the nurses are always busy attending to many patients. Unfortunately, upon his visits, he never had the opportunity to listen to a club meeting on diabetes, therefore if he had any enquiries, the nurses do not have time to attend to an information session with him and have no reading material to provide.

A 81-year-old male indicated that he does not understand English but he can read and write in isiXhosa. He preferred to take the isiXhosa brochure home, where his grandson would read it to him due to his eyesight that was not good. If he found the information interesting, he would return the following day to continue with the study. He also complained that isiXhosa information was scarce, and that even people who speak proper Xhosa are undermined due to other people who prefer to send their children to white schools these days.

A 68-year-old female, who used to be a teacher, asked for both English and isiXhosa brochures, but completed all the questions in isiXhosa. When the researcher enquired about this, she said that she is comfortable with both languages but wanted an isiXhosa brochure for reference since it is better understandable. She further stated that there was more information that she needed to know about diabetes, but there was never a chance to ask for, or given any written information.

Other participants would just ask for the isiXhosa brochure and when the researcher offered the English brochure, they would shake their heads to indicate a 'no' response, without an explanation.

Some participants were complaining that they could not read due to their eyes having been affected by diabetes, but that they would ask their children at home to read to them. Still, they preferred the isiXhosa brochure as that was the language they would better understand.

The study became even more interesting during the second visit to the clinic. Here, staff member number 2 referred the researcher to a room where there was a physiotherapy club that visited every day for their sessions. The group consisted of 12 people, men and women, between the ages of 68 – 81 years. They were all keen to participate in the study, saying that it was time to voice their problems, hoping that the researcher would bring about change.

Most of them emphasized the ignorance from the health care workers. They even mentioned that they understood that diabetes was dangerous but whenever one was complaining about their health condition, they were treated like children. They further acknowledged that they are old, and that they forget through their illness. Hence, it was good that were given information to read by themselves or a family member at home.

Those who could still read said that sometimes they spend the whole day at the club doing nothing after their session, only talking about their own family problems. If there were available written information about diabetes, they would read it to each other and discuss their health.

At first, it was suggested that the researcher read the isiXhosa brochure to the group, but some could not stay and asked for the brochure to read at home, and promised to come back the following day. Four members remained, to which the researcher read all of the information and assisted them to write their answers. For those who could not read and write, other members signed on their behalf with an 'X'. The researcher asked for permission to be given an empty room where each participant could answer the questionnaire in confidentiality.

4.4 Challenges encountered during translating diabetes brochure

According to Krings (263-275) translation strategies are usually defined as the procedures leading to the optimal solution of a translation problem. The procedures or strategies based on comparative stylistics and Scavée), also used by other scholars (Newmark, 1988), or the techniques suggested by Bible translators (Nida, Nida and Taber 1964), intended to propose a metalanguage and to catalogue possible solutions in

the task of translation. Such procedures have been sometimes criticized, among other reasons because there is even a lack of consensus as to what name should be given to these categories (procedures, techniques, strategies or methods are often interrelated and used as synonyms). Naming problems occur because the procedures sometimes overlap, they only catalogue differences in terms of language and not usage, and they focus on translation results rather than on the translation process.

One of the leading classifications, and certainly the best known, is that of Vinay and Dalbarnet (1995) that the seven basic translation procedures are, according to them, adaptation, calque, equivalence, modulation, borrowing, literal translation and transposition; although they also refer to compensation, expansion and contraction. Other authors have reformulated and added new procedures, or broken down the aforementioned ones into distinct subcategories. Among the well-known reformulations, should be mentioned the one proposed by Vázquez Ayora (1997:251-383), who distinguishes between (i) oblique translation procedures (adaptation, amplification, compensation, equivalence, explicitation, modulation, omission and transposition) and (ii) direct methods (calque, loan and literal translation).

Hurtado (1990:36-37) expands the list with strategies that account for solutions of textual nature: extension, amplification, compression, discursive creation, description, generalisation, particularisation, reduction, paralinguistic or linguistic substitution, and variation.

It is also worth mentioning that some studies focus only on specific translation procedures that should be used when dealing with cultural elements. This is the case with Graedler (2010:3), who cites four:

- (i) making up a new word,
- (ii) explaining the meaning of the SL expression in lieu of translating it,
- (iii) preserving the SL term intact, and
- (iv) replacing it using any term in the TL that has the same “relevance” as the SL term.

Harvey (2000:2-6) also proposes four ways:

- (i) functional equivalence, using a term with the same “function”,
- (ii) formal or linguistic equivalence, or word by word translation,
- (iii) transcription or borrowing, which may include notes, and
- (iv) descriptive or self-explanatory translation.

Mur Duenas (74-79) labelled her translation procedures as

- (i) TL cultural cognate;
- (ii) SL cultural and linguistic borrowing;
- (iii) SL cultural borrowing plus explanation;
- (iv) replacement of SL cultural referent by explanation;
- (v) TL cultural referent suppression; and
- (vi) literal translation of TL cultural referent.

Finally, Marco (2004: 138), considering the intervention of the translator and his approach to the TC as a continuum, proposes the following six procedures:

- (i) pure or naturalised loan,
- (ii) literal translation,
- (iii) neutralisation (description, generalisation or particularisation),
- (iv) amplification or compression,
- (v) intracultural adaptation, and
- (vi) intercultural adaptation.

4.4.1 Adaptation

Adaptation is used in those cases in which the type of situation being referred to by the SL message is unknown in the TC and translators create a new situation that can be described as situational equivalence (Vinay and Darbelnet pp 52-53).

The researcher translated English diabetes brochures to isiXhosa and used or rephrased the words/sentences that are used to the language that will be understood by the target reader, for example on (page 157) of the original English brochure, there are phrases like “gestational diabetes”. If the researcher were to translate this word using a loan word that is “*igestayshinali*”, TR would never understood the meaning; hence, the researcher

rephrased it as *“isifo seswekile ngexesha lokukhulelwa”*. This translation is clear and understood by isiXhosa readers.

Venuti (1998:81) also acknowledges that translators have the power to influence society and literature, since translation has ‘far-reaching social effects’. Indeed, translators have the power to contribute to the preservation or enrichment of the literature and society, as well as to the enhancement of trust, understanding and respect between different languages, cultures, and ideologies. Furthermore, translators may play an invaluable role in bringing the world closer and enhancing humanity’s identification with global citizens.

The researcher also followed Dolet’s five fundamental principles of translation, in that the translator must perfectly understand the content and intention of the author whom s/he is translating and should have excellent knowledge of the language from which s/he is translating (SC) and an equally excellent knowledge of the language into which s/he is translating (TL).

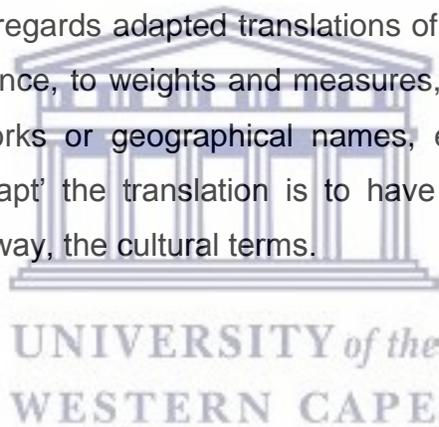
The researcher read the original English brochure and made sense of what the author wanted to convey to the TR. First, the researcher pointed out all the sentences and words that would make sense to the TR when translated in isiXhosa. Some sentences and words would not be understood as these were terminologies used by health practitioners and are not easily translated. For example, on page 8 of the English brochure, it says, “hyperglycaemia or high blood sugar levels are when the blood glucose level is above the target set for you.”

In order to translate this sentence, the researcher had to understand what the word “hyperglycaemia” meant. First, in isiXhosa, there is no direct translation of such a word and if the researcher would use a borrowed word like *“iglakhayemiya”*. Still, the TR would not understand, hence the researcher decided to explain the meaning of the word as *“iqondo eliphezulu lesweki elingaphezu komlinganiselo weswekile”*, rather than to translate the word itself. Dolet’s (1506-1546 A.D) emphasis is that the translator should avoid the tendency to translate word to word for to do so is to destroy the meaning of the original text and to ruin the beauty of the expression.

The translator should employ the forms of speech in common usage, through the translator's choice and order of words the translator should be able to produce to total overall effect with an 'appropriate tone'. Therefore, the researcher decided to re-write these words in a manner that the TR would understand and follow the message conveyed from the original text.

Thus, it could be understood, just as other authors have referred to as cultural, dynamic or functional equivalence. It actually refers to a SL cultural element that is replaced by another term in the TC.

There are situations in which adaptation seems, to some extent, necessary: in advertising slogans, or children's stories, for example. In other cases, there are certain conventions, more or less generalized, as regards adapted translations of foreign cultural elements in the TL. This applies, for instance, to weights and measures, musical notation, generally accepted titles of literary works or geographical names, etc. The basic goal of the translator when trying to 'adapt' the translation is to have a similar effect on the TL readers, 'domesticating', in a way, the cultural terms.



4.4.2 Borrowing

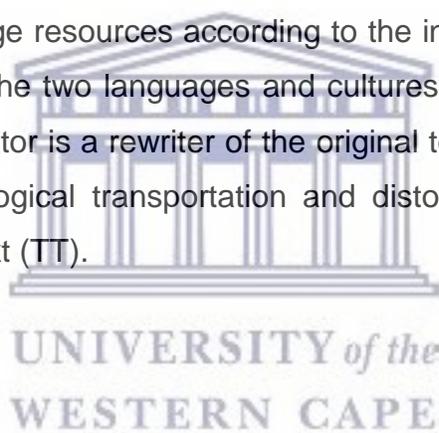
Borrowings are one of the main ways of enriching a language, borrowing a term is taking a word or expression straight from another language, without translation. The procedure is normally used when a term does not exist in the TC, or when the translator tries to get some stylistic or exotic effect. It can be "pure", if there is no change of any kind in the foreign term like (diabetes, insulin, glucose), or "naturalized", if the word has some change in the spelling, and perhaps some morphological or phonetic adaptation for example, "*idayabethisi*", "*i-insulini*", "*iglukhozi*".

On page 2 of the original English brochure, the author wrote about insulin, which is common to diabetic patients as "*i-insulini*". The word "insulini" is a borrowed word, not even understood by the patients, that was translated by the researcher to "*incindi yedlala eveliswa yinjeke*", as explained in the "Adaptation" section. Therefore, the researcher had

to re-write the sentence, and followed how Lefevere (1992a: xi) describes translation as 'a re-writing of an original text'.

According to Lefevere (1992a: vii), translation is an activity 'carried out in the service of power' – a control factor which can be exerted by a person, groups of persons, a religious body, a political party, a social class, a royal court, publishers, and the media, including newspapers. He further notes that such control factors often act as a force on the translator to produce translated text that conforms to their patron's ideology as a result; translators often resort to rewriting the original work.

Kelly (2005:26-27) is also of the opinion that translation is the skill of understanding the source text and rendering it in the target language by using the register, the background knowledge, and other language resources according to the intended purpose. Therefore, a translator is a mediator of the two languages and cultures who can transfer the SL to TL. In this respect, the translator is a rewriter of the original text as he or she engages in the act of cultural and ideological transportation and distorts the source text (ST) to accommodate it into target text (TT).



4.4.3 Calque

Calque could be described as a literal translation (either lexical or structural) of a foreign word or phrase. It could actually be considered a special type of loan or borrowing, since the translator borrows the SL expression or structure and then transfers it in a literal translation, Vinay and Darbelnet (1997: 47).

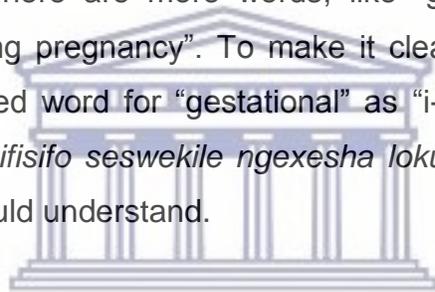
The difference between loan/borrowing and calque is that the former imitates the morphology, signification and phonetics of the foreign word or phrase, while the latter only imitates the morphological scheme and the signification of that term, but not its pronunciation. In the case of insulin for example, using the same term in isiXhosa would be a pure borrowing; the word "*insulini*" would be a naturalised borrowing, and a calque.

Calque is not only an acceptable form of translation, it is strict and correct translation, since it is built with significance of the SL. García (1982:335) cited in Vinay and

Darbelnet (1997) that calque leads to a good translation and that it can certainly contribute to enrich the TL (whereas borrowings are not really translation procedures, but giving up in the translation task).

4.4.4 Expansion

Vinay and Darbelnet (pp184), in expansion the translator uses, in the TL, more words than in the SL to express the same idea. For instance, from the English brochure the word “insulin”. Before the researcher could use the borrowed word “*i-insulini*” frequently in the text, she first had to use expansion of translating this word so that the TR would understand what the ST is referring to “insulin” as “*incindi efumaneka kwidlala elithile elilawula iswekile egazini.*” There are more words, like “gestational diabetes”, which simply means “diabetes during pregnancy”. To make it clear to the TR the researcher decided not to use a borrowed word for “gestational” as “*i-gastashiyanali*”, hence, she expanded the translation to “*ifisifo seswekile ngexesha lokukhulelwa*”, which was clear and how isiXhosa readers would understand.



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4.4.5 Literal translation

Literal translation, or word by word, occurs when a SL word or phrase is translated into a TL word or phrase, without worrying about style, but adapting the text to the TL syntactic rules, with minimal adjustments, so that it sounds both correct and idiomatic (word order, functional words, etc.). In Vinay and Darbelnet’s words (48), it is the direct transfer of a SL text into a grammatically and idiomatically appropriate TL text in which the translators’ task is limited to observing the adherence to the linguistic servitudes of the TL. The researcher used literal translation in translating the word “urinate” to “*ukuchama*” (see page 158 of the isiXhosa brochure). This was done deliberately to emphasize what the author is conveying to the TR. Although, in isiXhosa the word “*ukuchama*” is used as an embarrassing word when someone urinated him/herself or urinated when sleeping. Urinate would be “*ukuchitha amanzi*” or “*ukuchama*”, which means, “to empty your bladder”. In this case, the emphasis was on the symptoms of diabetes, hence, the researcher decided to use the literal translation of “urinate” as “*ukuchama*”.

4.4.6 Modulation

Modulation consists of using a phrase that is different in the SL and TL to convey the same idea (Vinay and Dalbènet 51). In other words, there is a change in the point of view, focus, perspective or category of thought in relation to the SL, for example, in the English brochure the ST says, “You should not add salt to your food on the table”, literary, in isiXhosa this means “*sukuyongeza ityuwa ekutyeni okuphezu kwetafile*”.

This Xhosa translation totally changes the meaning of the message. “In order to be faithful to the original meaning, the translator should be faithful to what the original author wants to say.” Here, for the TR to understand the original message, the researcher had to re-write the sentence to “*Sukuyongeza ityuwa ekutyeni esekuphakiwe*”, which is clear and understandable to isiXhosa readers.

4.4.7 Variation

Variation is a procedure in which the translator changes elements that affect several aspects of linguistic variation: changes in tone, style, social dialect, geographical dialect (Hurtado 37), as in the case in which the ST used in the TL is completely different. For example, when the researcher was translating the English brochure she also considered what Newmark, (1988:96) stated that language and culture may be seen as being closely related and both aspects must be considered for translation. For example, isiXhosa language users always respect their culture, especially the words that are used for or directed to a person, such as “pregnant”. “*Ukukhulelwa*” is the word that is used when a woman is pregnant or expecting. “*Ukukhulelwa*” means being pregnant. In isiXhosa, the direct meaning of being pregnant is “*ukumitha*”, but the word actually refers to an animal.

4.5 Challenges encountered during the study

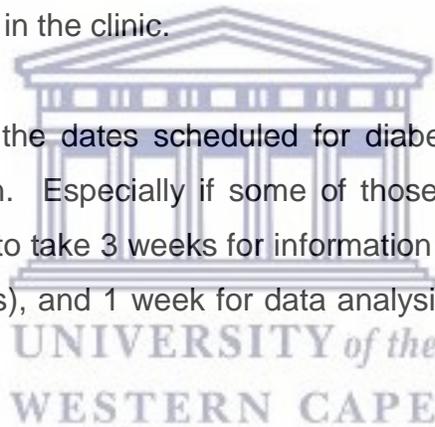
There are few challenges that the researcher encountered during the study. The first challenge was to get hold of the clinic manager to set up appointments for visits to the clinic.

The second challenge was having time to talk to the staff involved and to set up time for their interviews because the clinic is very busy. The researcher decided to ask for a few minutes during their lunchtime in the staff room.

The third challenge was; Mfuleni Clinic is a very small clinic in a large community of the Mfuleni Township. The hall was very full and noisy. The first day was very chaotic; it was not easy for the researcher to draw patient's attention.

The fourth challenge was the space for recruitment and distribution of brochures. There was a corridor at the back where patients were waiting for their name to be called, and it was where health promotion were being conducted as well. Here, it was difficult for the patients to focus on the researcher. Hence, the researcher decided to ask for assistance from the Healthcare Promoter in the clinic.

The fifth challenge was that the dates scheduled for diabetes participants to visit the clinic, made it difficult to plan. Especially if some of those who took brochures never came back. The study aimed to take 3 weeks for information distribution, 1 week for data collection (including interviews), and 1 week for data analysis. It also aimed to target 20 participants as a sample.



The sixth challenge was that other participants promised to come back but never returned to continue with the study. Hence, the researcher decided to target more participants.

The seventh challenge was that the researcher was conducting the study alone; more time was spent on participants who could not read and write, in order to ensure that they understood and to help them complete the questionnaire. While the researcher was busy helping, others were complaining that they wanted to go home, were hungry, and have been at the clinic since 04h00 am. The researcher had to release them. Only some would come back the following day, while others would not.

The eighth challenge was; some participants were willing to participate with the hope that money would be involved, although it was clearly explained by the researcher that there

was not. When they found out that the study did not pay, and that it was voluntarily participation, they withdrew.

The ninth challenge was the researcher's costs involved. The researcher prepared 50 isiXhosa brochures and 50 English brochures, but some interested individuals asked for the isiXhosa brochures to read for themselves, but not to participate in the study. While others, who were not diabetic, asked for the isiXhosa brochure for a family member at home to read or to participate in the study. Hence, the researcher spent more money than planned on the brochures, in order to continue with the study.

The tenth challenge was time management. It was not easy for the researcher to manage time in the chaotic setting, and due to limited time of the working hours of the staff members.

Another challenge was that staff members would ask the researcher to leave behind translated and none-translated diabetes brochures in the clinic for their patients.

The biggest challenge was, when a MDR patient vomited in the waiting corridor, and it was announced that everybody should move to outside the clinic. This caused the researcher to spend less time on the research for that day.

4.6 Summary

Having observed the problem of a lack of access to materials translated into isiXhosa in diabetes health care centres of the Western Cape, the Mfuleni Clinic was used to conduct a pilot study to investigate whether diabetic patients are failing to manage their condition because of a lack of materials translated into isiXhosa.

It was also indicated that patients were receiving only verbal information at Mfuleni Clinic.

At a practical level, healthcare professionals must be aware that culture affects individual and collective experiences that are directly and indirectly related to health.

The willingness of the diabetes patients and staff members to participate made the study possible in only two weeks.

There were also challenges encountered pre- and during the study.

There were 20 participants who participated very well, who finished the study with no mistakes when answering the questionnaires.



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CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The approaches that have been discussed resulted in the production of a translated text of an isiXhosa diabetes brochure (see appendix 7). As mentioned before, the major concern of this study was the theoretical and philosophical aspects, as suggested by various translation theorists, to see whether they will have any significance in the translation of English diabetes brochures to isiXhosa. This was also to demonstrate the various inconsistencies in the different approaches with regard to translation, particularly, isiXhosa translation.

Therefore, there is a risk of either underestimating the effect of cultural differences or of stereotyping individuals by their culture. Both will interfere with the effectiveness of communication.

When language or cultural barriers are identified, it often leads the biomedical worker to explore whether the patient understands his/her oral or written communication. However, when the patient speaks the same language and is of the same culture as the biomedical worker, too often it is assumed that the patient, without any questions, understands. Many biomedical workers have belatedly discovered that a patient is functionally illiterate, the patient cannot read or write (general literacy), let alone understand a health practitioner's medical jargon or complex instructions (health literacy).

Here, it was indicated that the only information that patients were receiving was verbal information. In addition, this information was communicated to patients with various illnesses, situated in the same room, which created difficulty for the nurse to focus on diabetes patients only.

The findings were discussed, analysed and summarized according to the number of participants, their age, gender and race, information distributed, and language preference.

This was done to assess and answer the question of the problem statement and the hypothesis posed; that there is no isiXhosa translated information/brochures on diabetes. The information is written in English or medical terms, and that makes it difficult for the information to reach a large sector of people who cannot read, write and speak English.

It could be argued that many translation theories are based on two opposing ways of translating. For example, Nida (1964) distinguishes between formal and dynamic equivalence, Newmark (1981) between semantic and communicative translation, Catford (1965) between formal correspondence and textual equivalence, House between overt and covert translation, and Pym (1992) between natural and directional equivalence. These bipolar views of equivalence soon faded away and more attractive translation paradigms came to the forefront.

Despite of its shortcomings, it should be stressed that equivalence is still one of the crucial definitely axes of translation since it functions as a reminder of the central problems a translator encounters during the translation process.

It is the opinion of the researcher that those most at risk of developing diabetes in South Africa are the black communities because of their rapid lifestyle, cultural changes and limited facilities. Therefore, it is imperative that health information on diabetes is written in languages that patients can read, write and understand to enable them to take care of their condition. They should feel free to ask questions concerning their health, as many diabetic patients never had the opportunity to go to school.

Since translation is simultaneously a theory and a practice, the translators must think about the artistic features of the text, its exquisiteness and approach, as well as its marks (lexical, or grammatical). They should not forget that the stylistic marks of one language could be immensely different from another. As far as the whole text is concerned, it is simply impossible to transfer the whole message of the original text into the target text, especially when source and receptor languages represent very different cultures.

There should be many basic themes and accounts that cannot be naturalized by the process of translating. In this case, Nida (1964) said that no translation that attempts to

bridge a wide cultural gap could hope to eliminate all traces of the foreign setting. Thus, the translator could not always domesticate the target text but sometimes he will foreignise certain terms or words. Domestication means changing the SL values and making them readable for the TL audience. However, foreignisation is keeping the values of the SL and exposing the audience to them. Thus, translation is not only translating the words, the meaning, the rules, grammar and the arrangement of words, but it is also translating the behavior of the society and cultural customs.

Language is a product of the thought and behavior of a society. According to that, the translator should understand the original culture and interpret it through the receiver language. No culture, no language and no meaning. To translate a text, you should think and feel as the author did, and this can be achieved only by contacting the author if he is still alive and visit the place where he wrote his novel.

Considering that, if the whole message cannot be transferred from the original text into the target text, but original proper names are found in the translated text, is the text then original or translated? Some theorists said the translation should bear no obvious trace of a foreign origin; it should fit the whole receptor language and culture.

In conclusion, isiXhosa language users who are suffering from diabetes, particularly those who cannot access or understand the information that is useful to them, will always have a high mortality rate due to a of lack of isiXhosa-translated information.

5.2 Recommendations

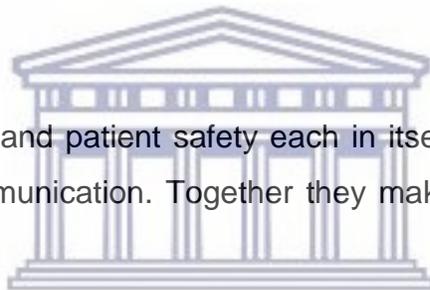
Communication problems are the most frequent root cause of serious health problems. Translations as a solution have been recognised and must be adapted to Community Health Care Centres.

Healthcare providers are struggling to communicate to patient populations for whom language, culture, and literacy can be barriers. One approach could involve forming an interdisciplinary learning collaborative on health literacy, culture, and language, in which to share approaches to improving patient care.

When healthcare professionals who are proficient only in English treat patients with limited English proficiency, the language differences can be a barrier to effective communication. Therefore, understanding a patient's level of health knowledge requires an assessment of the patient's linguistic skills and cultural norms and the integration of these skills and norms into health literacy strategies for the patient's plan of care. Nurses can begin to make a difference by working to integrate cultural, linguistic, and health literacy considerations into daily efforts to effectively communicate with culturally diverse patients.

Providing safe, high-quality health care requires overcoming language barriers to effective communication with patients and their families. Effective communication takes into account language, cultural differences, and health literacy and that is seen as a prerequisite to safe health care.

Patient rights, quality of care and patient safety each in itself is appropriate to validate a commitment to effective communication. Together they make effective communication in health care mandatory.



Healthcare professionals should work with other healthcare providers to develop patient assessment tools, as well as strategies that use these tools, to strengthen the healthcare providers based on language. Patient assessments will enable healthcare professionals to clearly combine health literacy into transcultural healthcare practice.

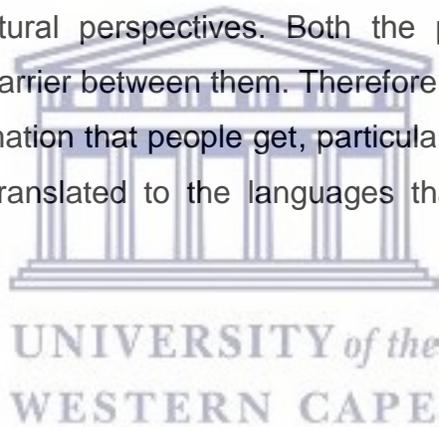
New educational settings for patients and healthcare professionals that address the interconnections between language, culture, and literacy are needed. This training must involve collaborating with a local, adult education centres. Adult learners in these centres should be eager to practice health literacy skills, such as preparing and asking health related questions and receiving appropriate health guidance, with health professionals in a supported setting. Patients share their cultures, language use, and their experiences of accessing health care with nurses.

Healthcare professionals should be encouraged to communicate more clearly with their patients. Failure to communicate clearly can result in unnecessary return for treatment or

lead to pain or adverse events. Health literacy advocates are needed to motivate healthcare organizations to address patient communication barriers. Healthcare promoters are in an excellent position to serve as such language promoters by describing how impaired communication negatively affects patient safety and outcomes.

Healthcare promoters are also well qualified to develop patient forms and educational materials that are appropriate from cultural, linguistic, and literacy standpoints. They are encouraged to develop these materials for the most common patient populations they encounter.

In conclusion, healthcare providers should make appropriate use of trained medical interpreters and cultural advisors. Skilled interpreters will be able to help nurses understand the patient's cultural perspectives. Both the patient and the nurses can underestimate the language barrier between them. Therefore, the researcher recommends that it is crucial that the information that people get, particularly information regarding their health related matters, are translated to the languages that they understand and feel comfortable to use.



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OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

05 June 2015

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Ms MT Javu (Xhosa)

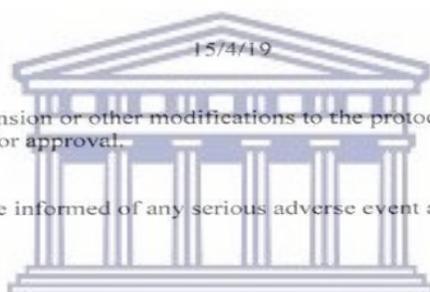
Research Project: Translating diabetes brochures: Challenges encountered.

Registration no: 15/4/19

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape



UNIVERSITY of the
WESTERN CAPE

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

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www.westerncape.gov.za

REFERENCE: WC_2015RP47_760
ENQUIRIES: Ms Charlene Roderick

Robert Sobukwe Rd Bellville
Cape Town
7535

For attention: Ms Miranda Thobela Javu

Re: TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted your proposal for your research. Please contact the following people to assist you with any further enquiries in accessing the following sites:

Mfuleni Clinic

B Stuurman

Contact No: 0 21 360-4622

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities of requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (Annexure 9) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za)
3. The reference number above should be quoted in all future correspondence.

Yours sincerely

DR A HAWKRIDGE
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 1/12/2015.
CC M PHILLIPS

DIRECTOR: KHAYELITSHA/ EASTERN



FACULTY OF ARTS INFORMATION SHEET

Private Bag X17, Bellville, 7535
South Africa

Secretary: Sonia Stroud
Tel: +27 (0) 21 959 2137
Fax: +27 (0) 21 9593170

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

INFORMED CONSENT FORM

Researcher: Ms. Miranda Thobela Javu is conducting a Masters Degree research study on “**TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED**” in the University of the Western Cape.

This study aims to develop isiXhosa terminology and /or give isiXhosa words that are used on diabetes information written or known in English or in medical terms to enable patients to understand and to be aware of diabetes. It also aims to develop isiXhosa terminology and/or translate the signs and symptoms, causes and prevention of diabetes from English/medical terms into isiXhosa. This study also aims to enable patients to receive and use information to improve or assist themselves and biomedical workers in managing diabetes.

Your voluntary participation is requested so that we may learn more about how diabetes patients feel about non-isiXhosa translated information on diabetes. Our questionnaire will take approximately 5 minutes. Your name will not be recorded on the questionnaire and your responses will be anonymous. No tangible benefits are involved in this study, apart from that the data collected from subjects will be stored and accessed for another similar research in future.

Again, your participation is voluntary and you may choose not answer all of the questions on the questionnaire even after signing the consent form. If you are willing to participate, please sign this form.

If you have any questions pertaining to this study, please contact Ms. TV Mabeqa (Supervisor). Xhosa Department, University of Western Cape, Telephone: (021) 959 2382.or you may send an email to: vmabeqa@uwc.ac.za .

Thank you for your assistance.

I have read and understood this consent form, and I agree to participate in this study.

Participant' Signature: _____ Date _____

Researcher's Signature: _____ Date _____



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Private Bag X17, Bellville, 7535
South Africa
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Africa
Secretary: Sonia Stroud
Tel: +27 (0) 21 959 213
Fax: +27 (0) 21 9593170

FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Ump handi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi Dyunivesiti yaseNtshona koloni Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, iinjongo zolu phando kukwakha okanye ukuguqula iimpawu, izizathu kunye nothintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulelwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwentlawulo, ukwenzela sikwazi ukufunda ngakumbi ukuba ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulelwanga esiXhoseni ngesifo seswekile. Ifomu yethu yemibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neempendulo zakho ziya-kugcinwa ziyimfihlo. Akukho nzuzo ifumanekayo kolu phando, ngapha koko lonke ulwazi oluza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulelwa kwaye ungazikhethela ukungayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda utsalele uNksz. TV Mabeqa (Umcebisi) kwicandelo lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2382 okanye ungathumela i_imeyili kule dilesi: tvmabeqa@uwc.ac.za

Enkosi ngenkxaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Utyikityo lomthathi-nxaxheba _____ Umhla _____

Utyikityo lomphandi: _____ Umhla _____



AA place of quality, a place to grow, from hope to action through knowledge



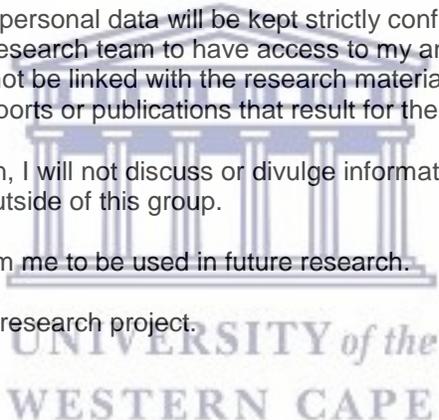
Consent Form

“Translating Diabetes Brochures: Challenges encountered”

Researcher: Miranda Thobela Javu

Please initial box

- 1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead research at any time)
- 3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymized responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research.
- 4. As a participant of the discussion, I will not discuss or divulge information shared by others in the group or the researcher outside of this group.
- 5. I agree for the data collected from me to be used in future research.
- 6. I agree to take part in the above research project.



Name of Participant
(or legal representative)

Date

Signature

Name of person taking consent
(If different from lead researcher)

Date

Signature

Lead Researcher
(To be signed and dated in presence of the participant)

Date

Signature

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:

Supervisor:

HOD:



Appendix 4.1.

Idyunivesiti yeNtshona -Koloni

IFOMU YEMVUME YOKUTHATHA INXAXHEBA

“Translating Diabetes Brochures: Challenges encountered”

Umphandi: Miranda Thobela Javu

Beka u “x” ebhokosini

- 1. Ndiyaqinisekisa ukuba ndiyifundile ndayiqonda ingcombolo ecaciswa ngolu phando lungentla, kwaye ndibenalo ithuba lokubuza imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba ndingehla nomcinga nangeliiphina ixesha ngaphandle kokunika izezathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwehla nomcinga. (Ukuba ndinqwenela ukuhla nomcinga ndinakho ukuqhagamishelana nomphathi wophando nangeliiphina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpendulo zam kwanolwazi lwam luyakugcinwa luyimfihlelo. Ndinika ilungelo iqela labaphandi luzisebenzise iimpendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kuncokola okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongeyonxalenye yeli qela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum lungasetyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Igama lomthathi-nxaxheba
(Okanye ummeli)

Umhla

Utyikityelo

Igama lomthathi-mvume
(ukuba yahlukile kweyomphathi wophando)

Umhla

Utyikityelo

Umphathi wophando Umhla Utyikityelo (Ityikityelwe ibhalwe nomhla phambi komthathi-nxaxheba)

likopi: Wonke umthathi-nxaxheba uyakufumana ikopi, Ifomu etyikityelweyo yokuthatha imvume kunye kwanefomu yengcaciso. Ikopi ekwanje ngale iyakuthathwa igcinwe kundawo ekhuselekileyo yophando kuphela.

Umphandi:

**Umphathi:
Appendix C**

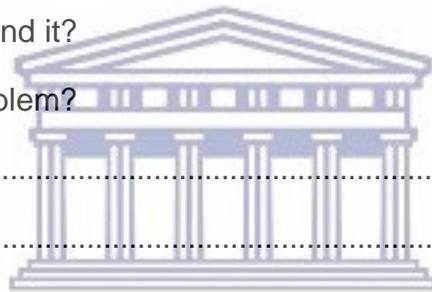
Intloko yecandelo:

Appendix 5

QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Interview Questions with Diabetes patients

	Yes	No
1. Did you ever come across diabetes brochures?	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, was it written in English, isiXhosa or both?		
3. If yes, did you understand it?	<input type="checkbox"/>	<input type="checkbox"/>
4. If no, what was the problem?		
5. Would you prefer to read diabetes brochure written in English or isiXhosa?		
6. Give the reason for your answer.		
7. Do you have any other comments?		



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Appendix 5.1

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|---|--------------------------|--------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ukuba “ewe”, yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba “ewe” wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba “hayi”, yaba yintoni ingxaki?
.....
.....
..... | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 6. Nika izizathu zempendulo yakho.
.....
..... | | |
| 7. Unayo enye ingcaciso? | | |

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When the diagnosis is diabetes 03



What is diabetes? 04



What are the signs and symptoms of diabetes? 04



What are the different types of diabetes? 05



Is a 'hypo' the same as low blood sugar? 06



What are high blood sugar levels? 08



Measuring blood sugar levels 09



What type of diet should I eat? 10



Should I worry about my cholesterol level? 13



What about sport and exercise? 13



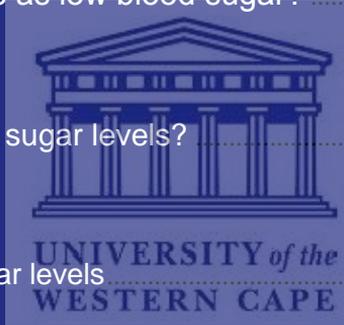
Should I reduce my alcohol intake? 14



How often should I have my eyes tested? 14



What types of medication will I need? 14





Will I have to pay for my medications?

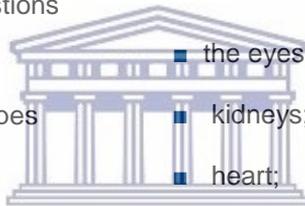
?

When the diagnosis is diabetes

Get answers to your questions

The aim of this booklet is to:

- help answer your questions about diabetes;
- explain the different types of diabetes; and
- outline how you can effectively manage your diabetes.



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What are the complications of diabetes?

If this abnormally high sugar level is not treated it can harm different parts of the body. The complications diabetes can cause include damage to:

- the eyes;
- kidneys;
- heart;
- blood vessels; and
- nerves.

How does someone get diabetes?

You develop diabetes when your body can't use glucose(sugar) properly. Instead of burning up the sugar through your everyday activities, the average amount of sugar in your blood rises.

If diabetes is detected early, it can be treated and the risk of developing serious problems can be greatly reduced.



What is diabetes?

Diabetes is a condition that makes it difficult for the body to use the glucose (sugar) in the blood. The body normally produces a hormone called insulin. Insulin is produced by the pancreas. The pancreas is an organ found in the tummy area quite close to the stomach. Insulin allows the glucose in our food to be taken from the blood and used by the body for energy.

- People with diabetes either don't have enough insulin or the insulin that their pancreas produces does not work effectively.

This means the body cannot move the glucose out of the

What are the signs and symptoms of diabetes?



You may be diagnosed after you go to your GP (family doctor) because:

- you feel tired or ill;
- you have been losing weight;
- you have an infection that is slow to clear up;
- you are always thirsty – the increased glucose in your blood brings more water through the kidneys to be passed as urine causing thirst and dehydration;
- your vision is blurred – extra glucose can be absorbed into the eye and cause blurred vision.



What are the different types of diabetes?

There are a few different types of diabetes. The most common are 'type 2 diabetes mellitus' and 'type 1 diabetes mellitus'. Approximately 9 out of 10 people with diabetes will have type 2.

Women can sometimes get diabetes when they are pregnant. This is called 'gestational diabetes' because it usually only lasts during the pregnancy.

What is 'type 1 diabetes mellitus'?

When someone has type 1 diabetes:

- their pancreas has stopped producing insulin.

The exact cause of this condition is still unknown. It usually occurs in people under 35 years of age, but there are exceptions to this.

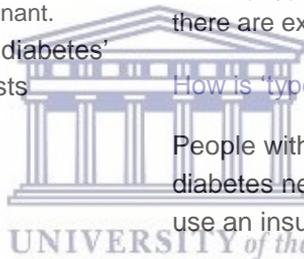
What is 'type 2 diabetes mellitus'?

When someone has type 2 diabetes, the pancreas still produces some insulin, but:

- the pancreas is not producing enough insulin to meet the body's needs; or
- the insulin that is produced is not working very well. Older people are more likely to develop type 2 diabetes, but there are exceptions to this.

How is 'type 1' diabetes treated?

People with this type of diabetes need to inject insulin or use an insulin pump.



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How is 'type 2' diabetes treated?

There are various ways to treat type 2 diabetes. The choice depends on many factors and

differs between individuals. Treatment may include any of the following combinations:

- diet and exercise;
- diet, exercise and tablets;
- diet, exercise, tablets and insulin;
- diet, exercise and insulin.

How is 'gestational diabetes' treated?

In gestational diabetes, the extra demands of pregnancy mean that the mother does not have enough insulin to meet her body's needs.

This type of diabetes is first treated by controlling the quantity and type of the mother's food and drink. If this is not enough to treat the condition, the mother may be given extra insulin as an injection.

It is vital for the baby's health that the mother does not have high blood sugar levels

because the extra sugar supplies can cause the baby to grow too big.

Is a 'hypo' the same as low blood sugar?



Hypoglycaemia or a 'hypo' is when the glucose level in the blood ('blood sugar level') drops below the normal range. Below normal is when it is less than 4mmol/L (70 mg/dl).

Some tablets and insulin can cause a hypo especially if:

- meals are delayed; or
- they are taken after unusually strenuous physical activity.

What are the 'hypo' warning signs?

If you have a 'hypo' you may feel symptoms such as:

- sweating;
- shaking;
- dizziness; and
- blurred vision.



What should I do if I think I'm getting a hypo?

If you feel your blood sugar going low, you should treat it as soon as possible.

Never delay treatment of a low sugar level.

A hypo can be corrected by taking something sweet to drink or eat, such as (for an adult):

- 100mls of Lucozade; or
- three glucose sweets.

If you will not be eating a proper meal within the next hour, you should eat some carbohydrate (starchy) food like a cereal bar or sandwich or follow the instructions that your diabetes team gives you. This will make sure that your blood sugar does not go low again.

Always tell your doctor or diabetes nurse about any hypos, unless you know why it happened, so that they can decide if your medication needs to be altered.

How can I prevent 'hypos'?

- Try not to miss a meal.
- Try to eat carbohydrate at every meal (for example, pasta, bread or rice).
- If you exercise, eat a snack and test your glucose levels every few hours – a 'hypo' can occur even a significant time after exercising.
- Always carry some form of sugar with you such as glucose sweets or drinks, such as Lucozade, in case you experience a hypo.

It is very important to carry identification that shows you have diabetes, such as an identification bracelet, which you can buy on www.diabetes.ie.



What are high blood sugar levels?

'Hyperglycaemia' or high blood sugar levels are when the blood glucose level is above the target set for you.

In the short term, high blood sugars will leave you feeling unwell and tired.

If you have high blood sugars for a long time, it can lead to:

- eye disease;
- heart problems; and
- foot ulcers.

Diabetes is also associated with high blood pressure.

If your blood glucose levels are constantly high, you should contact your doctor.

What causes high blood sugar levels?

People with diabetes may have high blood glucose levels because:

- they have not taken their insulin;
- they have an infection or illness; or
- they have eaten too much food.

Even if you cannot eat, illness can cause your blood sugar level to rise.

Will I need more insulin if I am ill?

If you are ill, you should check your blood glucose levels more frequently and never forget to take your insulin. You may need to increase your insulin during illness.

If your blood glucose level is higher than 15 mmols (270 mg/dl), for more than one hour, check your blood or urine for ketones. If ketones are present you should follow your diabetes team instructions or contact them.



What is my ideal blood sugar level?

Target blood sugar levels vary from person to person and you should ask your diabetes team to set a personal target for you. But generally the ideal target blood sugar levels should be:

Measuring blood sugar levels

Why do I need to measure the sugar level in my blood?

The best way to monitor your diabetes is by measuring your blood sugar levels. You do this with a finger-prick blood test.

If you find it difficult to do finger-prick blood tests, urine tests are another way of testing sugar levels. However, urine tests are not as accurate, but they are appropriate and adequate for some people.

- less than 10 mmol/l (180 mg/dl); or
- less than 8 mmol/s (145 mg/dl) in younger people.

Ask your doctor or nurse what your targets are.

What are my target blood sugar levels?

Fasting

Before Meals

After Eating

When should I do

my blood tests?

You should test your blood sugar level:

- when you wake in the morning; and
- before meals.

Your tests will tell you how well diet, medication and exercise are working together to control your diabetes. They also provide useful information for your doctor.

How often should I do my blood tests?

Generally, you should measure your glucose levels between one and four times a day. Your doctor or nurse will have the best advice on how often you need to test.

During illness or if you change your lifestyle, you will need to test more often.

What type of diet should I eat?



The ideal diet for people with diabetes is very much like the ideal diet for everybody else. A healthy diet is an essential part of treatment for people with diabetes and therefore needs to be followed for life.

Healthy diets are:

- low in refined sugar;
- low in saturated fat;
- high in fibre, vitamins and minerals.

If you are overweight it is essential that you lose weight by changing your diet and exercising. This helps to improve your diabetes control because the insulin you produce works better and there are less demands on your body. Anyone diagnosed with diabetes should be given an appointment with a dietician to help them with their diet.

Are there any tips for healthy eating?

Eat regular meals

Eat regular meals every day, especially breakfast.

Check with your diabetes team if your insulin regime means you need to take a snack before going to bed at night.

Eat starchy foods

As the main part of each meal, eat a starchy food like one of the following:

- bread;
- cereal;
- potato;
- pasta; or
- rice.

Try to eat the same amount of starchy foods at your meals each day. Choose high fibre foods like:

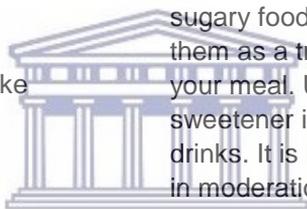
- Weetabix;

- porridge;
- Bran Flakes;
- wholemeal breads;
- wholegrain rice; or
- pastas.

Don't take in too much sugar

Limit the intake of sugar and sugary foods. When you do take them as a treat, eat them with your meal. Use an artificial sweetener instead of sugar in hot drinks. It is best to avoid or take in moderation the following foods:

- sugar;
- chocolate and sweets;
- honey and glucose;
- regular jams and marmalades;
- cakes and sweet biscuits; and
- regular squash and sugary fizzy drinks.



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Keep your fat intake low

Choose lean cuts of meat, remove visible fat and use low-fat methods of cooking like: oven baking, stewing, roasting, grilling, boiling, poaching, steaming or microwaving.

- Choose low-fat dairy products.
- Use low-fat spread instead of butter or margarine.
- Limit the amount of spread used.
- Use low-fat milk instead of regular milk.

Eat oily fish

Eat oily fish at least twice a week. Include fish like:

- mackerel;
- salmon;
- sardines;
- trout;
- fresh or frozen tuna; and
- herrings.

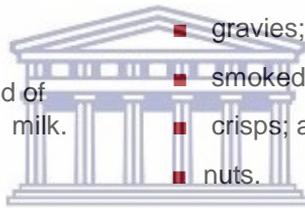
Eat vegetables and fruit

Eat plenty of vegetables and fruit. Aim to have at least five portions each day – spread out over the day.

Reduce your salt

You should not add salt to your food at the table and you should reduce your intake of salty foods like:

- processed meats;
- packet sauces;
- gravies;
- smoked fish;
- crisps; and
- nuts.



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'Diabetic' foods are not useful

You are not advised or recommended to buy special diabetic foods like sweets, chocolate and biscuits. This is because these foods are high in fat and therefore high in calories.



Should I worry about my cholesterol level?

It is important to control your cholesterol level. A high cholesterol level may speed up the hardening of the arteries and increase your risk of a heart attack.

A healthy low-fat diet with plenty of high-fibre starch helps to control your cholesterol level.

According to European guidelines:

- people with diabetes should aim for a cholesterol level of below 4.4 mmol/l. However, this varies from person to person.

Ask your doctor to set a personal cholesterol target for you. Your doctor may prescribe some medication to help control your cholesterol level.

What about sport and exercise?



Exercise is important to help you manage your diabetes. Exercise helps you to:

- lose weight;
- lower your blood pressure;
- reduce your blood sugar levels; and
- allow your insulin and tablets to work more effectively.

It is always useful to increase your level of movement. Always check with your doctor or nurse before starting a new exercise routine. You can ask your diabetes team to help you to develop an exercise plan.



Should I reduce my alcohol intake?

Alcoholic drinks contain a lot of calories – almost as many as fats – and very few or no nutrients. You must be careful about how much you drink.

You don't have to give it up, but remember that alcohol:

- lowers your blood sugar; and
- hides the signs of hypoglycaemia (low blood sugar).

It is recommended that:

- women have fewer than two standard drinks of alcohol a day; and
- men have fewer than three standard drinks of alcohol a day.
- It is recommended to have two or three alcohol-free days each week.

A standard drink is a regular pub measure.

How often should I have my eyes tested?



When you have diabetes you should have your eyes checked every year by the doctor - including a full examination of the back of the eye.

This is different to a vision test for glasses.



What types of medication will I need?



People with type 1 diabetes will need to take regular injections of insulin or use an insulin pump.

People with type 2 diabetes can be treated by exercise and diet.

However, some people may need tablets and, or, insulin.

There are many different types of tablets available for the treatment of type 2 diabetes. Many of these tablets work differently from each other and often more than one type of tablet is used.

Your doctor will prescribe a treatment which is best suited to you.

Your medications help to control your blood sugar levels in combination with a healthy diet and regular activity.

LTI

Will I have to pay for my medications?

Long Term Illness Scheme (LTI)

Diabetes is covered under the LTI scheme for people resident in the Republic of Ireland. This means that all medication for diabetes and related conditions is available to you free of charge under this scheme.

This includes medication for high blood pressure and high cholesterol and glucose-testing strips.

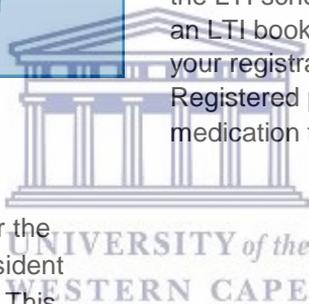
How to apply for the LTI

If you want to register for the LTI scheme:

- ask your doctor to complete the LTI application form; and
- submit this form to the local Health Service Executive office. Your doctor should be able to tell you where the local office is located.

When you are registered under the LTI scheme, you will receive an LTI book in the post. It shows your registration number.

Registered patients may get their medication from any pharmacist.





How does diabetes affect driving?

If you take tablets or insulin for diabetes, you must inform the driving licence authority that you have diabetes. You can find the number for your local driving license authority in the telephone book.

Do I need to tell my car insurance company that I have diabetes?

You must inform your car insurance company that you have diabetes.

If you don't it may mean you are at risk of driving without insurance.

Your car insurance will not cost more when you have diabetes.



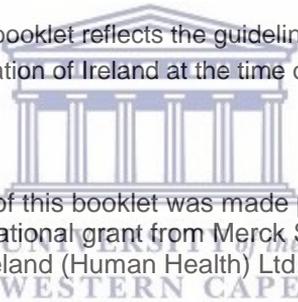
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This booklet can be downloaded from
www.diabetes.ie free of charge.

Notes



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Notes



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Get more information

For more information on diabetes in your own language, go to the Diabetes Association from your homeland
ny public library.



Helpline **1850 909 909**

www.diabetes.i

UNIVERSITY of the
Diabetes Federation of Ireland
WESTERN CAPE
76 Lower Gardiner Street, Dublin 1

836 5182

Helpline: 1850 909 909

E-mail: info@diabetes.ie



Plain English
Approved by NALA

Imigaqo yokuzilondoloza yabantu abanesifo seswekile



MERCK SHARP & DOHME

Ireland (Human Health) Ltd



Xa uthe wafunyaniswa ukuba sifo seswekile..... 03



Yintoni isifo seswekile? 05



Zeziphi iimpawu nemiqondiso yesifo seswekile?..... 05



Zeziphi iindidi ezahlukileyo zesifo seswekile? 06



Ingaba i 'hypo' yinto enye neswekile yegazi esezantsi? ..08



Yintoni amaqondo aphezulu eswekile? 10



Amaqondo omlinganiselo weswekile yegazi 10



Loluphi uhlobo lwedayethi endingalutyayo..... 13



Ndingazikhathaza ngeqondo le kholesteroli? 17



Kwenzeka njani ngemidlalo no thambo?..... 18



Ndingakunciphisa ukusela isiselo esinxilisayo? 18



Ndingaya emva kwexesha elingakanani ukuya kuxilongisa amehlo am? 19



Loluphi uhlobo lwamayeza endiludingayo? 19



Kungafuneka ndiwahlawulele amayeza am? 20



Isifo seswekile sikubandakanya njani ukuqhuba? 21



Xa uthe wafunyaniswa ukuba unesifo seswekile

Fumana iimpendulo kwimibuzo yakho.

linjongo zale ncwadana koku:

- ukunceda ukuphendula imibuzo yakho ngesifo seswekile;
- ingcaciso ngeendidi zohlobo lwesifo seswekile; kunye
- namagqabantsintshi ngendlela onokuthi usilawule kakuhle isifo sakho.

Umntu usifumana njani isifo seswekile?

Zeziphi iingxaki ezibangelwa sisifo seswekile?

Ukuba eli qondo liphezulu
lingaqhelekanga leswekile
alinakunyangwa
lingonakalisa
amalungu ahlukileyo emzimbeni.

Ezi ngxaki zesifo seswekile

zingabangela umonakalo

koku:

- mehlo;
- izintso;
- intliziyo
- imithambo yegazi;
- kunye nomthambo-luvo.



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Yintoni isifo seswekile?

Isifo seswekile yimeko ethi yenze kube nzima kakhulu ukuba umzimba usebenzise iglukhozi (iswekile) egazini. Umzimba uvelisa incindi yedlala ebizwa ngokuba yi-insulini. I-insulini eveliswa yinjeke. Injeke lilungu langaphakathi lomzimba elifumaneka kumazantsi esisu kufutshane kakhulu nesisu. I-insulini ivumela iglukhosi (swekile) esekutyeni ukuba ithathwe egazini ukuze isetyenziswe ngumzimba ubenamandla.

- Abantu abanesifo seswekile abanayo ngokwaneleyo incindi yedlala okanye incindi yedlala ethi yenziwe yinjeke yabo ayisebenzi ngokufanelekileyo.

Le nto ithetha ukuba umzimba awunakho ukukhuphela iglukhosi ngaphandle kwegazi, yiyo loo nto iqondo leswekile emzimbeni lihlala liphezulu.

Lo chatha weglukhosi emzimbeni ubangela iingxaki eziqwalaselekayo ekusebenzeni komzimba.

Zeziphi iimpawu nemiqondiso yesifo seswekile?



Ungafunyanwa uchaphazelekile emva kokuhambela ugqirha ngenxa yokuba:

- uziva udiniwe okanye ugula;
- uyehla emzimbeni;
- unesifo esinyangeka kade
- usoloko unxaniwe – ungezeleleko lweglukhozi egazini lakho lusa amanzi amaninzi ezintsweni ukuze uyokuchitha amanzi, ukuchitha amanzi kubangela ukuba unxanwe uphelelwe nangamanzi emzimbeni,
- ubona luzizi - ungezeleleko lweglukhozi lungakubangela ukubona luzizi.

Zeziphi iindidi ezahlukeyo zesifo seswekile?

Zimbalwa iindidi zohlobo lwesifo seswekile. Ezona zixhaphakileyo ludidi lwesibini nodidi lokuqala lwesifo seswekile. Bamalunga nabantu abalithoba kwabalishumi abanodidi lwesibini lwesifo seswekile.

Abasetyhini banakho ngelinye ixesha ukuchaphazeleka kwisifo seswekile xa bekhulelwe. Esi sibizwa ngokuba sisifo seswekile ngexesha lokukhulelwa, kuba siye sifumaneka nje ngexesha lokukhulelwa.

Yintoni udidi lokuqala lwesifo seswekile?

Xa abantu benolu hlobo lwesifo seswekile:

- linjeke zabo ziye zayeka ukuvelisa incindi efulaneka kwidlala elithile elilawula iswekile egazini.

Oyena nobangela wale meko

awukaziwa. Iqhele ukwenzeka kubantu abaneminyaka engaphantsi kwamashumi amathathu anesihlanu, kodwa bangakho abanye oonobangela.

Yintoni udidi lwesibini lwesifo seswekile?

Xa umntu enodidi lwesibini lwesifo seswekile injeke isayivelisa i-insulini, kodwa

- injeke ayiyivelisi ngokwaneleyo i-insulini ukukhawulelana neemfuno zomzimba; okanye
- I- insulini evelisiweyo ayisebenzi ngendlela efanelekileyo

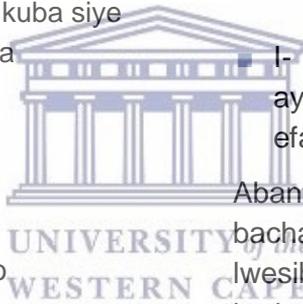
Abantu abadala baye bachaphazeleke lolu didi lwesibini lwesifo seswekile kodwa bangakho abanye oonobangela

Lunyangwa njani udidi lokuqala lwesifo

seswekile?

Abantu abanoludidi lwesifo seswekile kufuneka bahlabe

inaliti ye-insulini okanye basebenzise impompo ye-insulini.



Lunyangwa njani olu udiri lwesibini lwesifo seswekile?

Zininzi iindlela zokunyangwa udiri lwesibini lwesifo seswekile, ukhetho luxhomekeke kwiimeko ezininzi kwaye luyehluka kumntu ngamnye. Unyango lungaquka nayo nayiphina kwezi:

- Idayethi nothambo
- Idayethi, uthambo kunye nepilisi;
- Idayethi, uthambo ipilisi kunye ne-insulini.

Sinyangwa njani isifo seswekile ngexesha lokukhulelwa?

Isifo seswekile ngexesha lokukhulelwa, kuye kubekho uchatha kwiimfuno ngexesha lokukhulelwa, oku okuthetha ukuba loo mama akana-insulini eyaneleyo ukukhawulelana neemfuno zomzimba.

Olu hlobo lwesifo seswekile luqala lunyangwe ngokulinganisela ubungakanani nodidi lokutya

nesiselo sikamama. Ukuba oku akwanelanga ukunyangale meko umama angayinikwa i-insulini ethe chatha ngokuhlatywa inaliti.

Ibaluleke kakhulu empilweni yosana ukuba umama angabinawo amaqondo aphezulu eswekile egazini, kuba iswekile ethe chatha ingalwenza usana lukhule kakhulu.



Ingaba i 'hypo' yinto enye neswekile yegazi esezantsi?



I "Hypoglycaemia" okanye i "hypo" kuxa iqondo leswekile yegazi lehlile langaphantsi komlinganiselo. Ngaphantsi komlinganiselo kuxa lingaphantsi ko 4mmol/L (70 mg/dl).

Ezinye iipilisi kunye ne-insulini zingayibangela i "hypo" ngakumbi ukuba:

- izidlo ziyacotha; okanye

- zityiwa ngexesha elingaqhelekanga,
- okanye imisebenzi edinisayo.

Zeziphi iimpawu zezilumkiso ze ‘hypo?’

Ukuba une ‘hypo’ unganeempawu ezi njengezi:

- ukubila;
- ukungcangcazela;
- isiyenzi; kunye
- nokubona luzizi.

Ndingenza ntoni ukuba ndicinga ndine “hypo?”

Ukuba uziva ukuba iswekile yegazi lakho iyehla, zinyange ngokukhawuleza. Ungaze ululibazise unyango lweswekile yegazi ekwiqondo eliphantsi. I “hypo” ingalungiseka ngokusela into eswiti, okanye utye (kubantu abadala):

- 100mls ye Lucozade; okanye
- lilekese zeswekile ezintathu.

Ukuba awuzukutya ngendlela efanelekileyo kwiyure ezayo, kufanele utye isitatshi, ukutya okunjengesidudu sakusasa,

iikhonfleyiksi okanye isangweji okanye ulandele imiqathango oyinikwe liqela lakho lesifo seswekile (iklabhu). Loo nto iyakuqinisekisa ukuba iswekile yegazi lakho ayisayi kuhla kwakhona.

Yazisa ugqirha wakho okanye umongikazi (unesi) wakho wesifo seswekile ngalo lonke ixesha malunga nayiphina I “hypo”, ukwenzela ukuba bathathe isigqibo sokubona ukuba leliphi iyeza onokulisebenzisa endaweni yelo ulisebenzisayo.

Ngaphandle kokuba uyawazi unobangela wokuba kutheni isenzeka.

Ndingayinqanda njani i-‘hypos?’

- Zama ukungaliphosi ixesha lokutya.
- Zama ukutya isitatshi ngawo onke amaxesha ezidlo (umzekelo i pasta, isonka okanye irayisi).
- Ukuba wenza uthambo, itya izinto ezincinci(izinekehi) kunye;

- Hlola iqondo leswekile yakho ngalo lonke ixesha emva kweyure, i'hypo' ingenzeka nangexesha elibalulekileyo emva kothambo.
- Soloko uphete izinto ezinobuswekilana njengee lekese zeswekile okanye iziselo;

ezinjenge "Lucozade", ukulungiselela xa unokuthi uphathwe yi "hypo".

Kubalulekile ukuphatha into ekuchaza ukuba unesifo seswekile, njenge sazi esisacholo onokusithenga kwa: www.diabets.ie.



Yintoni amaqondo aphezulu eswekile?

“Hyperglycaemia’ okanye maqondo aphezulu eswekile kuxa iqondo leswekile yegazi odalelwelona lingaphezu komlinganiselo ofanelekileyo.

Okwexeshana iswekile yegazi ekwiqondo eliphezulu iyakwenze ungaziva uphilile kwaye uzive udiniwe.

Ukuba iswekile yegazi lakho ikwiqondo eliphezulu ixesha elide ingakukhokelela kwi:

- sifo samehlo;
- iingxaki zentliziyo; kunye
- nezilonda ezinyaweni.

Kwakhona, isifo seswekile sinxulunyaniswa noxinzelelo-gazi.

Ukuba amaqondo eswekile yegazi lakho asoloko ephezulu, kufuneka uqhagamishelane nogqirha wakho.

Yintoni ebangela amaqondo aphezulu kwiswekile yegazi lakho?

Abantu abanesifo seswekile banganamaqondo aphezulu eswekile yegazi ukuba:

- khangela bayithathe i-insulini;
- banaso nasiphina isifo okanye
- batye ukutya okuninzi.

Nokuba awunakho ukutya, ukugula kungakubangela ukwenyuka kwamaqondo eswekile yegazi

Ndizakudinga i-insulini eninzi xa ndigula?

Xa ugula kufanele ukuba usoloko uwahlola amaqondo eswekile yegazi lakho ngalo lonke ixesha kwaye ungalibali ukuthatha i-insulini.

Ungakudinga ukunyusa i-insulini xa ugula.

Ukuba iqondo leswekile yegazi

lakho lingaphezu kwe 15 mmols (270 mg/dl), ngaphezu kwe

yure, jonga igazi okanye iikhetoni kumchamo wakho. Ukuba iikhetoni ziyafumaneka kufuneka ulandele imiqathango yeqela lesifo seswekile okanye ubaqhagamishele.



Amaqondo omlinganiselo weswekile yegazi.

Kutheni kufuneka ukuba ndijonje iqondo lomlinganiselo weswekile yegazi lam?

Indlela engcono yokunakekela isifo seswekile kukujonga iqondo leswekile yegazi lakho. Ukwenza oku ngokohlolo lohlabo-mnwe.

Ukuba ufumanisa ubunzima ngokohlolo lohlabo-mnwe, uhlolo-mchamo yenye indlela yokuhlola amaqondo eswekile. Ngelinye ixesha, uhlolo-

mchamo alukho nkcakasana, kodwa lufanelekile kwaye

luyoneza kwabanye abantu.

Leliphi iqondo elifanelekileyo kwiswekile yegazi lam?

Amaqondo eswekile yegazi ekujoliswe kuwo ayehluka kumntu nomntu kwaye kufuneka ucele iqela lakho lesifo seswekile (iklabhu) likumisele umlinganiselo oqondene nawe.

Kodwa ngokubanzi, amaqondo eswekile yegazi ajoliswe ngoku:

- ngaphantsi ko 10 mmol/l (180 mg/dl); okanye
- ngaphantsi ko 8 mmol/s (145 mg/dl) kubantu abatsha.

Buza ugqirha nomongikazi (unesi) wakho ukuba ngawaphi amaqondo akho ekujoliswe kuwo.

Ngawaphi amaqondo eswekile egazi lam ekujoliswe kuwo?

Ukubopha

Phambi kwezidlo

Emva kwezidlo

Kufuneka ndilwenze nini uhlolo lwegazi?

Ungalihlola iqondo leswekile yegazi lakho:

- xa uvuka kusasa; kunye
- naphambi kwezidlo

Uhlolo luyakuchazela indlela elunge ngayo idayethi, amayeza kunye nothambo ukuba ziyasebenzisana ekulawuleni isifo seswekile yakho.

Ndingalwenza kangaphi uhlolo lwegazi?

Ngokubanzi, kufuneka uthathe amaqondo omlinganiselo weswekile kanye nakane ngemini. Ugqirha wakho no mongikazi (unesi) bayakuba ngabona balungileyo ekucebiseni ukuba ungawenza kangaphi uhlolo.

Ngexesha lokugula okanye ukuba utshintshe indlela yakho yokuphila uyakufanelwa kukuhlolwa ngalo lonke ixesha.

Loluphi uhlobo lwedayethi endingalutyayo?



Idayethi efanelekileyo kubantu abanesifo seswekile ifana nayo yonke idayethi efanelekileyo kuye wonke ubani. Idayethi enempilo yinxalenye yonyango olubalulekileyo kubantu abanesifo seswekile nangenxa yoko kufuneka ilandelelwe ubomi bakho bonke. Idayethi ezinempilo zezi:

- itya iswekile ecokisiweyo;
- sukutya amanqatha;
- itya ukutya okunenzakha mzimba ezikwiqondo eliphezulu, vitaminzi kwanee mineralzi.

Ukuba unobunzima obungaphaya kweqondo, ibalulekile into yokuba uhlise ubunzima ngokutshintsha idayethi kunye nothambo. Le nto ikunceda ekuvuseleleni ulawulo lwesifo seswekile kuba i-insulini oyivelisayo isebenza ngcono kwaye kukho iimfuno ezincinci ezifunwa ngumzimba wakho. Nabani na ofunyaniswe enesifo seswekile kufuneka anikwe isigqibo sokudibana nosodayethi amncede ngedayethi.

Ingaba zikho iingcebiso?

Itya izidlo ngendlela eqhelekileyo.

Itya izidlo ngendlela eqhelekileyo yonke imihla ingakumbi izidlo zakusasa.

Qondana neqela lakho lesifo seswekile ukuba imiqathango ye- insulini yakho ithetha ukuba kufuneka utye izinto ezincinci (izinekhi) phambi kokuba uye kulala ngokuhlwa.

Itya ukutya okunesitatshi njengesidlo, itya isitatshi esinje ngezi:

- isonka
- ipapa yakusasa;
- itapile
- ipasta;okanye
- rayisi.

Zama ukutya isitatshi ngawo onke amaxesha ezidlo.

Khetha ukutya okune fayibha eninzi njenge:

- *weetbix*;
- isidudu;
- *bran flakes*;

- isonka sengqolowa;
- irayisi yengqolowa; okanye
- iipasta.

Musa ukusebenzisa iswekile eninzi

Cutha umlinganiselo weswekile oyityayo, nokutya okuneswekile, xa uyisebenzisa njengonyango yitye ngaxeshanye nezidlo zakho. Sebenzi iswekile eyenziweyo xa uphunga. Yeyona ilungileyo ukulehlisa izinga leswekile koku kutya kulandelayo:

- iswekile;
- itshokoleti nelekesa;
- ubusi neswekile;
- ijem yesiqhelo nemamaleti;
- ikeyiki nee lekesa, iibhisikithi; kunye
- nesikwatshi ngamaxesha onke kunye
- neziselo ezineswekile ezihlwahlwazayo.



Itya kancinci izinto ezinamafutha

Khetha amasuntswana abhityileyo enyama, susa amanqatha abonakalayo, sebenzisa indlela yokupheka ngaphandle kwamafutha njengoku: ubhako e-ovenini, isityu, ukoja, ukubilisa, ukufuthisa okanye imaykhroweyvu.

- Khetha iimveliso ezikwizinga eliphantsi kwezenziwe ngobisi.
- Sebenzisa ibhotolo enezinga eliphantsi lamafutha okanye imajerina.
- Chutha indlela oqaba ngayo
- Sebenzi ubisi olunezinga eliphantsi lamafutha kunokusebenzisa ubisi lwesiqhelo.

Itya ifishi enamafutha

Itya ifishi enamafutha kabini ngeveki ubuncinci dibanisa ifishi enjenge:

- *mackerel*;
- *salmon*;

Ukutya okulungiselelwe

- *sardines*;
- *trout*;
- *fresh or frozen tuna*; kunye
- *herrings*.

Itya imifuno neziqhamo

Itya imifuno emininzi neziqhamo. Iinjongo kukufumana okona kuncinci kwintwana ezintlanu mihla yonke kanye-ngosuku.

Nciphisa ityuwa yakho

Sukuyongeza ityuwa ekutyeni esekuphakiwe, futhi yinciphise indlela otya ngayo ukutya okunetyuwa njenge:

- iinyama esezilungiselelwe ukutyiwa;
- iisosi ezisezipakethini;
- imihluzi;
- ifish enkonxiweyo eseyilungelelwe ukutyiwa;
- amashwamshwam; kunye
- namandongomane.



**abantu abanesifo
seswekile akuloncedo**

Akucetyiswa okanye
kunconywe ukuba thenga
ukutya okulungiselelwe
abantu abanesifo seswekile
njenge lekese, tshokoletshi,
kanye neebhisikithi.
Kungenxa yokuba oku
kutya kuneqondo eliphezulu
lamafutha kwaye ngenxa
yoko, kuba oku kutya
kunamafutha amaninzi
iikhalori (umlinganiso
wamandla onikwa kukutya)
ziphezulu.



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Ndingakunciphisa ukusela isiselo esinxilisayo?

Isiselo esinxilisayo sibangela iikhalori eninzi (umlinganiso wamandla onikwa kukutya) nangaphezu kwamafutha ne zondlo ezincinci kakhulu

okanye zingabikho. Iba nobulumko ngendlela usela ngayo.

Awunyanzelekanga

ukuba uyeke kodwa khumbula ukuba utywala:

- buyayithoba iswekile yegazi lakho; kwaye
- buyazifihla iimpawu zeswekile ephantsi yegazi (hypoglycaemia)

Iyacetyiswa into yokuba

- abasetyhini bathathe ngaphantsi kumlinganiselo ophindwe kabini wotywala ngosuku, kunye
- abasebuhlanti bathathe ngaphantsi

ngosuku.

- iyacetyiswa into yokuba ukhe uthi xha ekuseleni utywala iitsuku ezimbini okanye ezintathu qho evekini.

Umlinganiselo wokusela ngumlinganiselo walowo wasezindaweni ezithengisa utywala.

Ndingaya emva kwexesha elingakanani ukuya kuxilongisa amehlo am?

Xa unesifo seswekile kufuneka uxilongise amehlo kugqirha qho ngonyaka ndawonye noxilongo olugqibeleleyo lomva lo wamehlo akho.

Olu lungumahluko kuxilongo lokubona lwe gilasi (izipekisi)

omlinganiselo ophindwe
kathathu wotywala



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**Loluphi uhlobo
lwamayeza
endiludingayo?**



Abantu abanodidi
lokuqala lwesifo seswekile
bayakudinga ukuhlatywa
inaliti ye-insulini okanye
basebenzise impompo ye-
insulini.

Abantu abanodidi lwesibini
lwesifo seswekile
banganyangwa
ngothambo ngedayethi.

Ngelinye ixesha
abanye abantu baye
badinage iipilisi ne,
okanye i-insulini.

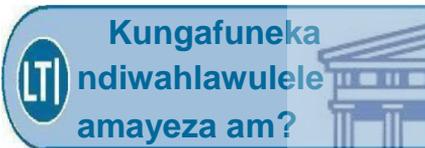


Zininzi iindidi
ezifumanekayo zeepilisi
ukunyanga udidi lwesibini
lwesifo seswekile.

Uninzi lwezi pilisi
lusebenza hlukileyo
kunezinye, ngelinye
ixesha kusetyenziswa
iindidi ezingaphezu kodidi
olunye.

Ugqirha wakho uyakunika umlinganiselo oyakulungelana nawe.

Amayeza akho ancedisana nawe ekulawuleni amaqondo eswekile yegazi lakho nxa lenye nedayethi enempilo kunye nemisebenzi yesiqhelo.



Ulungiselelo lwezigulo zexesha elide

Isifo seswekile siphantsi kolungiselelo lwezigulo zabantu zexesha elide.

Oku kuhlanganisa amayeza oxinezelelo lwegazi kunye nekholesteroli ephezulu.

Usifaka njani isicelo solungiselelo lwezigulo zexesha elide?

Ukuba ufuna ukubhalisa kulungiselelo lwezigulo zexesha elide:

- cela ugqirha wakho akugcwalisele ifomu yezicelo kunye
- faka le fomu kumanejala kwi ofisi yesebe lwezempilo ekufutshane kuwe. Ugqirha wakho umele akuxelele ukuba iphi i-ofisi.

Xa uthi walilungu phantsi kolungiselelo lwezigulo zexesha elide uya kufumana incwadi eposini, ebonakalisa inombolo yakho yobulungu. Izigulane ezingamalungu zinokuwafumana amayeza azo nakweyiphipina ekhemesti.



Isifo seswekile sikubandakanya njani ukuqhuba?

Ukuba uthatha iipilisi okanye i-insulini ukunyanga isifo seswekile, kufanele ubazise amagosa amakhulu emvume yokuqhuba ukuba unesifo seswekile. Ungayifumana inombolo yabakhulu bemvume yokuqhuba kwincwadi yoluhlu lweenombolo.

Ndifanele ze ndiyixelele inkampani ye-inshorensi yemoto yam ukuba ndinesifo seswekile?

Kufanele uyixelele inkampani ye-inshorensi yemoto yakho ukuba unesifo seswekile.

Ukuba awenzi njalo uya kufana nokuba uqhuba ungenayo i-inshorensi.

I-Inshorensi yemoto yakho ayisayi kuhlawulisa kakhulu xa unesifo seswekile.



Izikhumbuzo



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Izikhumbuzo



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Umbulelo

Ms Helen Burke,
Advanced Nurse Practitioner in Diabetes

Ms Demelza Dooner,
Clinical Nurse Specialist in Diabetes

Ms Anna Clarke,
*Iqela lesifo seswekile lase Ireland
INkuthazo yezeMpilo no Manejala wophando*



Okonezayo ngale ncwadana kuveza imigaqo yeqela lesifo seswekile yase Ireland ngexesha lokucishilelwa.

Le mveliso yale ncwadana yenziwe yanakho sisibonelelo semfundo engenasithintelo ku Merck Sharp no Dohme Ireland (Human Health) Ltd.

Le ncwadana ingafumaneka ku:
www.diabetes.ie simahla.

Fumana iinkcukacha ngokubanzi

Ukufumana iinkcukacha ngokubanzi ngesifo seswekile, yiya kwi webhusayithi yombutho wesifo seswekile kwisixeko sakho okanye khangela ku www.idf.org

Ungayisebenzisa i-intaneti nakweyiphina umzi weencwadi ka wonke-wonke.



Ucingo 1850 909 909
www.diabetes.ie

Diabetes Federation of Ireland
76 Lower Gardiner Street, Dublin 1

Imfonomfono: 01 836 3022 Feksi: 01 836 5182
Ucingo: 1850909 909 Imeyile: info@diabetes.ie



APPENDIX 7

***QUESTIONNAIRE ON TRANSLATING DIABETES
BROCHURES***

You are kindly requested to fill in the questionnaire below. This questionnaire is to test whether the researcher complied with the norms and values of isiXhosa tradition/culture when translating the English diabetes brochures to isiXhosa diabetes brochures.

Gender:

Age:

Home language:



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- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Did you read the English brochure I requested you to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you understand it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If no or yes, please elaborate?
..... | | |
| 4. Did you read the isiXhosa brochure I requested you to read? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you understand it? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If no or yes, please elaborate?
..... | | |

English Why?.....

isiXhosa Why?.....

7. Which brochure was understandable?

8. Is there anything in the isiXhosa translated brochure that you feel it does not comply with the norms and values of isiXhosa tradition/culture?

Yes

No

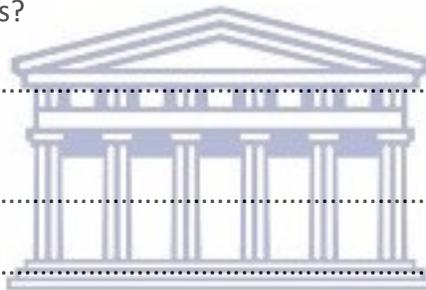
a. If Yes or no, please elaborate.

.....

.....

.....

b. Any comments?



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.....

.....

.....

.....

.....

APPENDIX 7.1

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini:

Iminyaka:

Ulwimi asekhaya:

i. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?

Ewe Hayi

ii. Uyiqondile?

iii. Ukuba “hayi” okanye “ewe” nceda cacisa.

.....

.....

i. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

ii. Uyiqondile?

iii. Ukuba “hayi” okanye “ewe” nceda cacisa.

.....

.....

iv. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?.....

IsiXhosa Ngoba?.....



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v. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

vi. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

.....

.....

.....

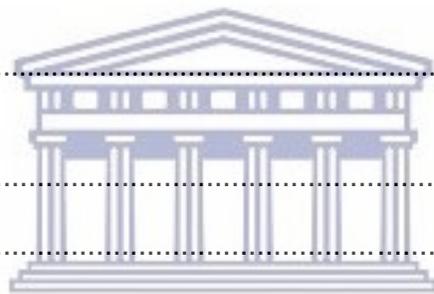
vii. Unayo enye ingcaciso?

.....

.....

.....

.....



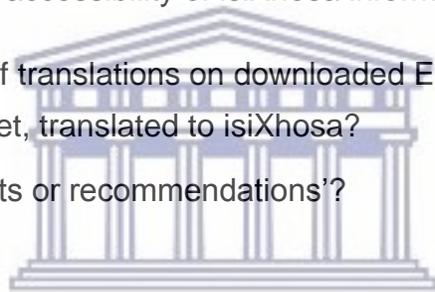
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APPENDIX 8

ENGLISH VERSION OF QUESTIONNAIRE FOR INTERVIEWS

MFULENI CLINIC STAFF MEMBERS

1. Do you have isiXhosa diabetes brochures in this clinic?
2. If no, do you think it is important that you have them? Why?
3. How do you educate your diabetic patients on diabetes?
4. What are the limitations to accessibility of isiXhosa information on diabetes?
5. Will be there any impact of translations on downloaded English diabetes brochures from the internet, translated to isiXhosa?
6. Do you have any comments or recommendations'?



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APPENDIX 8.1

ISIXHOSA VERSION OF QUESTIONNAIRE FOR INTERVIEWS

MFULENI CLINIC STAFF MEMBERS

1. Ninazo incwadana zesiXhosa ezichaza ngesifo seswekile kule kliniki?
2. Ukuba hayi, ucinga kubalulekile ukuba nibenazo? Ngoba kutheni?
3. Nizifundisa njani izigulana zesifo seswekile ngesifo seswekile?
4. Yeyiphi imiqobo edalwa kukungabikho kweezincwadi zokufunda malunga ngesifo seswekile, ingakumbi ezibhalwe ngesiXhosa?
5. Lingabakho igalelo kuguqulo lweencwadana ezibhalwe ngesiNgesi ezifumanela kwi-intanethi, ziguqulelwe esiXhoseni?
5. Unazo ezinye iingcacizo okanye iingcebiso?

APPENDIXES AS PROOF OF RESEARCH CONDUCTED



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Private Bag X17, Bellville, 7535
 South Africa
 Secretary: Sonia Stroud
 Tel: +27 (0) 21 959 2137
 Fax: 127 (0) 21 959 3659

FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVU ME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isilanga seMastazi kuphando oluthi “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi Dyunivesithi yaseNtshona Koloni

Ilungo zolu phando kukwakha okanye ukurika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, ilungo zolu phando kukwakha okanye ukugqibela iimpawu, izizathu kunye nohintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwentlawulo, ukwenzela sikwazi ukufunda ngakumbi ukuba ingaba izigulana zosifo seswekile ziziva njani ngolu lwazi lungaguqulwanga esiXhoseni ngesifo seswekile. Ifomu yethu yemibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neempendulo zakho ziza kugcinwa ziyimfihlo. Akukho nuzo ifumanekayo kolu phando, ngapha koko lorke ulwazi oluza kugcokelwa laza kugcinwa ukuze lusetyenziswe kolunye uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulelwa kwaye ungazikhathela ukungayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sowusityakityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda utsalele UNksz. TV Mabeqa (Umcebisi kwicandelo lwesiXhosa, kwi Dyunivesithi yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kwaye ungathumela i-imeyili kule dilesi: tvmb@uwc.ac.za

Enkosi ngenkxaso yakho.

Ndiyifuncile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavumeleluka kuthabha inxaxheba kolu phando.

Utyikityo lomthathi-nxaxheba: AKA Umhla: 9/9/2015
 Utyikityo lomphandi: [Signature] 09/09/2015
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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Java wenza isidanga seMastazi kuphando oluthi “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi Dyunivesiti yaseNtshona koloni

Injongo zolu phando kukwakha okanye ukutika amagama ngesiXhosa ngo.wazi olubhalwe phantsi o'ngolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugqata iimpawu, izizathu kunye nohintelo lwesifo seswekile ezibhalwe ngesiNgesi, zinguqulelwa ku.wazi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kweentlawulo, ukwenzela sikwazi ukufunda ngacambi ukuba ingaba izigulana zesifo seswekile ziziva njani ngolu kwazi lungaguqulelwanga esiXhoseni ngesifo seswekile. Ifomu yetlu yemibuzo izi kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neempendulo zakho ziza kugcinwa ziyimihlo. Akukho mazo ifumanekayo kolu phando, ngapha koko lonke ulwazi oliza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayibhalwelelwa kwaye ungakhethele ukungayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sewusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda usalele UNksz. TV Mabeca (U.ncophisa) kwicandelo lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kwaye ungathumela i imayili kule dilesi: tv.mabeca@uwc.ac.za



Linkosi ngenxaso yakho.

Ndiyandile kwaye ndayikonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Uyikityo lomthathi-nxaxheba: M. BANGANI Umhla 9/9/2015
 Uyikityo lomphandi: M. BANGANI 09/09/2015
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 South Africa
 Secretary: Sonia Stroud
 Tel: +27 (0) 21 959 2137
 Fax: 27 (0) 21 959 3659

FACULTY OF ARTS INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz Mirraanda Thobela Javu wenza isidanga seMastazi kuphando oluthi
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesiti yaseNtshona koloni

Unjongo zolu phando kukwakha okanye iicandaka amagama ngesiXhosa ngolwazi olunatwe phantsi
 olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, unjongo zolu phando kukwakha okanye ukugqulula iimpawu, izizathu kunye
 nebhintleli lwesifo seswekile ezibha we ngesiNgesi, ziguqulelwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenkqubo, ukwenzela sikwazi ukulanda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulelwanga esiXhoseni ngesifo
 seswekile. Ifomu yethu yemibuzo iza kuchabulha malunga nemizuzo emialazile. Igama lakho alisayi
 kubhalwa kule fomu kunye neendpendulo zakho ziye-kuqinwa zoyimihlo. Akukho nuzo ifumanekayo
 kolu phando, ngaphi kozo lonke olwazi olaza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kelaye
 uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayilawulwa kwaye ayizikhetheli elungayiphenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba soyusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda usalele UNksz JW Mabeqa (Umcebisi kwicandelo
 lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137
 itagathumela i imayili kule dilesi: tv-mabeqa@uwc.ac.za

Inkosi ngerixaso yakho.



Ndiyifundile kwaye ndeyiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba le om
 phando.

Uyikityo lomthathi-nxaxheba: N. Ngobee Umhla: 04/09/2015
 Uyikityo lomphandi: [Signature] A place of quality, a place to grow, from hope to action through knowledge
04/09/2015



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 Secretary: Sonia Stroud
 Tel: +27 (0) 21 959 2137
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INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMestazi kuphando oluthi **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** kwi Dyunivesiti yaseNtshona koloni

Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicaciswe ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula impawu, izizathu kunye nohntlo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyazalwa inxaxheba yakho ngaphandle kwentlawulo, ukwenzela sikwazi ukulinda ngakumbi ukuba ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwanga esiXhoseni ngesifo seswekile. Ifomu yetfu yenibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neempendulo zakho ziyakugcinwa ziyimfihlo. Akukho nzuzo ifumanekayo kolu phando, ngapha koko loonke ulwazi oluza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulwa, kwaye ungazi khetjela ukungayiphenduli yonke imibuzo kule fomu nakuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, needsa utsalele uNksz. TV Mabeqa (Umcebisi) kwicandelo lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137, kwaye ungathumela i-imeyili kule dilesi: vmabeqa@uwc.ac.za



Enkosi ngenkxaso yakho

Ndiyifurcile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Utyikityo lomthathi-nxaxheba: Gijana

Umla: 09/04/2015

Utyikityo lomphandi: [Signature]

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 South Africa
 Secretary: Sonia Streuc
 Tel: +27 (0) 21 959 2137
 Fax: +27 (0) 21 959 3659

FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Appendix A

INFORMED CONSENT FORM

Researcher: Ms. Miranda Thobela Java is conducting a Masters Degree research study on “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” in the University of the Western Cape.

This study aims to develop isiXhosa terminology and/or give isiXhosa words that are used on diabetes information written or known in English or in medical terms to enable patients to understand and to be aware of diabetes. It also aims to develop isiXhosa terminology and/or translate the signs and symptoms, causes and prevention of diabetes from English/medical terms into isiXhosa. This study also aims to enable patients to receive and use information to improve or assist themselves and biomedical workers in managing diabetes.

Your voluntary participation is requested so that we may learn more about how diabetes patients feel about non-isiXhosa translated information on diabetes. Our questionnaire will take approximately 5 minutes. Your name will not be recorded on the questionnaire and your responses will be anonymous. No tangible benefits are involved in this study, apart from that the data collected from subjects will be stored and accessed for another similar research in future.

Again, your participation is voluntary and you may choose not answer all of the questions on the questionnaire even after signing the consent form. If you are willing to participate, please sign this form.

If you have any questions pertaining to this study, please contact Ms. TV Mabecane (021) 959 2382, Xhosa Department, University of Western Cape, Telephone: (021) 959 2382, or you may send an email to: tvma009@uwc.ac.za.



Thank you for your assistance.

I have read and understood this consent form, and I agree to participate in this study.

Participant's Signature: Hazelth Jansen Date 2-9-2015

Researcher's Signature: Java Date 09/09/2015

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INFORMATION SHEET

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
 Appendix AA

IFOMU YEMVUME YOKUTHATHA INXAXHEBA

Umphandi: UNksz Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwi
 Dyunivesiti yaseNtshona koloni

Iinjongo zo'u phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubha'we phantsi
 olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula iimpawu, izizathu kunye
 nohntele lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kutwini lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenlawula, ukwenzela sikwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwanga esiXhoseni ngesifo
 seswekile. Hona yethu yemibuzo iza kuthathwa malunga nemizuzu emihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendulo zakho ziya kugcinwa ziyimfihlo. Akukho nzuzo ifumanekayo
 kolu phando, ngapha koko lonke ulwazi oluza kugokelelwa luza kugcinwa ukaze lusetyenziswe kolunye
 uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayibhalelwa kwaye cranzichethela ukungayiphenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, needa usidele uNksz. I.V. Mabeka (Umerhisi) kwicandelo
 lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137
 ungathumela i_imeyili kule dilesi:vmabeq@uwc.ac.za



Leleksi ngericxaso yakho.

Ndiyifundile kwaye ndayiqonda lo fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu
 phando.

Utyikityo lomthathi-nxaxheba

Utyikityo lomphandi:

P. D. Mungund *Prinla* 09-09-2015
 09-9-2015
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 South Africa
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INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesiti yaseNishona koloni

Injongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi
 oluzgelwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula iimpawu, izizathu kunye
 nothimela lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyacelwa insusheba yakho ngaphandle kwentlelwalo, ukwenzela sikwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwanga esiXhoseni ngesifo
 seswekile. Ifomu yethu yemibuzo iza kuhabatha malunga nemizuzu emihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendulo zakho ziza-kuqinwa ziyimihla. Akukho nzuzo ifumanekayo
 kolu phando, ngapha koko lonke ulwazi oluza kuqokelelwa luza kuqinwa ukuze lusetyenziswe kolunye
 uphando olunayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulwa kwaye ungazikhethela ukungayiphenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sokuwusetyenzile isivumelwano.

Ukuba unemibuzo malunga nolu phando, needa ezisile UNksz. Ty Mabeqa (Umcebisi) kwicandelo
 lwesiXhosa, kwi Dyunivesiti yase Nishona Koloni, inombolo yocingo: (021) 959 2137
 ungathumela i-imayili kule difesi ty.mabeqa@uwc.ac.za



Enkosi ngenkxaso yakho

Ndiyifunile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyayuma ukuthatha inxaxheba kolu
 phando.

Utyikityo lomhathi-nxaxheba A. N. Danywa Umhla 9th. 9. 2015

Utyikityo lomphandi: [Signature] 09/09/2015
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INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** kwi Dyunivesithi yaseNtshona koloni

Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugqula iimpawu, izizathu kunye nothintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulelwa kubwini lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenlawulo, ukwenzela sikwazi ukufunda ngakumbi ukuba ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulelwanga esiXhoseni ngesifo seswekile. Hornu yethu yemibuzo liza kuttabatha matunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye nempendulo zakho ziya-kugcinwa ziyimfihlo. Akukho nzuzo ifumanekayo kolu phando, ngapha koko lonke ulwazi oluzi kugqulwa liza kugcinwa ucuze lusetyenziswe kolunye uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayilawulwa kwaye ungazifihlela ukungayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sowusiyikityile isivumelwano.

Ukuha imemibuzo matunga nolu phando, nceda usalele UNksz. AM Mabeqa (Umcebisi) kwicandelo lwesiXhosa, kwi Dyunivesithi yase Ntshona Koloni, Inombolo yocingo: (021) 959 2137. Ungathumela i-imeyili kule dilesi: vmabeqa@uwc.ac.za



Enkosi ngokuxaso yakho.

Ndiyithandile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Utyikityo lomthathi-nxaxheba ns [signature] Umhla 9/10/2015
 Utyikityo lomphandi: [signature] *A piece of quality, a piece of art, from hope to action through knowledge*



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 South Africa
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 Tel: +27 (0) 21 959 2137
 Fax: +27 (0) 21 959 3659

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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXASHIBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesithi yaseNtshona Koloni

Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi
 olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugqibisa iimpawu, izizathu kunye
 nohntelwano lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulelwa kwiwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwerilawulo, ukwenzela silwazi ukufunda ngakumbi akuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungagunqelwanga esiXhoseni ngesifo
 seswekile. Ifomu yethu yenibuzo liza kubabatha malunga nemizuzo omihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendulo zakho ziya-kugcinwa ziyimfihlo. Akukho azuzo ifumanekayo
 kolu phando, ngapha koko lonke ulwazi olaza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye
 uphando olumayelana nolu kwilka elizayo.

Kwakhona, inxaxheba yakho ayihlawulelwa kwaye ungazikhethela ukungayiphenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sokuusityikityile isivume lwano.

Ukuba unemibuzo malunga nolu phando, nceda nisolaleli Nksz. Ty Mabeca (Umcebisi kwiicandelo
 lwesiXhosa, kwi Dyunivesithi yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kwaye
 unga-humela i-imeyili kule dilesi: tymabeca@uwc.ac.za



Lingkosi ngenkxaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivume lwano, kwaye ndiyavume ukuthatha inxaxheba kule
 phando.

Utyikityo lombhathi-inxaxheba

M. Lusoga

Umhla

9/9/2015

Utyikityo lomphandi:

Javu

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INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Mirranco Thobela Java wenza isidanga seMastazi kuphando oluthi **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** kwi Dyunivesiti yaseNtshona koloni

Iinjongo zala phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula iimpawu, izizathu kunye notshintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulelwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwentlalo, ngwenzela sikwazi ukufunda ngakumbi ikuba ingaba izigulana zesiXhosa seswekile ziziva njani ngolu lwazi lungagugulwanga esiXhoseni ngesifo seswekile. Ifomu yethu yemibuzo iza kuhabatha malunga nemizuzi emifanayo. Igama lakho alisayi kubhalelwa kule foram kunye neempendulo zakho ziza kugcinwa zizifihlile. Akukho nzuzo ifumanekayo kolu phando, ngapha koko lonke ulwazi oluza kugcinwa liza ukugcinwa ukutse lusetyenziswe kolutye uphando olumayelana nolu kwilixa-elizayo.

Kwakhona, inxaxheba yakho ayinawulelwa kwaye ungazikhethela ukungayiphenduli: yonke imibuzo kule foram nokuba sekusivuneni kokuba sowsisi ikhethile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda utsalele UNksz. Ty Mabeqa (Umcebisi) kwicandelo lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2337. Ukwazi ngakumbi ungathumela i-imeyili kule dilesi: tymabeqa@uwc.ac.za

Enkosi ngenkxaso yakho.

Ndiyifundile kwaye ndayicococa le foram yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Utyikityo lombhalo inxaxheba: Delia van der Merwe Umhla: 09/09/2015
 Utyikityo lomphandi: [Signature] *A place of quality, a place to grow, from hope to action through knowledge*





Private Bag X17, Bellville, 7535
 South Africa
 Secretary: Sonia Stroom
 Tel: +27 (0) 21 959 2137
 Fax: +27 (0) 21 959 3659

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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKULATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluthi
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesiti yaseNtshona koloni

Iinjongo zolu phando kukwakha okanye ukunika umagama ngesiXhosa ngolwazi olubhalwe phantsi
 olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula impawu, izizathu kunye
 nothintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyacelwa insaxheba yakho ngaphandle kwendawo, ukwenzela sikwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwa esiXhoseni ngesifo
 seswekile. Ifomu yethu yemibuzo izo kufabatha malunga nemizuzi emihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendule zakho ziza kugcinwa ziyimihlo. Akukho nzuzo ifumanekayo
 kolu phando. ngapha koke lonke ulwazi oluza kugcinwa luza kugcinwa ukuze lusetyenziswe kulanye
 uphando olumayelana nolu kwilisa elizayo.

Kwakhona, inxaxheba yakho ayinawulelwa kwaye ungazikhethela ukungayiphenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sewusitya kule isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda utsalele uNksz. TV Mabeqa (Umeebisi) kwicandelo
 lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137
 ungathunela i-imeyili kule idilesi: vmabeqa@uwc.ac.za

Enkosi ngenkxaso yakho.



Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukulatha inxaxheba kolu
 phando.

Utyikityo lomthathi-nxaxheba

Umhla: 09/04/2015

Utyikityo lomphandi:

[Handwritten signature]

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Private Bag X17, Bellville, 7535
 South Africa
 Secretary: Senia Stroud
 Tel: +27 (0) 21 959 2137
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FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
 Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando oluhlaziyo lwe-
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesithi yaseNtshona kooni.

Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi
 elungo wimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesiXhosa
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugqula iimpawu, izizathu kunye
 nothintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyaacelwa inxaxheba yakho ngaphandle kwentlawulo, ukwenzela sikwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwa esiXhoseni ngesifo
 seswekile. Ikona yethu yemibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendulo zakho ziya-kugcinwa ziyimfihlo. Akukho nuzo ilimankayo
 kolu phando, ngapha koko lonke ulwazi oluza kugqokelelwa luza kugcinwa ukuzo lusetyenziswe ko'umye
 uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayibhalwe kwaye ungazikhathala ngayo ipenduli yonke imibuzo
 kule fomu nokuba sekusemveni kakuba sowsusiyikityile isivumelwano.

Ukuha umemibuzo malunga nolu phando, nceda utsalele UNksz. V. Mabeqa (Umcebisi kwicandelo
 lwesiXhosa, kwi Dyunivesithi yase Ntshona Kooni, inombolo yocingo: (021) 959 2382 kwaye
 ungathumela i-imeyili kule difesi: vmabeqa@uwc.ac.za



Enkosi ngenkxaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu
 phando.

Utyikityo lomthathi-inxaxheba: Miranda Thobela

Umhla: 09/09/2015

Utyikityo lomphandi: Miranda Thobela

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 Fax: (27) (0) 21 959 3659

FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umpheand: UNksz. Miranda Thobela. Javu wenza isidanga seMastazi kuphuzo oluthi **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** kwi Dyunivesiti yaseNtshona koloni

Iinjongo zolu phando kwakakha okanye ukumika amagama ngesiXhosa ngolwazi olubhalwe phantsi alungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, iinjongo zolu phando kwakakha okanye ukuguqula iimpawu, izizathu kunye nohintelo lwesifo seswekile abhalwe ngesiNgesi, ziguqulelwa kubwini lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenllawulo, ukwenzela ulwazi ukufunda ngakumbi ukuba ingaba izigulana zesifo seswekile ziziva njani ngolwazi lungaguqulelwanga esiXhoseni ngesifo seswekile. Ifomu yethu yemibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neenpendulo zakho ziza kugcinwa ziyimfihlo. Akukho nuzo ifumanekayo kolu phando, ngapha koko lonke ulwazi olunza kugcinelelwa luza kugcinwa ukuze lusetyenziswe kolunye uphando olunayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayibhalelwa kwaye ungazichithela okanye ayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, needa usalele UNksz. TV Mabeqa (Uncebisi) kwicandelo lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kunye ungathumela i-imeyili kule dilesi: vmabeqa@uwc.ac.za

Erkosi ngenkxaso yakho.



Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu phando.

Utyikityo lomthathi-nxaxheba: _____ Umhla: 09-09-15
 Utyikityo lomphandii: _____
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FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Thobela Javu wenza isidanga seMastazi kuphando eluhl
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi
 Dyunivesithi yaseNtshona keleni

Uinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhizwe phantsi
 ohungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukuguqula iimpawu, izizathu kunye
 notshintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yaisha ngaphandle kwenhlwalo, ukwenzela sikwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lungaguqulwanga esiXhoseni ngesifo
 seswekile. Ifomu yethu yemibuzo iza kuthabatha malunga nemizozo emihla emihla. Igama lakho alisayi
 kubhalwa kule fomu kunye nempendulo zakho ziya kugcinwa ziyimihla. Alukho nzuzo ifumanelekayo
 kolu phando, ngapha koko lonke ulwazi oluza kuqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye
 uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulelwa kwaye angazikhethela ukungayipenduli yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba uemibuzo malunga nolu phando, needa usulele UNksz. Ty Mabheja (Umcebisi) kwicandelo
 lwesiXhosa, kwi Dyunivesithi yase Ntshona Keleni, inombolo yocingo: (021) 959 2137 kwaye
 ungahumela i_imeyili kule dile: tymabheja@uwc.ac.za



Enkosi ngenkxaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu
 phando.

Utyikityo lomthathi-inxaxheba

M. Kaba

Umhla: 08/09/2015

Utyikityo lomphandi:

[Signature]

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FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Appendix A

INFORMED CONSENT FORM

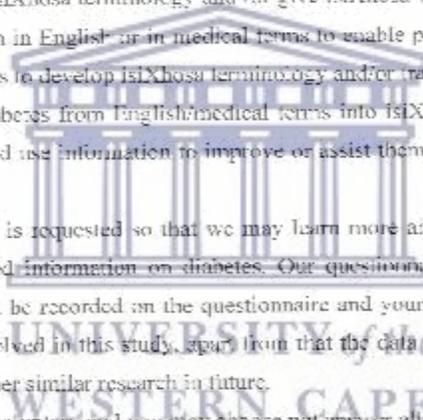
Researcher: Ms. Miranda Thobela, is conducting a Masters Degree research study on “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” in the University of the Western Cape.

This study aims to develop isiXhosa terminology and/or give isiXhosa words that are used on diabetes information written or known in English or in medical terms to enable patients to understand and to be aware of diabetes. It also aims to develop isiXhosa terminology and/or translate the signs and symptoms, causes and prevention of diabetes from English/medical terms into isiXhosa. This study also aims to enable patients to receive and use information to improve or assist themselves and biomedical workers in managing diabetes.

Your voluntary participation is requested so that we may learn more about how diabetes patients feel about non-isiXhosa translated information on diabetes. Our questionnaire will take approximately 5 minutes. Your name will not be recorded on the questionnaire and your responses will be anonymous. No tangible benefits are involved in this study, apart from that the data collected from subjects will be stored and accessed for another similar research in future.

Again, your participation is voluntary and you may choose not answer all of the questions on the questionnaire even after signing the consent form. If you are willing to participate in this form,

If you have any questions pertaining to this study, please contact Ms. TV Mabeqa, (Lecturer), Xhosa Department, University of Western Cape, Telephone: (021) 959 2382, or you may send an email to: tmabeqa@uwc.ac.za.



Thank you for your assistance.

I have read and understood this consent form, and I agree to participate in this study.

Participant Signature: _____

Date 16-09-2015

Researcher's Signature: _____

Date 16/09/2015

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FACULTY OF ARTS

INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Appendix A

INFORMED CONSENT FORM

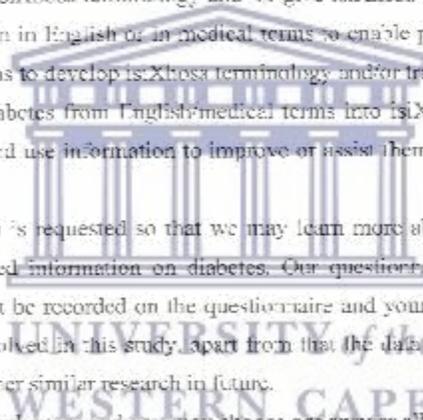
Researcher: Ms. Miranda Thobela Javu is conducting a Masters Degree research study on **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** in the University of the Western Cape.

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If you have any questions pertaining to this study, please contact Ms. TV Mabeca (Secretary, Xhosa Department, University of Western Cape, Telephone: (021) 959 2382, or you may send an email to: tmabeca@uwc.ac.za.



Thank you for your assistance.

I have read and understood this consent form, and I agree to participate in this study.

Participant's Signature: [Signature] Date 16/09/2015
 Researcher's Signature: [Signature] Date 16/09/2015

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FACULTY OF ARTS INFORMATION SHEET

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
 Appendix SA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Teobela Javu wenza isidanga seMastazi kuphando oluthi
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwi
 Dyunivesiti yaseNtshona koloni

Iinjongo zolu phando kukwakha okanye ukunikela amagama ngesiXhosa ngolwazi elubhalwe phantsi
 olungolwimi lwesiNgesi ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo
 seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugqulula iimpawu, izizathu kunye
 nohintelo lwesifo seswekile ezibhalwe ngesiNgesi, ziguqulelwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenlawulo, ukwenzela siwazi ukufunda ngakumbi ukuba
 ingaba izigulana zesifo seswekile ziziva njani ngolu lwazi lonaququlelwanga esiXhoseni ngesifo
 seswekile. Ifomu yethu yemibuzo iba kubabatha malunga nemizuzo emihlanu. Igama lakho alisayi
 kubhalwa kule fomu kunye neempendulo zakho ziza-ko gcinwa ziyimihlolo. Akukho mzuzo ifumanekayo
 kolu phando, ngapha koko lonke lwazi oluza kuqulelwa luza kugcinwa ukuze lusetyenziswe kolunye
 uphando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayililawulwa kwaye ngaziTeobela fikungayiphendali yonke imibuzo
 kule fomu nokuba sekusemveni kokuba sowusityikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, nceda utsalele UNksz. TV Mabeqa (Iincobisi) kwiicandelo
 lwesiXhosa, kwi Dyunivesiti yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kwaye
 ungathumela i-imeyili kule dilesi: vmabeqa@uwc.ac.za



Enkosi ngerixaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyavuma ukuthatha inxaxheba kolu
 phando.

Utyikityo lomthathi-nxaxheba: T. Stroud

Umhla: 08-09-15

Utyikityo lompharci: [Signature]

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 For People to Action through Knowledge



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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Appendix A

INFORMED CONSENT FORM

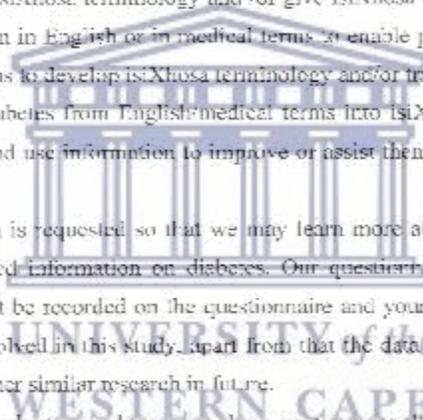
Researcher: Ms. Miranda Thobela Javu is conducting a Masters Degree research study on “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” in the University of the Western Cape.

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Your voluntary participation is requested so that we may learn more about how diabetes patients feel about non-isiXhosa translated information on diabetes. Our questionnaire will take approximately 5 minutes. Your name will not be recorded on the questionnaire and your responses will be anonymous. No tangible benefits are involved in this study, apart from that the data collected from subjects will be stored and accessed for another similar research in future.

Again, your participation is voluntary and you may choose not answer all of the questions on the questionnaire even after signing the consent form. If you are willing to participate, please sign this form.

If you have any questions pertaining to this study, please contact Ms. TV Mabeqa (tvmabeqa@uwc.ac.za). Xhosa Department, University of Western Cape, Telephone: (021) 959 2382, or you may send an email to: tvmabeqa@uwc.ac.za.



Thank you for your assistance.

I have read and understood this consent form, and I agree to participate in this study.

Participant Signature: *M. Thobela Javu*

Date: 03-09-2015

Researcher's Signature: *M. Thobela Javu*

Date: 03/09/2015

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 South Africa
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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”
Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Miranda Ijobela Java wenza isidanga seMastazi kuphando oluthi **“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”** kwi Dyunivesithi yaseNtshona koloni

Iinjongo zolu phando kukwakha okanye ukunika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgesi. ngesifo seswekile ukwenzela izigulana ziqonde kwaye zicacelwe ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugaqula umpawu, izizathu kunye nothintelo lwesifo seswekile olubhalwe ngesiNgesi. ziguqulwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwenlawulo, ukwenzela sikwazi ukufunda ngakumbi ukuba ingaba izigulana zesifo seswekile ziziya njani ngolu lwazi lungaphulelwanga esiXhoseni ngesifo seswekile. Ifomu yethu yemibuzo iza kuthabatha malunga nemizuzu emihlanu. Igama lakho alisayi kubhalwa kule fomu kunye neempendulo zakho ziya kugcinwa zivimile. Akukho rzuzo ifumanekayo kolu phando, ngapha koko lonke ulwazi oluza kugqokelelwa luza kugcinwa ukuze lusetyenziswe kolunye phando olumayelana nolu kwilixa elizayo.

Kwakhona, inxaxheba yakho ayihlawulelwa kwaye ungazikhethele ukungayiphenduli yonke imibuzo kule fomu nokuba sekusemveni kokuba sowusiyikityile isivumelwano.

Ukuba unemibuzo malunga nolu phando, uceda usalelele UNksz. UV Mabeqa (Umrhisi) kwicandelo lwesiXhosa, kwi Dyunivesithi yase Ntshona Koloni, inombolo yocingo: (021) 959 2137 kwaye ungathumela i_emaili kule dilesi: vmabeqa@uwc.ac.za



Eicosi ngenkxaso yakho.

Ndiyifundile kwaye ndayiqonda le fomu yesivumelwano, kwaye ndiyevuna ukuthatha inxaxheba kule phando.

Utyikityo lomthathi-nxaxheba: N. M. Mabeqa

Umhla: 08-09-2015

Utyikityo lomphandi: [Signature]

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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyaqinisekisa ukuba ndiyifundile ndayiqonda ingcombolo ecaciswa ngolu phando lungentla, kwaye ndiberalo ithuba lokubuza im buzo malunga nolu phando.
- 2. Ndiyaqiqonda into yokuba ufatho-nxaxheba lwam aluyi kuhlawulwa kwaye ndikhulekile ukuba ucingela nomcinga nangeliphira ixesha ngaphandle kokunika izizalirho nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululokule ukwehla nomcinga. (Ukuba ndinqwenela ukhula nomcinga ndinako ukuchagamishelana nomphathi wophando nangeliphina na ixesha.)
- 3. Ndiyaqiqonda into yokuba iimpendulo zam kwandawazi kwam luyakugcinwa luyimfihlelo. Ndinika ilungelo iqela labaphandi luzisebenzise iimpendulo zam. Ndiyaqiqonda into yokuba igama lam alisayi kuxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kunokola okanye noichaze ulwazi ekwabelanwa ngalo ngabanyo kweli qela okanye umphandi angeyokalenye yeli qela.
- 5. Ndiyavuma ukuba ulwazi oluqokelele we kum lungasetyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla

P. Dunge Umthathi
 Igama lomthathi-nxaxheba (Okanye umthathi)

P. Dunge Utyikityelo
 Igama lomthathi-nyume (ukuba yabikile kwayomphethi wophando)

Miranda Javu Umthathi wophando
 (Ityikityelwe ibhalwe nomthathi phambi komthathi-nxaxheba)

09/09/2015 Umhla
 Utyikityelo

Iikopi: Iwotico umthathi-nxaxheba uyakufumana ikopi, ifomu etyikityelweyo yokuthatha imvume kunye kwaneformu yangcaciso. Ikuqaleni iqela iyakuthathwa igcinwa kundawo ekhuselakeleyo yophando kuphela

Umphandi: MS. M.T. Javu 	Umphathi:	Intloko yecandelo:
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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beke u "x" ebhokosini

- 1. Ndiyacisisekisa ukuba ndiyifuncole ndayiqonda ingombolo ecaciswa ngolu phando lungentla, kwaye nd benalo (Inuqa lokubuzo imibuzo malunga nolu phando).
- 2. Nd yayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhulu ekile ukuba ndingena nomcinga nangeliphina ixesha ngaphandle kokun ka izizathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuqhendula namnye umbuzo okanye kwimibuzo ethile, ndikhulu ekile ukwehla nomcinga. (Ukuba ndinowenela ukhula nomcinga nd nakho ukuqagamishelana nomphathi wophando nangeliphina na ixesha.)
- 3. Nd yayiqonda into yokuba iimpendulo zam kwanolwazi lwam luyakugcinwa luyimfihlo. Ndirika lungelo iqela labaphandi luzisebenzise iimpendulo zam. Nd yayiqonda into yokuba gama am alisayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kuncokola okanye nd chaze ulwazi ekwabelenwe ngalo ngobanye kweli qela okanye umphandi ongeyoxalenye yeli qela.
- 5. Nd iyavuma ukuba ulwazi oluqokalelwe kum lungasetyenziswa kuphando oluzayo.
- 6. Nd iyavuma ukuthatha inxaxheba kolu phando lungentla.

Miranda Thobela Javu 21/09/2015
 Igama lomthathi-nxaxheba (Okanye umme!) _____ Umhle _____ Utyikityelo _____
 Igama lomthathi-nyumc (ukuba yabukho kwemphathi wophando) _____ Umhle _____ Utyikityelo _____
Miranda Javu 09/09/2015 _____
 Umphathi wophando _____ Umhle _____ Utyikityelo _____
 (Ityikityelo ibhale nomhle phambi komthathi-nxaxheba)

Ikopi: Wonke umthathi-nxaxheba ayakufumana ikopi, Ifomu etyikityelweyo yokuthatho imvume kunye kwaneformu yengcaciso. Ikopi ekwenje ngale iyekuthathwa ngomntu kundozi, ekhuselekileyo yophando kuphela.

Umphandi: <i>Ms. M.T Javu</i> 	Umphathi:	Intloko yecandelo:
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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyaqinisek sa ukuba ndiyifundile ndayiqonda ingcimbolo ecaciswa ngeli phando lungenla, kwaye ndibenelo ithuba lokubuzo imituzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kulawulelwa kwaye ndikhu'ulekile ukuba ndingehla nomcinga nangaliphina ixesha ngaphandle kokunika izezathu nangaphandle kwentlawu o ezinye omifuneko. Ukongeza, xa ndingafuni kuqhondula namnye um buzo okanye kwimituzo ethile, ndi khululekile ukwenza nomcinga. (Ukuba ndingawehla ukuhlo nomcinga ndinakho ukuqngamishelana nomphathi wophando nangaliphina na ixesha.)
- 3. Ndiyayiqonda into yokuba impendulo zam kwandlwazi lwam luyakugcinwa luyimfihle o. Ndinika ilungelo iqela labaphandi luzisebenzise impendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako kanye okunxulumene nophando, kwaye andisayi kukhankanywa kwi ngxelo okanye kupapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wazi ngoxoxo, andisayi kuqokola okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kwe iqela okanye umphandi ongoyoxalenye yeli ce-a.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum lungasetyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungenla.

M.S. Mkhambane
Igama lomthathi-nxaxheba
(Okanye umntu)

9/09/2015
Umthathi
Utykityelo

UNIVERSITY OF
WESTERN CAPE

Igama lomthathi-mvume
(ukuba yahlukile kwisomphethi wophando)

Umthathi
Utykityelo

Miranda Javu

09/09/2015
Umthathi

M.S.
Utykityelo

Umphathi wophando
(ityikityelwa ibhelwe nomhle phambi kombuthi-nxaxheba)

Ikopi: Wonke umthathi-nxaxheba uyakulumana ikopi, ifomu sityikityelweyo yokuthatha imvume kunye kwanzisamu yengcaciso. Ikopi ekwanje ngale yokuthathwa igcinwe kundawo ekhuselokiloyo yophando kuphela.

Umphandi:
M.S. M.T. Javu
Miranda

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: M. Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyaqinisekisa ukuba ndiyifundile ndiyiqonda ingcambolo ecacilewa ngolu phando lungentle, kwaye ndibona lo ithuba lokubuza imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba kwam aluyi ku hlawule wa kwaye ndi khulu ekile ukuba ndinga nla nomcinga nange iphina ixesha ngaphandle kokunika izingathu nangaphandle kwentlawulo azingeyomfuneko. Ukongeza xa ndingafuni kuqhendula namnye umbuzo okanye kwimibuzo othile, ndikhululekile ukwehla nomcinga. (Ukuba ndinqwenela ukhula nomcinga ncinakho ukuqhagamshelana nomphathi wophando nangaliphina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpendulo zam kwanokwazi kwam luyakugcinwa luyimihlelo. Ncinika iingqela iqela labaphandi luzisebenzise iimpendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kuxulumaniswa nako konke okunxulumene nophando, kwaye andiseayi kukhankanywa kwiingxelo okanye kupapasho olinxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andiseayi kuncokola okanye ndi chazu ulwazi okwabelenwe ngalo ngabanye kweli qela okanye umphandi ongezoxalenye ye iqela.
- 5. Ndiyavuma ukuba ulwazi olucokolelwe kum lungasoyenziswa ku phando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba ko u phando lungentle.

Nomabulelo
Igama lomthathi-nxaxheba
(Okanye umntu?)

08/09/2015
Umhla
A. Javu
Uyikhiyelo

Miranda T. Javu
Umphandi wophando
(Iyikhiyelo ibhelwe nomntu phambi komthathi-nxaxheba)

08/09/2015
Umhla
A. Javu
Uyikhiyelo

Ikop: Wanka umthathi-nxaxheba uyakulumana ikopi. Ifomu etyikhiyelweyo yokuthatha imvume kunye kwawonke yengcaciso. Ikopi ekwanje ngale iyakuthathwa igcinwe kundawo okhuselweyo yophando kuphela.

Umphandi:
Ms. M. T. Javu
A. Javu

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Jawu

Beka u "x" ebhokosini

- 1. Ndiyaqinisekisa ukuba ndiyifundile ndayiconda iringcomodolo soadiswa ngolu phando lungentla, kwaye ndibenalo ihuba lokubuzela imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhuleleki ukuba ndingehla nomcinga nangeliophina ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhuulekile ukwehla nomcinga. (Ukuba ndingwenela ukuba nomcinga ndinako ukuqhagamishelana nomphathi wophando nangeliophina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpendulo zam kwandlwazi lwam luyakugcinwa luyimihlelo. Ndinika ilungele icela labaphandi luzisebenzise iimpendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako konke okunxulumana ngaphandle, kwaye andisayi kukhankanywa kwiingxelo okanye kupaqesho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wazi ngokho, andisayi kuncokola okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongeyomxalenye yaliqela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum lungasetyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Nonatsho
Igama lomthathi-nxaxheba
(Okanye ummeli)

9/9/2015 Thobela
Umhla Umthathi-nxaxheba

Igama lomthathi-nxaxheba
(ukuba yahlukile kweyomphathi wophando)

Umhla Umthathi-nxaxheba

Miranda Jawu
Umphathi wophando

09/09/2015
Umhla

Jawu
Umthathi-nxaxheba

Ikopu: Wonke umthathi-nxaxheba uyakufumana ikopi. Nomu styiktyelweyo yokuthatha iivume kunye kwanelom uyeqocociso. Ikopu okwanje ngale iyakuthathwa iqcinwe kundawo ekhuselekileyo yophando kuphela.

Umphandi:
Ms. M.T. Jawu
Jawu

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyaqhelekisa ukuba ndiyifundile ndayicanda ingombolo ecaciswa ngolu phando lungentle kwaye ndibona o lithuba lokuba imibuzo malunga nolu phando.
- 2. Ndiyayiqanda into yokuba uthatho-nxaxheba kwam aluyi kuhlawulelwa kwaye ndikhu'lulekile ukuba ndingehla nomcinga nangeliph na ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhu'lulekile ukwehla nomcinga. (Ukuba ndingwenala ukuba nomcinga ndinakho, ukuqagamishelana nomphathi wophando nangolophina na ixesha.)
- 3. Ndiyayiqanda into yokuba impendulo zam kwandlwazi kwam luyakugcinwa luy mihlelo. Ndinika ilunga o icela labaphandi uzisebenzise impendulo zam. Ndiyayicanda into yokuba igama lam al sayi kunokulumaniswa nako konke okunxulumana nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kuqapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kunca kala okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongeyoxalenye ye iqela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwa kum lungasebenziswa ku phando oluzayo.
- 6. Ndiyavuma ukuthatha nxaxheba kolu phando lungentle.

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Igama lomthathi-nxaxheba (Okanye ummel) Miranda Javu Umhla 09/09/2015 Utyikityelo Miranda Javu

Igama lomthathi-mvume (ukuba yakukho kwoyomphathi wophando) Miranda Javu Umhla 09/09/2015 Utyikityelo Miranda Javu

Umphathi wophando (Utyikityelwe ibhalwe nomhla phambi komthathi-nxaxheba) Miranda Javu Umhla 09/09/2015 Utyikityelo Miranda Javu

Iikopi: Ikopi umthathi-nxaxheba uyakufumana ikopi, ifomu etyikityelweyo yokuthatha mvume kunye kwanele, mu yengaciso. Ikopi ekwanje ngalo yokuthathwa iqinwe kamdawa ekhuselekileyo yophando kuyehla.

<p>Umphandi:</p> <p>Ms M. T. Javu</p> <p><i>Miranda Javu</i></p>	<p>Umphathi:</p>	<p>Intloko yecandelo:</p>
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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokoesini

- 1. Ndiyayisekisa ukuba ndiyifundile ndayiqonda ingombolo ecaciswa ngolu phando lungentle kwaye ndibona o ithuba lokubiza imibuzo malunga nolu phando. [x]
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhuulekile ukuba ndingehla nomcinga nangeliph na ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhuulekile ukwehla nomcinga. (Ukuba ndingwenala ukuba nomcinga ndinakho, ukuqagamishelana nomphathi wophando nangolophina na ixesha.) [x]
- 3. Ndiyayiqonda into yokuba impendulo zam kwandlwazi lwam luyakugcinwa luy mihlelo. Ndinika ilunga o icela labaphandi uzisebenzise impendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nasok konke okunxulumene nophando, kwaye andisayi kukhankanywa kwilingxelo okanye kuqapasho olunxulumene nolu phando. [x]
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kunca kala okanye ndichaze lwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongeyoxalenye ye iqela. [x]
- 5. Ndiyavuma ukuba ulwazi oluqokelelwa kum lungasetyenziswa ku phando oluzayo. [x]
- 6. Ndiyavuma ukuthatha nxaxheba kolu phando lungentle. [x]

UNIVERSITY of the WESTERN CAPE

Igama lomthathi-nxaxheba: Miranda Javu Umhla: 09/09/2015 Utyikityelo: Miranda Javu
(Okanye ummel)

Igama lomthathi-mvume: Miranda Javu Umhla: 09/09/2015 Utyikityelo: Miranda Javu
(ukuba yakukho kwayomphathi wophando)

Umphathi wophando: Miranda Javu Umhla: 09/09/2015 Utyikityelo: Miranda Javu
(Utyikityelwe ibhalwe nomhla phambi komthathi-nxaxheba)

Ikopi Noko umthathi-nxaxheba uyakufumana ikopi, Ifomu etyikityelweyo yokuthatha imvume kunye kwaneFomu yengcaciso. Ikopi ekwanje ngalo yokuthathwa iqinwe kwindawo ekhuselekileyo yophando kuyehla.

Umphandi: 	Umphathi:	Intloko yecandelo:
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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyayinisekisa ukuba ndiyifundile ndayiqonda ingcombolo ecaciswa ngolu phando lungentla, kwaye nd benalo mthetha okubuzo imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba ndingehla nomcinga nangaliphina ixesha ngaphandle kokunika izizathu nangaphandle kwenlawulo ezingeyomfuneko. Ukongeza, xa ndingefuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwetha nomcinga. (Ukuba ndinqwanela ukutha nomcinga ndinakho ukufagamishelelana nomphathi wophando nangeiphina na ixesha.)
- 3. Ndiyayiqonda into yokutha impendulo zam kwanolwazi lwam luyakugcina luyimihleli. Ndinika ilungulo iqela labaphandi uzisebenzise impendulo zam. Ndiyayiqonda into yokuba igama lam a sayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kuncoka okanye ndichaze ulwazi ekwabolenwe ngalo ngaba nye kweli qela okanye umphandi ongeyinxalenye yeli data.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwa kum lungasetyenziswa kuphando oluzayo.
- 6. Nd yavuma ukuthatha inxaxheba kolu phando lungentla.

Miranda Javu
Igama lomthathi-nxaxheba
(Okanye ummeli)

9.9.2015
Umhla

Miranda Javu
Uyikityelo

Igama omthathi-mvume
(okuba yabukhale kweyumphathi wophando)

9.9.2015
Umhla

Miranda Javu
Uyikityelo

Miranda Javu
Umphathi wophando

9.9.2015
Umhla

Miranda Javu
Uyikityelo

(Iyikityelwe ibhalwe nombhambisi komthathi-nxaxheba)

Ikopi: Wanka umthathi-nxaxheba uyakufumana ikopi, ifomu etyikityelweyo yokuthatha imvume kunye kwaneifomu yengcaciso. Ikopi ekwanje ingele iyakuthathwa igcinwe kundawo eikhuselekileyo yophando kuphela.

Umphandi: <i>Ms. M.T. Javu</i> <i>Miranda</i>	Umphathi:	Intloko yecandelo:
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“Translating Diabetes Brochures: Challenges encountered”

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyayinsekisa ukuba ndiyifundile ndayiqonda ingcombolo ecaciswa ngo u phando lungentla, kwaye ndibonalo-ntsha lokubuzo imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba utshatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba noingentla nomcinga nange iphina ixesha ngaphandle kokunika izizathu nangaaphandle kwentlawulo ezinye omifuneko. Ukongeza xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwehla nomcinga. (Ukuba ncingwenela ukhula nomcinga ndinako ukuqhagamshelana nomphathi wophando nangeliiphina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpendulo zam kwandlwazi lwam luyakugcinwa luyimfihlelo. Ndinka ilungelo lqela labaphandi luzisobenzise iimpendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kuqhankanywa kwiingxelo okanye kupapasho okunxulumene nolu phando.
- 4. Nje ngamthathi nxaxheba wazi ngxoxo, andisayi kuncokola okanye ndibhaze ulwazi okwabelenwe ngalo ngabanye kwe iqela okanye umphandi ongenoxalenye yeli qela.
- 5. Ndiyavuma ukuba ulwazi olupokelelwa kum lungasebenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Zozmani Kinze *calyabane*

Igama lomthathi-nxaxheba Umhla Utyikityelo

(Okanye umthi)

Igama lomthathi-mvume Umhla Utyikityelo

(ukuba yahlukile kweyomphathi wophando)

Miranda Javu 09/09/2015 Afacu

Umphathi wophando Umhla Utyikityelo

(Utyikityelwe ibhalwa ngabala phambi komthathi-nxaxheba)

Nkopi: Wonke umthathi-nxaxheba uyekulumana ikopi. Ifomu otyikityelweyo yokuthatha imvume kunye kwanelom u yengcaciso. Ikopi ekwanje ngalo iyakuthathwa igcinwa kumda wo sibusiso lokileyo yophando kuqhelela.

<p>Umphandi:</p> <p><i>Ms. M.T Javu</i></p> <p><i>Afacu</i></p>	<p>Umphathi:</p>	<p>Intloko yecandelo:</p>
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"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

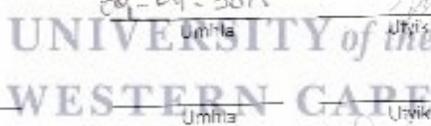
Beka u "x" ebhokosini

- 1. Ndiyayin sek sa ukuba ndiyi'ndile ndayiqonda ingombolo ecaciswa ngoku phando lungentla, kwaye noibenalo (thuba lokubuzisa imibuzo malunga nolu phando).
- 2. Ndiyayiqonda into yokuba uthatho nxaxheba lwam akuyi kuhlawulelwa kwaye ndikhululekile ukuba ndingehla nomcinga nangeliphina ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezingeyomfunako. Ukongeza, xa ndingafun- kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululeka ukwenza nomcinga. (Ukuna ndi nowenele ukuhla nomcinga ndinakho ukudhagamshelana nomphathi wophando nangeliphina na ixesha.)
- 3. Ndiyayiqonda into yokuba imoendulo zam kwandlwazi lwam uyakugcinwa luyimfihlelo. Nd nika ilungelo qela labaphandi luzisabenzise imoendulo zam. Ndiyayiqonda into yokuba igama lam a isayi kurxulumaniswa nako kanye okunxulumene nophando, kwaye andisayi kukhankanywa kwinyxelo okanye kupapasho okunxulumene noku phando.
- 4. Nje ngamthath-nxaxheba wazi ngoxaki andisayi kuncokola okanye ndiphaze ulwazi ekwabolorwa ngalo ngabanye kweli qela okanye umphandi ongezixaxaxonye yeli qela.
- 5. Ndiyayuma ukuba ulwazi olugokelelwa kum lungasetyenziswa kuphando o uzayo.
- 6. Ndiyayuma ukuthatha inxaxheba kolu phando lungentla.

Miranda Thobela Javu
Igama lomthathi-nxaxheba
(Okanye ummeli)

09-09-2015
Umhla

M. Koko
Utyikityelo



Igama lomthath-umvume
(ukuba yabikile kweyomphathi wophando)

Umhla

Utyikityelo

Miranda Javu

09/09/2015
Umhla

M. Javu
Utyikityelo

Umphathi wophando
(Utyikityelo ibhalwe nomhlelelwa chambi lomthathi-nxaxheba)

Ikop: Wonke umthathi-nxaxheba uyakuluma ikuc' ifomu eyikityelwayo yokuthatha imvume kunye kwicofomu yengqaniso. Kop ekwaryo ngale iyakuthatwa igcinwa kunda wa ekhuselekiweyo yophando kuphela.

Umphandi:
M. M. T. Javu
M. Javu

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Researcher: Miranda Thobela Javu

Please initial box

- 1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead research at anytime).
- 3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research.
- 4. As a participant of the discussion, I will not discuss or divulge information shared by others in the group or the researcher outside of this group.
- 5. I agree for the data collected from me to be used in future research.
- 6. I agree for to take part in the above research project.

Mphahlele Mphahlele
Name of Participant
(or legal representative)

16-04-2015
Date

[Signature]
Signature

Name of person taking consent
(if different from lead researcher)

Date

Signature

Miranda Thobela Javu
Lead Researcher

16-04-2015
Date

[Signature]
Signature

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:
Mrs. M. T. Javu
[Signature]

Supervisor:

HOD:



"Translating Diabetes Brochures: Challenges encountered"

Researcher: Miranda Thobela Javu

Please initial box

- 1. I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (if I wish to withdraw I may contact the lead researcher at anytime)
- 3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result from the research.
- 4. As a participant of the discussion, I will not discuss or divulge information shared by others in the group or the researcher outside of this group.
- 5. I agree for the data collected from me to be used in future research.
- 6. I agreed for to take part in the above research project.

M. Javu
Name of Participant
(or legal representative)

16/09/2017
Date

(UWC 5358280)
Signature

Name of person taking consent
(if different from lead researcher)

Date

Signature

Miranda Javu
Lead Researcher

16/09/2017
Date

(UWC 5358280)
Signature

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:
Ms. M. T. Javu
AJavu

Supervisor:

HOD:

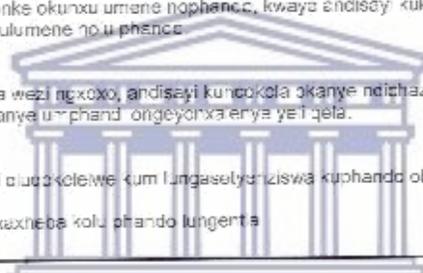


"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Mirinda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyay nisekisa ukuba ndiyifundile ndayiqonda ingombalo obaciswa ngolu phando lungentla, kwaye ndibenalo ifhuba lokubuza imibuzo malunga noluphanda.
- 2. Ndiyayiqonda into yokuba uthatho nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba ndingohlo nomcinga na ngaliphina ixesha ngaphandle kokunika izizathu naraphandle kwentawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphencu a namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwehla nomcinga. (Ukuba ndinawarala ukuhla nomcinga ndinakho ukuchagamishelana nomphathi wophando nangaliphina na ixesha.)
- 3. Ndiyayiqonda into yokuba impendulo zam kwanolwazi lwam luyakugcinwa luyimfihlelo. Ndirika ungelo iqela labaphandi luzisebenzise iimpendulo zam. Ndiyayiqonda into yokuba gama lam alisayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kubaqesha olunxulumene noluphanda.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kuncokola okanye ndithaze ulwazi ekwabelerwa ngalo ngabanye kweli qela okanye umphandi ongeyinxalenye yeqela.
- 5. Ndiyavuma ukuba ulwazi olucokolelwe kum lungasebenziswe kuphando oluzayo.
- 6. Ndiyavuma ukuthathi nxaxheba kolu phando lungentla.



Mirinda Thobela Javu *09/09/2015* *Mirinda*
 Igama lomthathi-nxaxheba Umthathi Utyikityelo
 (Okanye ummeli)

Mirinda Javu *09/09/2015* *Mirinda*
 Igama lomthathi-mvume Umthathi Utyikityelo
 (ukuba yahlalala kweyomphathi wophando)

Mirinda Javu *09/09/2015* *Mirinda*
 Umphathi wophando Umthathi Utyikityelo
 (Utyikityelwe ibhalwe namhle phambi komthathi-nxaxheba)

Ikop: Wonke umthathi-nxaxheba uyakufumana ikopi. Ifomu etyikityelweyo yakuthatha imvume kunye kwaneformu yongcaciso. Ikopi ekwanje ngale iyakuthathwa igcinwe kundawo okhuselakeleyo yophando kuphela.

Umphandi: <i>Ms. M. T. Javu</i> <i>Mirinda</i>	Umphathi:	Intloko yecandelo:
---	------------------	---------------------------



IFOMU YEMVUME YOKUTHATHA INXAXHEBA

"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyayinqokisa ukuba ndiyifundile ndayiqonda ingombolo ecaciswa ngo u phando lungentla, kwaye ndibenalo ihu.ba lokubuzo imibuzo meunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba ndilingentla nomcinga nangeiphina ixesha ngaphandle kokurika izizathu nangaphandle kwentlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwehla nomcinga. (Ukuba ndihwemba ukhula nomcinga ndinakho ukuqagamishelana nomphathi wophando nangelona na ixesha.)
- 3. Ndiyayiqonda into yokuba impendulo zam kwano wazi lwam luyakugcinwa luyimfihlelo. Ndinika ifungeo iqela labaphandi luzisebenz sa impendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kuxulumaniswa nako konke okuxulumene nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho oonxulumane nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kuncokola okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongeyonxalenye yeli qela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum lu ngasetyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Nobekiso
Igama lomthathi-nxaxheba
(Okanye ummeli)

08/09/2015
Umhla

N. M. M. M. M.
Utyikityelo

Miranda T. Javu
Igama lomthathi-mvume
(Ukuba yahlukile kweyomphathi wophando)

08/09/2015
Umhla

M. J. J.
Utyikityelo

Miranda T. Javu
Umphathi wophando
(Utyikityelo lobhalwe namhla phambi komthathi-nxaxheba)

08/09/2015
Umhla

M. J. J.
Utyikityelo

Iikopi Wonke umthathi-nxaxheba uyakufumana ikopi. Ifomu etyikityelwayo yokuthatha imvume kunye kwantabeni yengcaciso. Ikopi ekwanje ngale iyakuthathwa igcinwe kumdawo ekhuselekileyo yophando kuphelela.

Umphandi:
Ms. M. T. Javu
M. J.

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyayiqinisekisa ukuba ndiyifundile ndayiqonda ingqanombolo ecaliswa ngolu phando lungenisa, kwaye ndibona ikhuba lokubuzisa imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam abuzi kuhlawulelwa kwaye nd khululekile ukuba ndingehle nomcinga nangeiphina ixesha ngaphandle kokunika izizathu nangaophandle kwenlawulo ezingqomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile nd khululekile ukwehla nomcinga. (Ukuba ndingawonela ukuhle nomcinga ndinako ukugqagamsholana nomphathi wophando nangeiphina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpendulo zam kwanolwazi lwam luyakugcinwa luyimfihlelo. Ndinika ilungelo lqela labaphandi luz sabenzise iimpendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako kanke okunxulumene nophando, kwaye andisayi kukhankanya kwiingxelo okanye kuzapasho olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wazi ngxoxo, andisayi kunokokola okanye ndichaze ulwazi ekwabelenwe ngalo ngabanye kweii qela okanye umphandi ongayonxalonye ye qela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum lungasatyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungenisa.

Mandisizela Bamazi 9/9/2015 M. Bangani
 Igama lomthathi-nxaxheba Umla Utykityelo
 (Okanye umthetho)

gama lomthathi-mvume Umla Utykityelo
 (ukuba yabikwe kweyomphathi wophando)

Miranda Javu 09/09/2015 M. Javu
 Umphathi wophando Umla Utykityelo
 (Utykityelwe ibhawa nomthetho komthathi-nxaxheba)

Iikopi zomthathi-nxaxheba uyokufumana ikopi, itomu otykityelweyo yokuthatha imvume kunye kutransfomu yenqaniso. Ikopi ekwenye iqela iyakuthathwa iqalwe kundawo ekhusalekileyo yophando kuphela.

Umphandi: Ms M. Javu 	Umphathi:	Intloko yecandelo:
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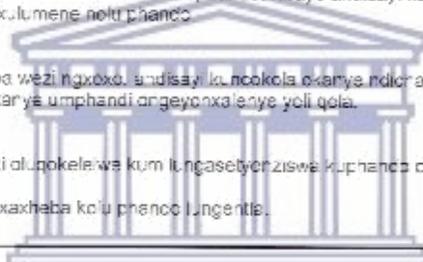


"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Mirranca Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyaq nisekisa ukuba ndiyifundile ndayiqurda ingcombo ecaciswa ngolu phando lungant a. kwaye ndidanela ihuba lokubuza imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam aluyi kuhlawulelwa kwaye ndikhululekile ukuba ndingehla nomcinga nange iphina ixesha ngaphandle kokunika izizathu nangaphandle kwantlawulo ezingeyomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, nd khululekile ukwenza nomcinga. (Ukuba ndi nqwanela ukufika nomcinga ndinokho ukufhagamihelana nomphathi wophando nange iphina na ixesha.)
- 3. Ndiyayiqonda into yokuba impendulo zam kwanolwazi lwam uyakugcinwa kuyimfihlelo. Ndinika ilungelo igama labaphandi luzisebenzise impendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kuxulumaniswa nako konke okuxulumana nophando, kwaye andisayi kukhankanywa kwiingxelo okanye kupapasho oluxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wezi ngxoxo, andisayi kukhokola okanye ndidazo ulwazi ekwabelenwe ngalo ngaphandle kweli qo a okanye umphandi angeyoxalenye yeli qela.
- 5. Ndiyavuma ukuba ulwazi olupokelelwa kum lungasebenzise kuphando oluzayo.
- 6. Ndiyavuma ukuthatha nxaxheba kolu phando lungentle.



Amelia
Igama lomthathi-nxaxheba
(Okanye ummeli)

Amelia
UNIVERSITY of the Western Cape
Umhla Utyikityelo

Igama lomthathi-mvume
(ukuba yahlukile kweyomphathi wophando)

Umhla

Utyikityelo

MIRRANCA JAVU

09/09/2015

Amelia

Umphathi wophando

Umhla

Utyikityelo

(Utyikityelwe ibhalwe nombhambani phambi komthathi-nxaxheba)

Iikopi: Wonke umthathi-nxaxheba uyakufumana ikopi. Ifomu elityikityelweyo yokuthatha imvume kunye kwawefomu yengcaciso. Ikopi ekwenje ngayo iyakuthathwa nginwe kwindawo ekhuselekileyo yophando nophela.

Umphandi:
Ms. M.T. Javu
Amelia

Umphathi:

Intloko yecandelo:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Baka u "x" cbhokosini

- 1. Ndiyayisekisa ukuba ndiyifundile ndayiqonda ingcumbolo acaciswa ngolu phando lungentla, kwaye ndibonela ithuba lokubuza imibuzo malunga no u phando
- 2. Ndiyayiqonda into yokuba ufutho-ixaxheba lwam aluyi kuhlawule wa kwaye ndikhululekile ukuba ndingohlo nomcinga nangaliphina ixesha ngaphandle kokuni ka izizathu na ngaphandle kwentlawulo ezingeyamfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile, nd khululekile ukwenza nomcinga. (Iikrina ndinowenela ukuhla nomcinga ndinakho ukuqhegamaishalana nomphathi wophando nangaliphina na ixesha.)
- 3. Ndiyayiqonda into yokuba iimpandulo zam kwentlwazi lwam luyakugcinwa luyimfihlelo. Ndinika ilungelo iqela labaphandi luzisebenzise iimpiculo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako konke okunxulumene nophando, kwaye andisayi kukhankanywa kwingxelo okanye kubabashi okunxulumene no u phando.
- 4. Nje ngamthathi-ixaxheba wezi ngxoxo, andisayi kuncokola okanye ndichaze ulwazi ekwabelenwe ngaku ngabanye kweli qela okanye umphandi ongayonxalenye ye i qela
- 5. Ndiyavuma ukuba ulwazi olupokele wa kum lungasebenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Lesdy Lemena
Igama lomthathi-ixaxheba
(Okanye umntu)

09/09/2015
Umhla

Lesdy Lemena
Utyikityelo

Igama lomthathi-mvume
(ukuba yahlukile kweyomphathi wophando)

Umhla

Utyikityelo

Miranda Javu

09/09/2015

Lesdy Lemena

Umphathi wophando
(Ityikityelo ibhalwe nomhla phambi lomthathi-ixaxheba)

Ikopi: Wonke amthathi-ixaxheba uyakufumana ikopi, ifomu utyikityelweyo yakuthatna imvume kunye kwanselamu yongcaciso. Ikopi ekwanje ngalo iyakuthathwa igcinwe kundawo ekhuselekileyo yophando kuphelela.

Umphandi:
Mrs. M.T. Javu
M.T. Javu

Umphathi:

Intloko yecandelo:



Consent Form

University of the Western Cape

"Translating Diabetes Brochures: Challenges encountered"

Researcher: Miranda Thobela Javu

Please initial box

- 1. I confirm that I have read and understand the information sheet explaining the above research project, and I have had the opportunity to ask questions about the project.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. (If I wish to withdraw I may contact the lead research at anytime)
- 3. I understand my responses and personal data will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports or publications that result for the research.
- 4. As a participant of the discussion, I will not discuss or divulge information shared by others in the group or the researcher outside of the group.
- 5. I agree for the data collected from me to be used in future research.
- 6. I agree for to take part in the above research project.

MIRIAMBO SINDISO
Name of Participant
(or legal representative)

18/10/15
Date

[Signature]
Signature

Name of person taking consent
(if different from lead researcher)

18/10/15
Date

[Signature]
Signature

Lead Researcher
(To be signed and dated in presence of the participant)

UNIVERSITY of the
WESTERN CAPE

Copies: All participants will receive a copy of the signed and dated version of the consent form and information sheet for themselves. A copy of this will be free and kept in a secure location for research purposes only.

Researcher:
Ms MT Javu
[Signature]

Supervisor:

HOD:



"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Miranda Thobela Javu

Beka u "x" ebhokosini

- 1. Ndiyayinisekisa ukuba ndiyafundile ndayiqonda ingobhobo ecaciswa ngolu phando lurgentla, kwaye ndibenzile ihuba lokubuzela imibuzo malunga nolu phando.
- 2. Ndiyayiqonda into yokuba uthatho-nxaxheba lwam a-uyi kuhlawulelwa kwaye nd khululekile ukuba ndingeni nomcinga nangeiphina ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezingayomfuneko. Ukongeza, xa ndingafuni kuphendula namnye umbuzo okanye kwimibuzo ethile nd khululekile ukwehla nomcinga. (Ukuba ndinqwanela ukuhla nomcinga ndinako ukugqagamishelana nomphathi wophando nangeiphina na ixesha.)
- 3. Ndiyayiqonda into yokuba impendulo zam kwanolwazi lwam luyakugcinwa luyimfihlelo. Ndinika ilungelo iqela labaphandi luz sebe nzise impendulo zam. Ndiyayiqonda into yokuba igama lam alisayi kunxulumaniswa nako kanke kunxulumene nophando, kwaye andisayi kukhokanywa kwingxelo okanye kuwapashe olunxulumene nolu phando.
- 4. Nje ngamthathi-nxaxheba wazi ngxoxo, andisayi kuncokola okanye ndifanele ulwazi ekwabelenwe ngalo ngabanye kweli qela okanye umphandi ongayomalonye ye iqela.
- 5. Ndiyavuma ukuba ulwazi oluqokelelwe kum ungasatyenziswa kuphando oluzayo.
- 6. Ndiyavuma ukuthatha inxaxheba kolu phando lurgentla.

Noni Mkhelwa Bonisani
igama lomthathi-nxaxheba
(Okanye ummen)

9 / 9 / 2015
Umhla

M. BANGANI
Utyikityelo

igama lomthathi-mvume
(ukuba yahlukile kweyomphathi wophando)

Umhla

Utyikityelo

Miranda Javu

09 / 09 / 2015
Umhla

M. Javu
Utyikityelo

Umphathi wophando
(Ityikityelwe ibhawa nomhla phambi komthathi-nxaxheba)

Ikopi Wawko umthathi-nxaxheba uyokufumana ikopi. Itomu otyikityelweyo yokuthatha imvume kunye kutransfomu yengcaciso. Ikopi ekwenz ngale iyakuthathwa igcinwe kundawo ekhusalekileyo yophando kuphela.

Umphandi:

Ms M. Javu

M. Javu

Umphathi:

Intloko yecandelo:

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nenowadana ngesifo seswekile? Fwe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiqonda? Fwe Hayi

4. Ukuba "hayi", yaba yintoni ingxaki?

5. Ungathanda ukufunda inowadana ebhalwe ngesiNgesi okanye ngesiXhosa?

6. Nika izizathu zependulo yakho.

7. Unayo enye ingcaciso?



UNIVERSITY of the
WESTERN CAPE

Ngaba ndiyayibhalwa ngokucacile

Ngaba ndiyayibhalwa ngokucacile

Ayikho

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "cwe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxaki?
.....
.....
..... | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 6. Nika izizathu zempendulo yakho.
.....
.....
..... | | |
| 7. Unayo enye ingcaciso?
.....
.....
.....
..... | | |



UNIVERSITY of the
WESTERN CAPE

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

.....

3. Ukuba "ewe" wayiqonda? Ewe Hayi

4. Ukuba "hayi", yaba yintoni ingxaki?

.....
.....
.....

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

AgesiXhosa

6. Nika izizathu zempendulo yakho.

andisonzi

7. Unayo enye ingcaciso?

.....
.....
.....



UNIVERSITY of the
WESTERN CAPE

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

	Ewe	Hayi
1. Wakhe wahlangana nencwadana ngesifo seswekile?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

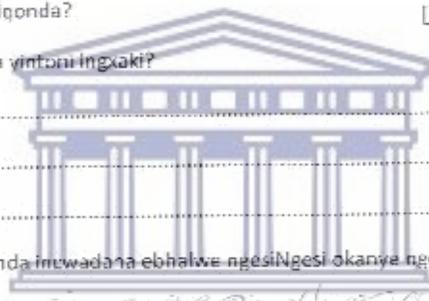
3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaha yintoni ingxaki?

5. Ungathanda ukufunda imcwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

6. Nika izivulungelo zempendulo yakho.

7. Unayo enye ingcaciso?



UNIVERSITY of the
WESTERN CAPE

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakho wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiconda?

4. Ukuba "hayi", yaba yintoni ingxaki?

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

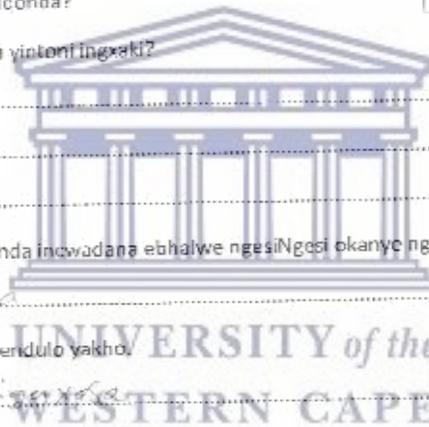
Igesi Xhosa

6. Nika izathu zempendulo yakho.

Sobho ndingaxhosa

7. Unayo enye ingcaciso?

Unobungela ndiyejane ukucaculula



"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|--|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa? | | |

- | | | |
|--|--------------------------|--------------------------|
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxaki? | | |

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

isixhosa

6. Nika iziathu zempendulo yakho.

*Susana Siboniso
Ibendiyasithanda kuba kubizwa lwam*

7. Unayo enye ingcaciso?

.....
.....
.....



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwana-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

ITE Gsingesi

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaba yintori ingxaki?

YAYI, BHALWE NGK. SINGESI

5. Ungathanda ukufunda ingwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

NDI, THANDA I XHOSA

6. Nika izizathu zempendulo yakho.

NGE. P. I. SINGESI, NDINA SEZI. ISINGESI. G. NDISAZI.

7. Unayo enye ingcaciso?

.....
.....
.....



"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|--|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintloni ingxak?
.....
.....
..... | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
Ngesixhosa | | |
| 6. Nika izizathu zependulo yakho
Ngobu ndifuna ukuba ncedwe | | |
| 7. Unayo enye ingcariso?
Nelifama ukuyiva nokuba? uku? imyanga | | |
| | | |
| | | |
| | | |



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|--|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxasi?
.....
.....
..... | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
.....
..... | | |
| 6. Nika izathu zempendulo yakho.
<i>isibhaliso</i>
<i>isibhaliso</i>
.....
..... | | |
| 7. Unayo onye ingcaciso?
.....
.....
..... | | |



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinasifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

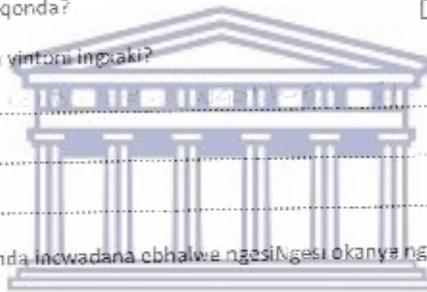
3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaba yintoni ingcaciso?

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

6. Nike izizathu zempendulo yakho.

7. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

.....

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaba yintoni ingxaki?

.....
.....
.....

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

Xhosa
.....

6. Nika izizathu zempendulo yakho.

Silula
.....
.....

7. Unayo enye incaciso?

.....
.....
.....



"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix BB

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiqonda? Ewe Hayi

4. Ukuba "hayi", yaha yintoni ingxaki?

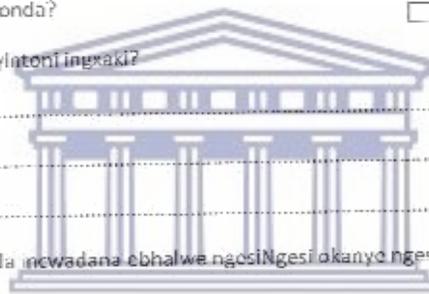
5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

NgesiXhosa

6. Nika izizathu zempendulo yakho.

Kubonakala kumalunga ngokuba ingesifo seswekile ndizakho case lu a

7. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

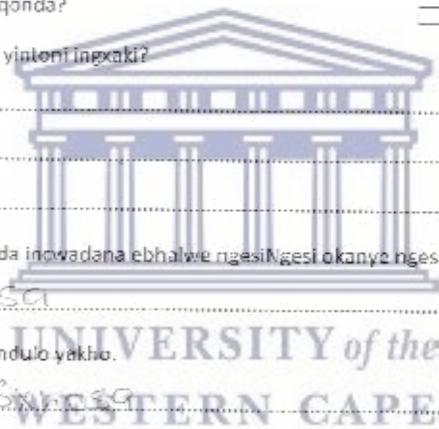
- | | Ewe | Hayi |
|---|-------------------------------------|-------------------------------------|
| 1. Wakhe wahlangana noncwadana ngesifo seswekile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
<i>NgesiNgesi</i> | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxaki?
<i>Inggaki zanga ndawo ukuba kubekwa ukuthi, kodwa ezunge indawo ndandigileka</i> | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
<i>Ungathanda ukufunda ngesiXhosa</i> | | |
| 6. Nika izizathu zempendulo yakho.
<i>Ungathanda ukufunda ngesiXhosa ngoba ukuthi mntu wokufunda eukhona</i> | | |
| 7. Unayo enye ingcaciso?
<i>Hayi</i> | | |

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxaki?
.....
.....
..... | | |
| 5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
Xhosa | | |
| 6. Nika izizathu zompendulo yakho.
Ndazi. Sinxhosa | | |
| 7. Unayo enye ingcaciso?
.....
.....
.....
..... | | |



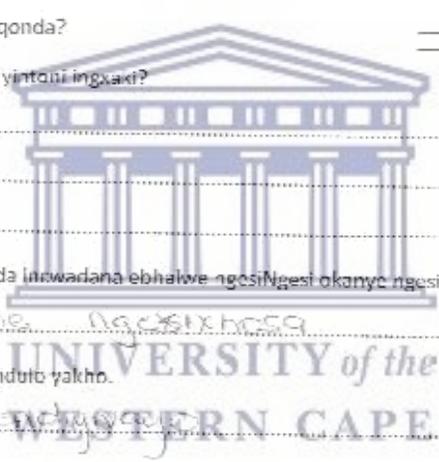
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix BB

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodlwanano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|--|--------------------------|-------------------------------------|
| 1. Wakhe wanlangana nenwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?
..... | | |
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintlozi ingxaki?
.....
.....
..... | | |
| 5. Ungathanda ukufunda linwadana ebhalwe ngesiNgesi okanye ngesiXhosa?
Ebhalelwe ngesiXhosa | | |
| 6. Nika izizathu zempendulo yakho.
Tato eNqanaba | | |
| 7. Unayo enye ingcaciso?
.....
.....
..... | | |



"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Interview Questions with Diabetes patients

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Did you ever come across diabetes brochures? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. If yes, was it written in English, isiXhosa or both? | | |

English

- | | | |
|-----------------------------------|--------------------------|-------------------------------------|
| 3. If yes, did you understand it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. If no, what was the problem? | | |

My problem need Sign language interpetor.

5. Would you prefer to read diabetes brochure written in English or isiXhosa?

English

6. Give the reason for your answer.

No

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7. Do you have any other comments?

I need all clinic must teach
Deaf people about Diabetes
workshop Please.

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

- | | Ewe | Hayi |
|--|--------------------------|-------------------------------------|
| 1. Wakhe wahlangana nencwadana ngesifo seswekile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa? | | |

- | | | |
|--|--------------------------|--------------------------|
| 3. Ukuba "ewe" wayiqonda? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ukuba "hayi", yaba yintoni ingxaki? | | |

Zange ndayifunda

- | | | |
|---|--|--|
| 5. Ungathanda ukufunda incwadana ehalwe ngesiNgesi okanye ngesiXhosa? | | |
|---|--|--|

NgesiXhosa

- | | | |
|------------------------------------|--|--|
| 6. Nika izizathu zempendulo yakho. | | |
|------------------------------------|--|--|

Kuba nolifuni

- | | | |
|--------------------------|--|--|
| 7. Unayo enye ingcaciso? | | |
|--------------------------|--|--|

hayi

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile? Ewe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaba yintoni ingxaki?

Zange ndayifundisa

5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

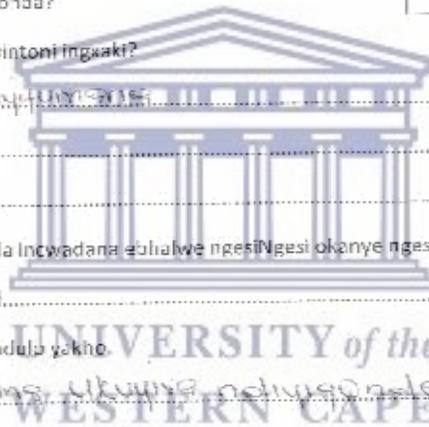
NgesiXhosa

6. Nixa izizathu zempendulo yakho.

Kuba nolifunsi, ukuyise ndiyase ndale

7. Unayo enye ingcaciso?

hayi



"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesi fo seswekile? Lwe Hayi

2. Ukuba "ewe", yayibhalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yaba yintoni ingxaki?

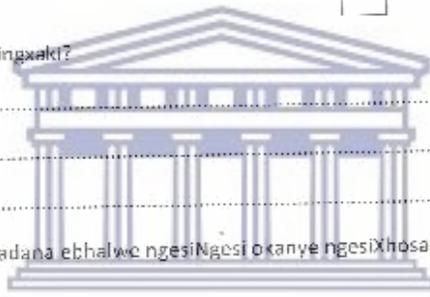
5. Ungathanda ukufunda incwadana ebhalwe ngesiNgesi okanye ngesiXhosa?

Xhosa

6. Nika izizathu zempenululo yakho

Ndasi Sxhosa

7. Unayo onye ingcaciso?



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QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Evaluation Questionnaire on original Xhosa translation

You are kindly requested to fill in the questionnaire below. This questionnaire is to test whether the researcher complied with the norms and values of isiXhosa tradition/culture when translating the English diabetes brochures to isiXhosa diabetes brochures.

Gender: FEMALE

Age: 39

Home language: Sign Language (SASL)

1. Did you read the English brochure I requested you to read? Yes No

2. Did you understand it? Yes No

3. If no or yes, please elaborate?
.....
.....

4. Did you read the isiXhosa brochure I requested you to read? Yes No

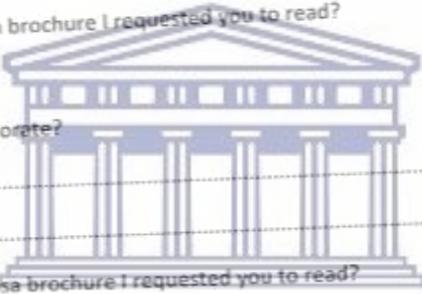
5. Did you understand it? Yes No

6. If no or yes, please elaborate?
I was watch sign language translation.

7. Which brochure was understandable?

English Why? I can read English better than Xhosa

IsiXhosa Why?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Umfazi

Iminyaka: 31

Ulwimi lwasekhaya: isiXhosa

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |

Kuba kaloku ezinye izimo ndiyabingqisiwe

- | | | |
|---|-------------------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |

ndiyiqondile ngokwanele ngazazi

7. Yeyiphi incwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? Ngoba ndiyacacisa katuhle ngamagama

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

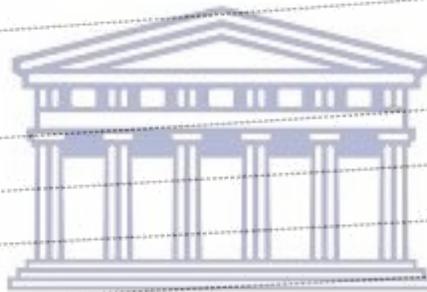
Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Khange ndiyive into engahambelaniyo nenkcubeko

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Mama

Iminyaka: 70

Ulwimi lwasekhaya: iSiXhosa

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? Ewe Hayi

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

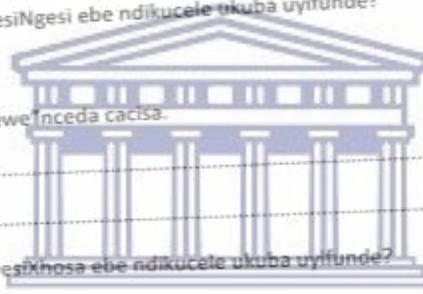
5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda cacisa.

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? Indiyasuka?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

.....

.....

.....

10. Unayo enye ingcaciso?

Indicaciso



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

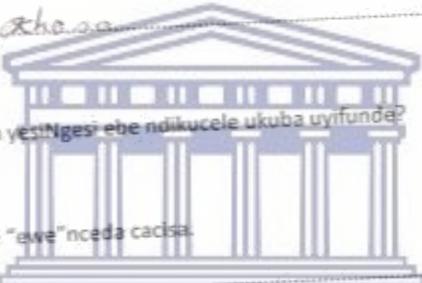
IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fom u yemibuzo ingezantsi. Le fom u yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: *Ndizigile Mame*

Iminyaka: *71*

Ulwimi lwasekhaya: *SisiXhosa*

- 
1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?
 2. Uyiqondile?
 3. Ukuba "hayi" okanye "ewe" nceda cacisa.

Ewe Hayi

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?
5. Uyiqondile?
6. Ukuba "hayi" okanye "ewe" nceda cacisa.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? *Ndiyayila ndi jacelwa yiyo*

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Isixhosa asijeki nthele into enye.

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Dlinda M

Iminyaka: 69

Ulwimi lwasekhaya: SisiXhosa

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Ukuba "hayi" okanye "~~ewe~~" nceda cacisa.

- | | | |
|---|-------------------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

6. Ukuba "hayi" okanye "~~ewe~~" nceda cacisa.

SisiXhosa
Zuluwimi endi lwazi
yo

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba?

Zuluwimi endi lwazi

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

.....
.....
.....

10. Unayo enye ingcaciso?

*A SiXhosa kulwimi abucacileyo
A luguqulwa*



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Tata

Iminyaka: 65

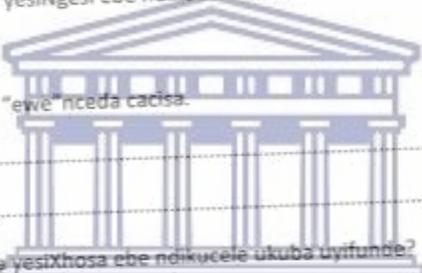
Ulwimi lwasekhaya: Xhosa

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?

Ewe Hayi

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.



4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda cacisa.

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Ukuba hayi nceda cacisa
Ukuba ewaye nceda cacisa

7. Yeyiphi incwadana eqondekayo?

IsiNgesi Ngoba?.....

IsiXhosa Ngoba? !BAPHE NGESINTU ISIXHOSA LILITSHO

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguququlo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

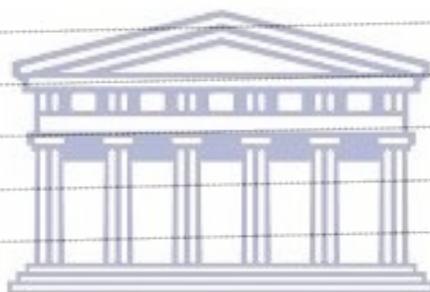
Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

INGCACISO NE-IVAVALALA NGABA KUBALA BENDIMA-
TYHLEKAWANA ERINTO ZIKSOM

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fom u yemibuzo ingezantsi. Le fom u yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: umama o ngu Mama

Iminyaka: 63

Ulwimi lwasekhaya: isiXhosa

- | | Ewe | Hayi |
|---|-------------------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |



- | | | |
|---|--------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |

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7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba? _____

IsiXhosa Ngoba? ndiyasiva

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

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.....

10. Unayo enye ingcaciso?

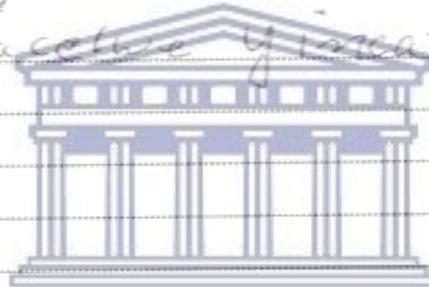
ndicacisele yimazelo

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.....



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fom u yemibuzo ingezantsi. Le fom u yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Tata

Iminyaka: 51

Ulwimi lwasekhaya: Xhosa

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |



- | | | |
|---|-------------------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |

Ngoba isixhosa ebe ndikucele ukuba uyifunde
ikwazi enqondileyo

7. Yeyiphi icwadana eqondekayo?
- IsiNgesi Ngoba?
- IsiXhosa Ngoba? Sixhosa kwinqondo

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

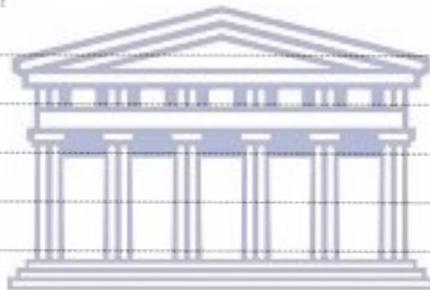
Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

NUJIBA NGOKACISELWA NDADE YAZIWA NGAKUBA
INAZI DALIHO VETRO NAKUPHO YON

10. Unayo enye ingcaciso?



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IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

.....

.....

.....

10. Unayo enye ingcaciso?

.....

.....

.....

.....

.....



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: NDINGUMAMA

Iminyaka: NGAMASHUMI AMATHANATHU ANANYE

Ulwimi lwasekhaya: NDITHE THA IXHOSA

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? Ewe Hayi

2. Uyiqondile? Ewe Hayi

3. Ukuba "hayi" okanye "ewe" nceda cacisa.

NDIKACELE SI XHOSA

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? Ewe Hayi

5. Uyiqondile? Ewe Hayi

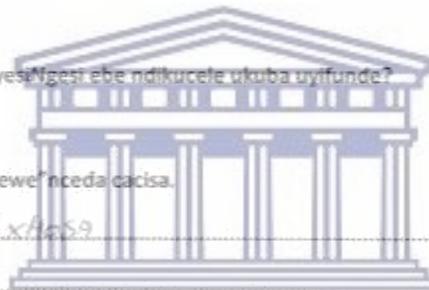
6. Ukuba "hayi" okanye "ewe" nceda cacisa.

EWE

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba? SISI

IsiXhosa Ngoba? SIXHOSA NGABA NDINGUMXHOSA



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IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

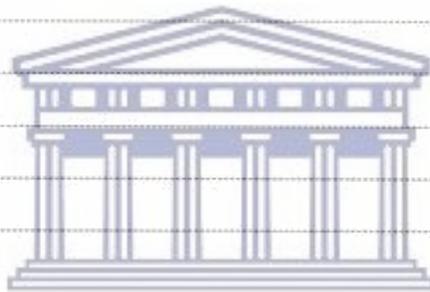
8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

NDICACELWE ZAKHULU NGE SIXHOSA

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

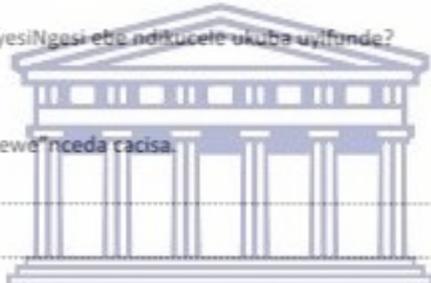
Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini:..... *Linye masha*

Iminyaka:..... *64*

Ulwimi lwasekhaya:..... *isiXhosa*

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |



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- | | | |
|---|-------------------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |

..... *ewe*

7. Yeyiphi icwadana eqondekayo?
- IsiNgesi Ngoba?
- IsiXhosa Ngoba?..... *ndazi isiXhosa*

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

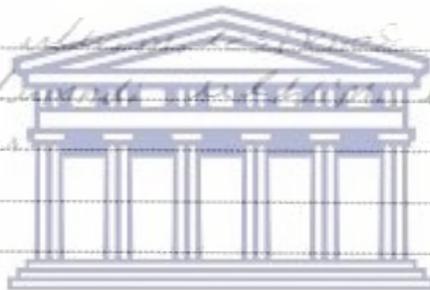
Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Kaloku Sigqinisi Xhosa

10. Unayo enye ingcaciso?

Lungu
kayisi ndi ukhona
Kaloku Lungu ukhona lesiXhosa
La leethu



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Nelingu Mawu

Iminyaka: 36

Ulwimi lwasekhaya: iXhosa

Ewe Hayi

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.

Ewe kodwa kubange ukhaya uba ithetha ukutheni

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

5. Uyiqondile?

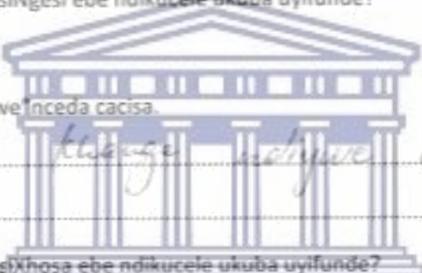
6. Ukuba "hayi" okanye "ewe" nceda cacisa.

Uyiqondile kuba ndizwile kinto ebandi-
zitye xa ndawula wasifo se Seswekile

7. Yeyiphi incwadana eqondekayo?

IsiNgesi Ngoba? _____

IsiXhosa Ngoba? Ngoba ndiyazi ndayira into ethethwayo



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

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.....

10. Unayo enye ingcaciso?

Hayi

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fom u yemibuzo ingezantsi. Le fom u yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Tata

Iminyaka: 79

Ulwimi lwasekhaya: Xhosa

Ewe Hayi

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda cacisa.

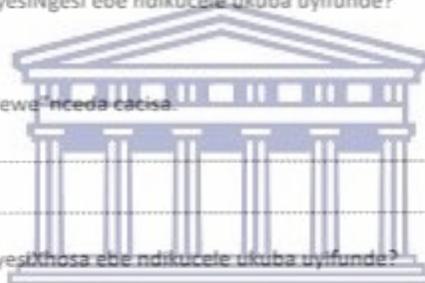
Ngoba isifo sikhona kakhulu kumntu ngokuba ayazi ngakumbi

Ukuba ayazi ngakumbi ayazi ngakumbi

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? Isifo sikhona kakhulu kumntu ngokuba ayazi ngakumbi



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

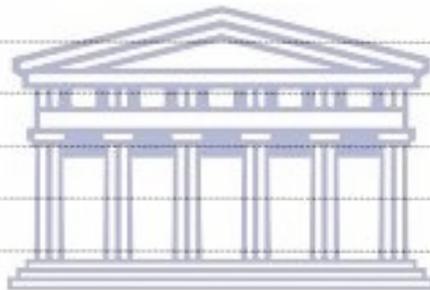
8. Ingaba lukhona uguququlo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Hayi, ngoba iwarke nite to yaziwa kuyaPhakathi
kuni, kanye kuse Tyenziso amagama abalwazi.

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Evaluation Questionnaire on original Xhosa translation

You are kindly requested to fill in the questionnaire below. This questionnaire is to test whether the researcher complied with the norms and values of isiXhosa tradition/culture when translating the English diabetes brochures to isiXhosa diabetes brochures.

Gender: *Elizabeth Jansen*

Age: *72*

Home language: *Sotho Xhosa*

Yes No

1. Did you read the English brochure I requested you to read?

2. Did you understand it?

3. If no or yes, please elaborate?

it help me to get to understand better about Diabetes

4. Did you read the isiXhosa brochure I requested you to read?

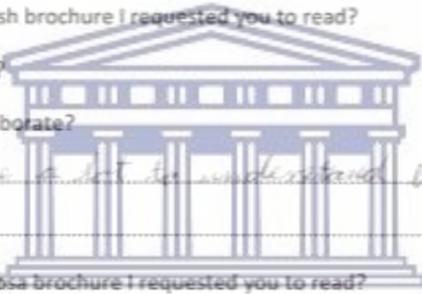
5. Did you understand it?

6. If no or yes, please elaborate?

7. Which brochure was understandable?

English Why? *i understand it better*

isiXhosa Why?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

8. Is there anything in the isiXhosa translated brochure that you feel it does not comply with the norms and values of isiXhosa tradition/culture?

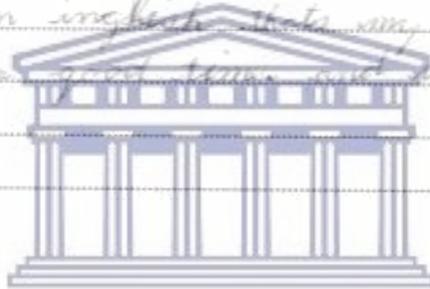
Yes No

9. If Yes or no, please elaborate.

it is also very good

10. Any comments?

i like xhosa but i understand better in english that's my comment i had a good time and wish to learn again



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqule incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Ndingu Mama
Iminyaka: Ngamashumi amane aneSithathu
Ulwimi lwasekhaya: Xhosa

- | | Ewe | Hayi |
|--|-------------------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa.
<u>andisiya isigesi</u> | | |
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa.
<u>Ewe Ndingandibona ingcaneso ebindlingayazi</u> | | |
| 7. Yeyiphi icwadana eqondekayo?
IsiNgesi <input type="checkbox"/> Ngoba?
IsiXhosa <input checked="" type="checkbox"/> Ngoba? <u>indicacisela kakuhle</u> | | |



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

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10. Unayo enye ingcaciso?

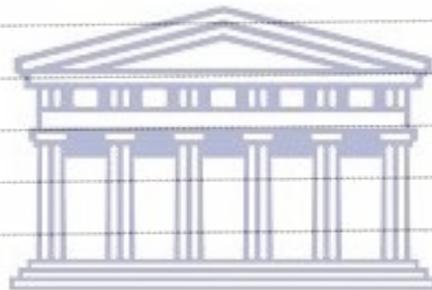
hayi

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Filani Tata

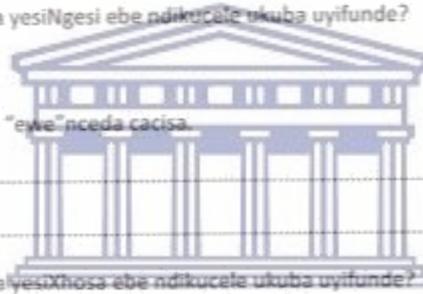
Iminyaka: 60

Ulwimi lwasekhaya: Xhosa

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? Ewe Hayi

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.



4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda cacisa.

Ningaba isibhalo ngokwenyani xa kubizwa ngesifo seswekile

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba? _____

IsiXhosa Ngoba? Ngokwenyani xa kubizwa ngesifo seswekile

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguququlo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

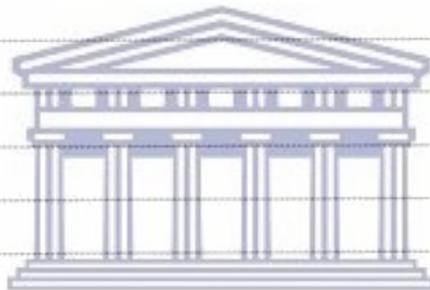
Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

IINGENDE ENXESONANINI YAMU YAZINISA.

10. Unayo enye ingcaciso?



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugqwalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: U tata

Iminyaka: 51

Ulwimi lwasekhaya: isiXhosa

	Ewe	Hayi
1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Uyiqondile?	<input type="checkbox"/>	<input type="checkbox"/>
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3. Ukuba "hayi" okanye "ewe" nceda cacisa.		
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Andisigandi isingesi

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Uyiqondile?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6. Ukuba "hayi" okanye "ewe" nceda cacisa.		
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isiXhosa WESITERN CAPE

Enaye ndakwazi asikelelwa ngoko malunga nesifo seswekile

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? Siyolandeleka

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

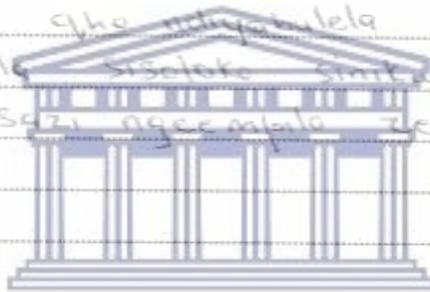
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10. Unayo enye ingcaciso?

Andinayo eho mnyabulela yanga
singahlali sisalok simkwa ezi ncwadana
ukuze sazi ngcembe lethu.



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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Nhositazi

Iminyaka: 46

Ulwimi lwasekhaya: IsiXhosa

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? Ewe Hayi

2. Uyiqondile? Ewe Hayi

3. Ukuba "hayi" okanye "ewe" nceda cacisa.
Nalithanda isiXhosa

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? Ewe Hayi

5. Uyiqondile? Ewe Hayi

6. Ukuba "hayi" okanye "ewe" nceda cacisa.
Sigacisa

7. Yeyiphi icwadana eqondekayo?
IsiNgesi Ngoba?.....

IsiXhosa Ngoba? Ndicaculwa kakuhle ngolwimi lwam



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IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Kuye kwandakala kanye okubhalweyo ndakagonda

10. Unayo enye ingcaciso?

Hayi: kufuneka ndakufunda lukhulu



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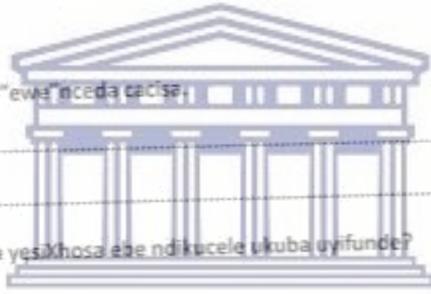
Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: *Mama*
 Iminyaka: *63*
 Ulwimi lwasekhaya: *isiXhosa*

- | | Ewe | Hayi |
|---|--------------------------|-------------------------------------|
| 1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Uyiqondile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |



- | | | |
|---|-------------------------------------|--------------------------|
| 4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Uyiqondile? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Ukuba "hayi" okanye "ewe" nceda cacisa. | | |
- Kuba ibhozi kuba belwimi lwam*

7. Yeyiphi icwadana eqondekayo?
- IsiNgesi Ngoba?
- IsiXhosa Ngoba? *kuba ndiyasuka kwaye ndiyasibonelela*

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

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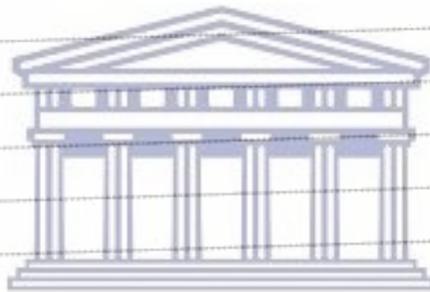
10. Unayo enye ingcaciso?

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IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcalise le fom u yemibuzo ingezantsi. Le fom u yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkcubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: Mama

Iminyaka: 45

Ulwimi lwasekhaya:

Ewe Hayi

1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda cacisa.

Khange ndiyifunde incwadana etshelwanga

4. Uyifundile incwadana yesiXhosa ebe ndikucele ukuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda cacisa.

Ndize ndiyifunde incwadana

7. Yeyiphi icwadana eqondekayo?

IsiNgesi Ngoba?

IsiXhosa Ngoba? Ndazi sona



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IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

Ewe

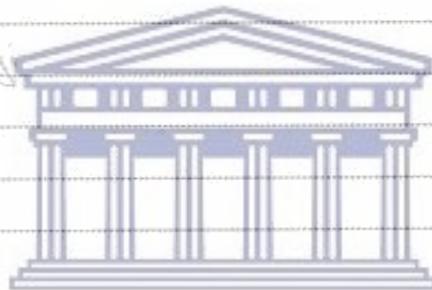
Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

Yonke into uye yandicacisa

10. Unayo enye ingcaciso?

Hayi



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