TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED

By

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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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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

UNIVERSITY of the WESTERN CAPE
DEDICATION

This work is dedicated to my grand daughter

BULUMKO JAVU

“Language is the soul of people.”
ACKNOWLEDGEMENTS

I take this opportunity to express gratitude to the University of Western Cape and all the Department’s faculty members for their help and support.

My sincere gratitude to my supervisor Ms Thokozile Mabeqa who gave me the freedom to explore on my own. Her comments and criticisms at different stages of my research helped me focus my ideas.

My co-supervisor, Dr. L. Mletshe, I am deeply grateful and thankful to him for encouraging the use of correct grammar and consistent notation in my writings and for carefully reading and commenting on countless revisions of this manuscript. That taught me how to question thoughts and express ideas.

I am also indebted to the Mfuleni Clinic Staff members and diabetes participants, whom I have interacted with and participated during the course of my research study. Particularly, I would like to acknowledge the acting Unit Manager Mr. M. Gaji, Sister E. Tiervlei and Mr. M. Mpisana, for their willingness to help me and their involvement during my research study.

I place on record my sincere thanks to my employers, Professors Andrew Walubo and Motlalepula Gilbert Matsabisa from the Indigenous Knowledge [Health] Research Unit, Pharmacology Department of the University of Free State for their support and encouragement and for providing me with all the necessary resources for my research study. I am also very thankful to my colleagues from the University of Free State for their support.

I recognize that my studies would not have been possible without the financial assistance of the Hewson family that helped me to continue with my studies when I was on the verge of giving up. I am also grateful to Dr. Mariana Hewson, “thank you Nana” and her husband Dr. Peter Hewson.

I also appreciate the financial support from the National Research Foundation through the University of the Free State, which funded all my travelling costs for this research.
Most importantly, none of this would have been possible without the love and support of my family who have helped me stay sane through these difficult years. My immediate family has been a consistent source of love, concern, support and strength all these years to overcome setbacks and stay focused on my studies. I would like to express my heart-felt gratitude to my daughter Sibongiseni Javu-Gura and my son-in-law Akhona Gura. Their love, patience and support helped me overcome many crisis situations and to finish this dissertation. I greatly value and deeply appreciate their belief in me.

I also place on record, my sense of gratitude to friends and family who directly or indirectly, have lent their hands in this venture.

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.

Camagu!!!

Makube "chosi "kube "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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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 lwagazi), 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 ng’exesha 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 (Khilobedu), 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 she 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 believes 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 convent ions, 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. Retrieved 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 diabtes 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 that 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 of 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.
CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter consists 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?

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 literally works and their influences on social, cultural and literally 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 fulfill 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 (1979:39) 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 commutative 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 advantage 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,

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 is 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 concern with such correspondence as a sentence to sentence, and concept to concept.' Nida call 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 tie 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 inaccessibility 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 involve 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?)
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 iiincwadana 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 lwencwadana 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
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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Home Language</th>
<th>Preferred language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males participated</td>
<td>5</td>
<td>30-81</td>
<td>English: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IsiXhosa: 5</td>
</tr>
<tr>
<td>Female participated</td>
<td>15</td>
<td>31-71</td>
<td>English: 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IsiXhosa: 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>English: 1</td>
</tr>
</tbody>
</table>
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 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 interpretor. 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 assited 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 Dalbernet (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 lokukhulelwana”. 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 eliphuzulu 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 lokukhulelwana”, which was clear and how isiXhosa readers would understand.

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”.

http://etd.uwc.ac.za/
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 Dalbernet 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 forth 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 eight 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.
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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Documents

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)


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
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Appendix 2

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Cape Town 7530

For attention: Ms Mihlele Thabisa Samsa

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 agreed to sponsor your research.

Please contact the following officials to assist you with any further queries in executing the following sites:

Muleni Clinic: Dr. Saum Contact No: 021 340 4422

Please ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities of medical facilities are not interrupted.
2. Researchers, in utilizing provincial health facilities, are expected to provide the department with an electronic copy of the Research Plan within 6 months of completion of research. This can be submitted to the Provincial Research Co-ordinator (Health) /Research/UWC/2012/001/0009/001/0009

3. The reference number above should be quoted in all future correspondence.

Yours sincerely,

DR. A. HAWKIDGE
DIRECTOR: HEALTH IMPACT ASSESSMENT
DATE: 12/12/15
CC: M PHILLIPS

DIRECTOR: KHAFILSHIA, EASTERN
INFORMED CONSENT FORM

Researcher: Ms. Mirranda 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 patience 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: 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: ___________________________ Date ___________________________

Researcher’s Signature: ___________________________ Date ___________________________
FACULTY OF ARTS
INFORMATION SHEET

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

IFOMU YEMVUME YOKUHATHA INXAXHEBA

Umphandi: UNksz. Mirranda Thobela Javu wenza isidanga seMastazi kuphando oluthi “TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi Dyunivesiti yaseNtshona koloni

Injongo zolu phando kukwakha okanye ukumika amagama ngesiXhosa ngolwazi olubhalwe phantsi olungolwimi lwesiNgusi ngesiNgesi ngesifo seswekile ukwenza izigulana ziqonde kwaye zicacelwe ngesiNgesi ngesifo seswekile. Kwakhona, injongo zolu phando kukwakha okanye ukugquta iimpawu, izizathu kunye nothintelo lwesiNgesi ngesiNgesi, ziguqulelwa kulwimi lwesiXhosa.

Iyacelwa inxaxheba yakho ngaphandle kwentlawulo, ukwenza sikwazi ukufunda ngakumbi ukuba ingaba izigulana ziziva njani ngolu lwazi lingagugqulelwanga esiXhoseni ngesiNgesi ngesifo seswekile. Ifomu yethu yemibuzo izayacela inxaxheba yakho ngaphandle kwentlawulo, ukwenza sikwazi ukufunda ngakumbi ukuba ingaba izigulana ziziva njani ngolu lwazi lingagugqulelwanga esiXhoseni ngesiNgesi ngesifo seswekile. 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_imayili 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

http://etd.uwc.ac.za/
Appendix 4

Consent Form

“Translating Diabetes Brochures: Challenges encountered”

Researcher: Mirranda Thobela Javu

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    Date                Signature
(or legal representative)

____________________   ___________________   ______________________
Name of person taking consent    Date                Signature
(If different from lead researcher)

____________________   ___________________   ______________________
Lead Researcher    Date                Signature
(To be signed and dated in presence of the participant)

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.

IFOMU YEMVUME YOKUTHATHA INXAXHEBA

“Translating Diabetes Brochures: Challenges encountered”

Umphandi: Mirranda 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 kuhlawulela kwaye ndikhululekile ukuba ndingehla nomcinga nangeliphina ixesha ngaphandle kokunika izizathu nangaphandle kwentlawulo ezinge yomfuneko. Ukongeza, xa ndingafuni kumphendula namnye umbuzo okanye kwimibuzo ethile, ndikhululekile ukwehla nomcinga. (Ukuba ndinqwenela ukuthla nomcinga ndinakho ukugamishelana nomphathi wophando nangeliphina na ixesha.)


5. Ndiyavuma ukuba ulwazi oluqokelelewe kunxulumaniswa kuphando oluzayo.

6 Ndiyavuma ukuthatha inxaxheba kolu phando lungentla.

Igama lomthathi-nxaxheba
(Okanye ummeli)

Igama lomthathi-mvume
(ukuba yahlukile kweyomphathi wophando)

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


Umphandi:

Umphathi: Appendix C

Intloko yecandelo:
Appendix 5

QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Interview Questions with Diabetes patients

1. Did you ever come across diabetes brochures?  
   Yes  No

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

3. If yes, did you understand it?  
   Yes  No

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?
   ...............................................................................................................................................
   ...............................................................................................................................................
   ...............................................................................................................................................
   .
Appendix 5.1

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodliwano-ndlebe nezigulana ezinesifo seswekile

1. Wakhe wahlangana nencwadana ngesifo seswekile?

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?


7. Unayo enye ingcaciso?

http://etd.uwc.ac.za/
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.

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.

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.
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.

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:

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

Ask your doctor or nurse what your targets are.

What are my target blood sugar levels?

Fasting

<table>
<thead>
<tr>
<th>Before Meals</th>
<th>After Eating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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.
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.

‘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 us
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.

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 pharmac...
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.
Acknowledgements

Ms Helen Burke,
Advanced Nurse Practitioner in Diabetes

Ms Demelza Dooner,
Clinical Nurse Specialist in Diabetes

Ms Anna Clarke,
Diabetes Federation of Ireland,
Health Promotion and Research Manager

The content of this booklet reflects the guidelines of the Diabetes Federation of Ireland at the time of print.

The production of this booklet was made possible by an unrestricted educational grant from Merck Sharp & Dohme Ireland (Human Health) Ltd.

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

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

Helpline: 1850 909 909

www.diabetes.ie

Diabetes Federation of Ireland
76 Lower Gardiner Street, Dublin

836 5182

Helpline: 1850 909 909  E-mail: info@diabetes.ie
Imigaqo yokuzilondoloza yabantu abanesifo seswekile
Xa uthe wafunyaniswa ukuba sifo seswekile

Yintoni isifo seswekile?

Zeziphi iimpawu nemiqondiso yesifo seswekile?

Zeziphi iindidi ezahlukileyo zesifo seswekile?

Ingaba i ‘hypo’ yinto enye neswekile yegazi esezantsi?

Yintoni amaqondo aphezulu eswekile?

Amaqondo omlinganiselo weswekile yegazi

Loluphi uhlobo lwedayethi endingalutyayo

Ndingazikhathaza ngeqondo le khoesteroli?

Kwenzeka njani ngemidlalo no thambo?

Ndingakunciphisa ukusela isiselo esinxilisayo?

Ndingaya emva kwexesha elingakanani ukuya kuxilongisa amehlo am?

Loluphi uhlobo lwamayeza endiludingayo?

Kungafuneka ndiwaahlawulele amayeza am?

Isifo seswekile sikubandakanya njani ukuqhuba?
Xa uthe wafunyaniswa ukuba unesifo seswekile

Fumana iimpendulo kwimibuzo yakho.

linjongo zale ncwadana koku:

■ ukunceda ukuphendula imibuzo yakho ngesifo seswekile;
■ ingcaciso ngeendidi zohlobo lwesifo seswelike; kunye
■ namagqabantsintshi ngendlela onokuthi usilawule kakahle isifo sakho.

Umntu usifumana njani isifo seswekile?

Zeziphi iingxaki ezibangelwa sisifo seswekile?

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

Ezi ngxaki zesifo seswekile zingabangela umonakalo koku:

■ mehlo;
■ izintso;
■ intliziyo
■ imithambo yegazi;
■ kunye nomthambo-luvo.
Yintoni isifo seswekile?


- 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.

Zeziphi iimpawu nemiqondiso yesifo seswekile?

Ungafunyanwa uchaphazelekile emva kokuhambela uggqirha ngenxa yokuba:

- Uzlwa udiniwe okanye ugula;
- Uyehla emzimbeni;
- Unesifo esinyangeka kade
- Usoloko unxaniwe – ungezeleleko lweglukhozi egazini lakho lusa amanzi amaninzi ezintsweni ukuze u yokuchitha amanzi,
- ukuuchitha amanzi kubangela ukuba unxanwe uphelelewe nangamanzi emzimbeni,

- Ubona luzizi - ungezeleleko lweglukhozi lungakubangela ukubona luzizi.
Zeziphi iindidi ezahlukileyo zesifo seswekile?


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

Yintoni udidi lokuqala lwesifo seswekile?

Xa abantu benolu hlobolwesifo seswekile:

- linjeke zabo ziye zayeka ukuxvelisa incindicifumaneka 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 injekwe isayivelisa i-insulini, kodwa

- injekwe aiyiyivelisi ngokwaneleyo i-insulini ukukhawulelana neemfuno zomzimba; okanye

- i-insulini evelisiweyo ayisebenzi ngendlela efanelekhileyo

Abantu abadala baye bachaphazeleke lololwesibini 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 udidi lwesibini lwesifo seswekile?

Zininzi iindlela zokunyanga udidi lwesibini lwesifo seswekile, ukhetho luxhomekeke kwimeko 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 lokukhulelwana?

Isifo seswekile ngexesha lokukhulelwana, kuye kubekho uchatha kwimfuno ngexesha lokukhulelwana, oku okuthetha ukuba loo mama akana-insulini eyaneleyo uukhawulelana neemfuno zomzimba. Olu hlobo lwesifo seswekile luqala lunyangwe ngokulinganisela ubungakanani nodidi lokutyana nesiselo sikamama. Ukuba oku akwanelanga ukunyanga le 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’ unganempawu ezi njengezi:
■ ukubila;
■ ukungcangcazela;
■ isiyeye; kunye
■ nokubona luzizi.

Ndikingenza ntoni ukuba ndicinga ndine “hypo?”

Ukuba uziva ukuba iswekile yegazi lakho iyehla, zinyange ngokukhawuleza. Ungaze ululibazise unyangolo iweswekile yegazi ekwiqondo eliphantsi.

I “hypo” ingalungiseka ngokusela into eswiti, okanye utye (kubantu abadala):

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

Ukuba awuzukutya ngendlela efanelilekileyo kwiyure ezayo, kufanele utye isitatshi, ukutywa okunjengesidudu sakusasa, iikhonfleyiksi okanye isangweji okanye ulandele imiqathango oyinikwe liqela lakho lesifo seswekile (iklabhu). Loo nto iyakuqinisekisa ukuba iswekile yegazi lakho ayisyi kuhla kwakhona.

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

Ndizingayinqanda njani i-‘hypos?’

■ Zama ukungaliphosi ixesha lokutya.
■ Zama ukutywa isitatshi ngawo onke amaxesha ezidlo (umzekelo i pasta, isonka okanye irayisi).
■ Ukuba wenza uthambo, itya izinto ezincincii(izinekhi) kunye;
Hlola iqondo leswekile yakho ngalo lonke ixesha emva kweyure, i’hypo’ ingenzeka nangexesha elibalulekileyo emva kothambo.

Soloko uphete izinto ezinobuswekilana njenge ekelese zeswekile okanye iziselo; ezinjenge “Lucozade”, ukulungiselela xa unokuthi upathwe yi “hypo”.

Kubalulekile ukuphatha into ekuchaza ukuba unesifo seswekile, njenge sazisi 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 iyakwenzake ungaziva upholile kwaye uzive udiniwe.

Ukuba iswekile yegazi lakho ikwiqondo eliphezulu ixesha elide ingakukhokelela kwi:

■ sifo samehlo;
■ iingxaki zentliziyo; kunye
■ nezilondwa 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 bangakubanga maqondo aphezulu eswekile yegazi ukuba:

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

Nokuba awunakho ukuthi, ukugula kungakubanga ukwenyuka kwamaqondo eswekile yegazi

Ndizakudinga i-insulini eninzi xa ndigula?

Xa ugula kufanele ukuba usoloko uwahlola amaqondo eswekile yegazi lakho ngalokonke ixesha kwane 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 ziyafumanekana kufuneka ulandele imiqathango yeqela lesifo seswekile okanye ubaqhagamishele.

Amaqondo omlinganiselo weswekile yegazi.

Kutheni kufuneka ukubandijonje iqondo lomlinganiselo weswekile yegazi lam?

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

Ukuba ufumanisa ubunzima ngokohlolo lohlabo-mnwe, uhlolo-mchamo yenyene indlela yokuohlola amaqondo eswekile. Ngelinye ixesha, uhlolo-mchamo alukho nkacakasana, 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

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Kufuneka ndilwenze nini uhlolo lwedayethi?

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 lwedayethi?

Ngokubanzi, kufuneka uthathe amaqondo omlinganiselwe seswekile kanye nakane ngemini. Uqqirha wakho no mongikazi (unesi) bayakuba ngabona balungileyo ekucibiseni ukuba ungalwenza kangaphi uhlolo.

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

Loluphi uhlobo lwedayethi endingalutyyayo?

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.

Idayeti ezinempilo zezi:

■ itya iswekile ecokisiweyo;
■ sukutya amanqatha;
■ itya ukutya okunhekhezulwana mzigqoko ezizwenza ekucebiseni ukuba uhlise ubunzima ngokutshintsha idayethi kunye nothambo. Le nto ikunceda ekuwebalulekile kubantsi ngokutshintsha idayethi kunye nothambo. Le nto ikunceda ekuvuseleleni ulawulo lwesifo seswekile kuba i-insulini oyivelisayo isebenza ngcono kwase ukuthi ifunye ezimini ezimini iinkanywayo isifanele isifanele. Nokukwenzeka, nabani no ofunyaniswe esisekile nothambo kufuneka anikwe isiqqibo sokudibana nosodayethi amncede ngedayethi.
Ingaba zikho iingcebis?  
Itya izidlo ngendlela eqhelekileyo.

Itya izidlo ngendlela eqhelekileyo yonke imihla ingakumbi izidlo zakusasa.

Qondana neqela lakho lesifo seswekile ukuba imiqathango ye- insulin yako 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 nelekese;
■ ubusi neswekile;
■ ijem yesiqhelo nemamalethi;
■ ikeyiki nee lekese,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, ukubiliswa, 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;
- sardines;
- trout;
- fresh or frozen tuna; kunye
- herrings.

Itya imifuno neziqhamo

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

Nciphisa ityuwa yakho

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

- inyama eseziungiselelewe ukutyiwa;
- iisosi ezisezipakethini;
- imihluzi;
- ifish enkonxiweyo eseyilungelelewe ukutyiwa;
- amashwamshwam; kunye
- namandongomane.

Ukutya okulungiselelelewe

http://etd.uwc.ac.za/
abantu abanesifo
seswekile akuloncedo

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

Ndingaya emva kwexeshwa elingakanani ukuya kuxilongisa amehlo am?

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

Olu lungumahluko kuxilongo lokubona lwe gilasi (izipekisi)

Ndingakunciphisa ukusela isiselo esinxilisayo?

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

Umlinganiselo wokusela ngumlinganiselo walowo wasezindaweni ezithengisa utywala.

http://etd.uwc.ac.za/
omlinganiselo ophindwe
kathathu wotywala
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 ekulawuleneni amaqondo eswekile yegazi lakho nxalenyne nedayethi enempilo kunye nemisebenzi yesiqhelo.

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 uthe walilungu phantsi kolungiselelo lwezigulo zexesha elide uya kufumana incwadi eposini, ebonakalisa inombolo yakho yobulungu. Izigulane ezingamalungu zinokuwa fumana amayeza azo nakweyiphina ekhemesti.

Kungafuneka ndiwahlawulele amayeza am?

Ulungiselelo lwezigulo zexesha elide

Isifo seswekile siphantsi kolungiselelo lwezigulo zabantu zexesha elide.

Oku kuhlanganisa amayeza oxinezelelo lwegazi kunye nekholesteroli ephezulu.

http://etd.uwc.ac.za/
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 lwenaombolo.

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 kuhlalulisa kakhulu xa unesifo seswekile,
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 wophondo*

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 iinkcukachana ngokubanzi

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

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

Diabetes Federation of Ireland
76 Lower Gardiner Street, Dublin 1

Imfonomfona: 01 836 3022  Feki: 01 836 5182
Ucingo:1850909909  Imeyile: info@diabetes.ie

Plain English
Approved by NALA
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: .....................................................................................................................

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?

........................................................................................................................................

4. Did you read the isiXhosa brochure I requested you to read? □ □

5. Did you understand it? □ □

6. If no or yes, please elaborate?

........................................................................................................................................

English □ Why?............................................................................................................................

IsiXhosa □ Why?............................................................................................................................

http://etd.uwc.ac.za/
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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   a. If Yes or No, please elaborate.

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   ..........................................................................................................................................
   ..........................................................................................................................................
   ..........................................................................................................................................

   b. Any comments?

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   ..........................................................................................................................................
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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 ndikucela ukuba uyifunde? Ewe Hayi

ii. Uyiqondile?

iii. Ukuba “hayi” okanye “ewe” nceda cacisa.

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iv. Yeyiphi icwadana eqondekayo?

IsiNgesiNgoba?.................................................................................................................................

IsiXhosaNgoba?.................................................................................................................................

http://etd.uwc.ac.za/
v. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

<table>
<thead>
<tr>
<th>Ewe</th>
<th>Hayi</th>
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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?
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 lweenowadana ezibhalwe ngesiNgesi ezifumanela kwi-intanethi, ziguqulelwe esiXhoseni?

5. Unazo ezinye iingcacizo okanye iingcebiso?
APPENDIXES AS PROOF OF RESEARCH CONDUCTED
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix AA

IPOMU YEMUYE YOKUHLATHA INXAXHIBA

Empando: UNISA, Mzimela Thobile Jawa, Weza yinenzi, eziMandla kaphanda olunjika.

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kw Kwathulile yaNtsika noloko.

Umngeni: zalka phambu kulokwekela ukawo ukuhloza anumanga nesikhozi no ukawo olubhaliwe phakathi, iikungxesani kweNgesi ngesi phambu phakathi ukuhloza lizuluza. Ziphi kweNgesi ngesi za ukawo azathathwa nesipha kwakhe umngeni nesikhozi.

Kwathulile, nakinga zola phambu kulokwekela ukawo ngumusa llinagama, kakhulu kunye ngumusa llinagama kweNgesi nesihloza. Zingamagama kulokwekela kwakhe umngeni.

Kukhezana iinkhobeni yakhe ukuhloza kwakhe ukawo, ukuhloza aqomiza ukubalule ukubalule umngeni umgaba izikhoza, zikhomba ukuba ukukhulwa ngumusa.
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix AA

IFOMU YEMVUSE YOKULIATHA INXAXHABA.

Umphandini: UKwazi. Miranda Thobela. Sama wezamu abadzira seMafutsa kuphandisa olubhi
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwem
Dyuniwezini yaseNkhowa koloni

Inkunu zolu phakathi kuqwalakha ukanye ukutula intamagama ngesixhosa ngowazi olubhithwe phansi
o'ungolewini. Lwest'Ngesi ngesipho seswekile ukwenzenza zingqanqana kwakhe zintekile seyo seswekile.
KwaXhona, inkunu zolu phakathi kuqwalakha ukanye ukuphila impawu. Kizizathu kunye
nothinte kwesto seswekile ezibhekile ngesixhosi, zingqanqana kuthlwa kwesto wesixhosa.

Isicelwe iliinxaba yakho ngaphandlele kwemadoda zonke zonke zethwenza sekuberera ngaphandlele ukuthi
ingaba iziqlaniso zezilo seswekile. Zikhala aliqama ngolyo kwezimoqoqoqo sesixhosa sesi
ngesixhosi seswekile. Ikumulo yokufanele izikhathi zikudlela zonke zithetha ekhaya, bekuswa
kuqalisa fumani yamwe nemphakathi zekeempumeleyo, zikudla zisimo zeiphakathi. Mwayisa
kugqoqo, ngaphandlele ukuthi, implalo olungaphandlele, kusiphelele, zimunyezi umsebenzi
uphando olungaphandlele.

KwaXhona, inxaxheba yakho ayinikelela kwakhe kuyiphakathi ukunyezelela inkunyezelela, ukubalulekile
luku. Fumani yokufanele sekusebeni sokukhulu sesiyikhathi yezi

UKuba unemiswo methane notu. Phakathi wezныеzycle akusebenzisa. TV Yoza, (UKwazi) KwaXhona,
Kwilwandle yaseNkhowa, Koloni, imbonobo yosebenza (021) 959

Unziza izinkwazi iziyathaka yakho.

Nalise ukugqoqo ziyathaka kuma le fumani. Yesivumelwano, kwakhe ndiyaphumise yokulithatho inxaxheba notu
phakathi.

Ukufunda entsamathi-oxarchebe: 011 856 1884

Ukufunda kwehlobo: 011 856 1880

A place of quality, a place to thrive, from novice to veteran through crowding.
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Appendix AA

IFOMU YEMVUME YOKHATHISA INXAMHUBA

Umphandana UNkez Miranda Thobile Javu wenza lemba aUKwazi kuphando oluthi

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kw;
Dyuniwezi, yiseNdzola koloni

Umngongo zolo phambi kwekwaka phambili zokwakhe ampahla ngqalana ngakhoqo ngalwa ahlaba phantsi
ohluyenkuthi, lwentsi ngsesto seswefile ukwenzela izigala ziphakhe kwase ziyamile ngasesto
eswefile. Kwakhona, umngongo zolo phambi kwekwaka olanye ukugqulu linyepha, izinathu kunye
netheleli futhi futhi seswefile ezikhulukhulu ngasesto. Izibamile ntotweni iyathini,

Lwentsi inxamhuka yakho ngumphandle kuxenakwakuse, ukwenza situza phakathi ngumgqo ukuba
ingaba izigala ngase esto seswefile izolwazi phini ngolwazi kwake kumagqela kweNdzola ahlaba
seswefile. Lwentsi inxamhuka yakho ngumphandle kuxenakwakuse, ukuqala ngakho
nkwhakhe kwaseNdzola, kwento izinathu olanye ukeleze, kama lakho ukuqala

Kwakhona, inxamhuka yakho ngumphandle kubela ukuqala ngakho ahlaba phantsi

Ukuthi umfandani unaye zolo phambi, wenzafanele UKquz Miranda Thobile Javu

Ndlyisindile kwame endezekhunda le tombi yezikhuthwa, kwase ndilwazi ukuhlaba inxamhube

Uyithikayo lomphandani: N. Ngobese.

Uyithikayo lomphandani: Javu.

A defect of quality, a defect in grove, formborne function through knowledge.
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"  
Appendix AA

IFOMU YEMVUME YOKUHATHA INXAXELISA

Umphandi: UNksi. Miranda Thobela Jivu wenzu isiskhuse noma yisathomba okwazi
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwisa
Dybuyisani yaseNshona koloni

Hlindo zofi phando kakhulu okanye ukumiva umgama ngesiXhosa ngesiwe olafathwe phumzi
ophungolwini kwesiNgesi nesifilo seswekile ukwenza izigama ziqinise kuyiwe zifanele ngesiwe
seswekile. KwaXhosa, hlindo zofi phando kokwazi okanye ukuphula izingama, izinhleku kunye
nokuthola hewesiXhosa seswekile zikhinisa ngesiNgesi, zinhleku kubalule hewesiXhosa.

Iyathela inxaxela yakho ngephandle kwethandela, ukwenza izikhuluma ngakumini ukuza
ingama izifunana zokuthola ezinamulilo uje ngesiwe lemiwe lehlehlalela lami kusifakazi
nesiXhosa ngesiwe seswekile. Ifomu yethe yokuphela izi kutshesana izizwe zemalama emihlanini. Ingumise
nokuthola kobalule kuze iNgesi kanye nesamane kyokuzezi kwakho. Akhona izikhathi kusifakazi
kolokhu kubalule, ukuze kusikhetha izilungu yokuba indlela yokuthola izithakathi iziyelwa. Indlela
nokuthola zifanele hewesiXhosa seswekile ukuphela olumwayenzi nokufanele izinye

KwaXhosa, inxaxela yakho yokufanele ukufanele njengexesha lefeleyo lefekelile yonke imibizo
kule ifomu nokuba sekuzeleleni kokuze sesiXhosa nesente. Imdelwe

Ukuze isintu kuchikayo, unukulindo nokufanele, unakhuluma nokufanele, kuye

Fokusini ngakacwazi yale

Ndiyifumisa zomzowe adyiyiyi, ifomu yekhombisa, noma yemhlophe, kuye

Uphando.
Appendix A

INFORMED CONSENT FORM

Researcher: Ms. Miranda Thobela Juma is conducting a Master's Degree research study on
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" in the
University of the Western Cape.

This study aims to develop isiXhosa terminology and give isiXhosa words that are used on diabetes
information written or known in English & in medical terms to enable patients to understand and to be
aware of diabetes. It also aims to develop isiXhosa terminology and to 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 the fact that the data collected from subjects
will be stored and accessed for another similar research study.

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

If you have any questions pertaining to this study, please contact Ms. TV Mabuza (a research assistant),
Department of Western Cape, Telephone: 021) 959 2382 or you may send an email to:


Thank you for your assistance.

Participant’s Signature: ___________________________ Date: ___________

Researcher’s Signature: ___________________________ Date: ___________

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Appendix AA

IFOMU VEMVUME YOKU HATHA INXAXHEBA

Umphandi: UKuzo Miranda Thchela Jaya wezana izidanga semkhosi kuphandini olutsho.

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kw-Dumiyethi yaseNtsako kahloni

Injongo ziyu phando kulwakhe okanye ukumila anagama ngesikhosana ngokwazi olutsho wephantsi.

Dumiyethi isikhathi ngokubenda ukwenza zizikala ziyilipho kwekhumbula kungaphakathi iyinkulelela kwesikhosana ngokwazi olutsho wephantsi. Isikhathi ngesikhosana ngokwazi olutsho wephantsi, ingu ngakho ukwenza zizikala ziyilipho kwekhumbula kungaphakathi iyinkulelela kwesikhosana ngokwazi olutsho wephantsi.

Kwakhona, inxaxheba yakho aminakhe kwase wakhe izikhathi kumkalise ukubala yonke umhlabo kule lomunye efuna ngesikhosana ngakho unamakhe kwazi kuhlakhe kule lomunye efuna ngesikhosana ngakho unamakhe kwazi kuhlakhe.

Umhlebe ukuvumela kwesi phumla umfanele ngokazali kwakhe izikhathi kumkalise ukubala yonke umhlabo kule lomunye efuna ngesikhosana ngakho unamakhe kwazi kuhlakhe kule lomunye efuna ngesikhosana ngakho unamakhe kwazi kuhlakhe.

Ndifunele kwane naye ngenxa kwawo yamandla yawo emakhathini esikhosana ngokwazi olutsho wephantsi.

Utyikityo leombandeni-izinkosi

Letyikityo leombandeni.
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix A

IPOMU YEMVUMI YOKURASHA INXANHEBA


Ijima ifunekwa yakho ngokuthi kwemidondo isikuqiniso wegesi kuswakhe, kucabange ukuthi ukuqiniso wegesi kuswakhe ukuqiniso wegesi kuswakhe. Kwaqonde, injongo zela phando kukuwekhu phakanye ukubaluleka imiphakazi. Ijima ifunekwa yakho ngokuthi kwemidondo isikuqiniso wegesi kuswakhe, kucabange ukuthi ukuqiniso wegesi kuswakhe ukuqiniso wegesi kuswakhe.

Ndlela umfundo ku kwemidondo isikuqiniso wegesi kuswakhe, kucabange ukuthi ukuqiniso wegesi kuswakhe. Ijima ifunekwa yakho ngokuthi kwemidondo isikuqiniso wegesi kuswakhe, kucabange ukuthi ukuqiniso wegesi kuswakhe. Ijima ifunekwa yakho ngokuthi kwemidondo isikuqiniso wegesi kuswakhe, kucabange ukuthi ukuqiniso wegesi kuswakhe.
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix AA

IFONU’ YEYVMUME YOKUTIATHA INXAXHEBA

U mphandi: L. Nkosi, Mzimba Thobela. Jwwe wenz isicanga seshasta le kuvhando oluthi
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwip
Dyuni vesita yaseNkoma kolini

lina junga zolu pana kubukela okanye ukugika alingama ngusiXhosa ngokwazi olubhaliwe phakathi
oulungelwini lwesNgesi ngesiPha seswee kwekumela izigulana ziqonde kwawo oukelwe ngesiPha
seswee. Kwalokhu, linango zolu phando kubukela okanye ukugika alingama ukuhando. Izingama
ngisefu ngesiPha seswee kwekumela izigulana ziqonde kwawo oukelwe ngesiPha seswee.

Ly醢isiwa: Inxaxheba yakho ngaphandle kwakhezamile, ukuhando ilicka ukuthi ukuhanda izigulana
zingama ngesiXhosa ngesiPha seswee. Uningama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile izigulana ziqonde kwawo
oukelwe ngesiPha seswee. Uningama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile izigulana ziqonde kwawo
oukelwe ngesiPha seswee.

KwaNcuthe: Inxaxheba yakho ngaphandle kwakhezamile, ukuhando izigulana ziqonde kwawo
oukelwe ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee.

Ukuhando umfuso wakhezamile, ukuhando izigulana, izikhanda yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Izingama yezifumelo ezikhona kwakhezamile, ukuhando izigulana
zingama ngesiPha seswee. Ukuhando umfuso wakhezamile, ukuhando izigulana, izikhanda yezifumelo
ezikhona kwakhezamile, ukuhando izigulana zingama ngesiPha seswee. Izingama yezifumelo

Eighth printing:

If you find any errors, please let us know. A place of quality, a place of growth, from hope to action through knowledge.

http://etd.uwc.ac.za/
Appendix A4

TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED

HOPE YENYEME YOGHSIHLAH NAMHIBA

Urthamulit, Lanksg Ysche, Jala wala dawaln nagawal, dawaln nagawal.

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Appendix AA.

IFOMU YEMVUME YOKUHATHWA INXAMHEBA

Umphakazi: Unkzuzo Ntshona

“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED” kwi Dyuniversiti yaseNtshona koloni

Injongo zola phando kakhulu okanye ukunapheka amagama angaphakathi nokanye okanye okanye odibi dolubhephu okanye olungabudzwa. Inkwenkezi, from ukuhlu ukufuneka ubuhlungu, kutho, kuvela ukuze ukuthi ukumvelo, ukuthi ukumvelo, ukuhlu unoma ukuhlu ukuhlu.

Kwaakhona, injongo zola phando kakhulu okanye ukunapheka amagama angaphakathi nokanye okanye okanye odibi dolubhephu okanye olungabudzwa. Inkwenkezi, from ukuhlu ukufuneka ubuhlungu, kutho, kuvela ukuze ukuthi ukumvelo, ukuthi ukumvelo, ukuhlu unoma ukuhlu ukuhlu.

Luyelwa inxamheba yakho noma noma, ithelelo okanye, futhi eziphelela sikho noma noma, noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma 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noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma noma 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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix AA

IFOMI YEMVUME YOKHULATHA INXANIHERA

Umphakazi: Thobela Jali

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED": kwi-...
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix 3A

IFOMU YEMVUME YOKUBHA INXAMHEBA

Laphandisi: UNKh, Miranda Thobile Jaya, wesizwa isidilanga seMastazim kuphera akhulu
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwimi
Dyamvunzi yaseNhoba koloni

Ihlanga zola phando, hubhakha okanye ukuthi umnapana ngoxhosa ngokwakhe lohubhaye, phantsi
dlango wami lweNiisi ngesisela seswekile ukwenza zila isigubana ziyanda kweyer zicacetho ngesisela
seswekile. Kwakwakwa, ihlanga zola phando hubhakha okanye umnapana umngqana limaphila, izintu kune
nothintelo lweNiisi seswekile efumametlo esigubana, izintu kune ngokwakhe lohubhaye, lweNiisi,
Iyacwe wa inxambe ya khulunywa koloni kwambeka, akwelaza akhe ukulpinda ngukuthi ukukhubi
ingabi isigubana ziyanda nami ngumthi lwazi leubumusa kwemoyo ngosisela seswekile. Isifuma yilimi
yenamekhaya izwa ithanda ukuhlangana ukuhlangana umhlaba. Ignana lekuhla alisayi
kubhalwa kula fona kwaxyi nesempindo zoko ziyanda ziyini fthilo. Akukhuthazwini hlimindelinye
kole phando, isiphi kulekuthi kufanezela olusha lutho leNkathi, lwazi leubumusa kwemoyo
ubhalukhula uloziyanya ezilimvelo lo isigubana isisayo.

Kwakwakwa, inxamhebe yama abantu abanye kwakhe umgqina wami isiphezulu iyeke imihloko
kole fona nhlunga okusenzamile umgqina wamabeka ukuthi phantsha usintshiso ikuhlangana

Umphanda umembuzo, umindenza nozola phando, nezinhle ukuthi:

1. Western Cape University
2. Dyamvunzi yaseNhoba

Enkosi ngendla yama abanye.

Ndiyitetsha khanyo ake kwemoyo ake kwemoyo abanye kwemoyo adevile afunzi, kwelungilungo
umqina wami likhulukhulu.

Ubyelikayo: Lonhlatiwa-inxamheba

Umphando: Lwazi

Date: 23/01/2015
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix AA

IFOMU YEMVUME YOKU HATHA I N X A T H E B A

Lompandi: UNKze, Miranda Thobela. Javena izinza ukungazwa sakuphila okuhlala "TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwesi Dywunvestsi yaseNshoba Koloni


Izikhumbisini Bweli.

Ekasi ngenxasa yakho,

Ndihumbisele kwane izinza ukungafanele izinzi weyemvuma le yemhlopheleko, khanye ndiyawo ukuthi imvelela kwaphundo.

Utyikinyo komhlohi: 
Umbu: G - D - 09 - 13

Utyikinyo Lompandi: 
A place of quality, a treasure house from hope for action through knowledge.
IFOMU YEMVUME YOKUHATHA INXANEHEBA

Umphandla: Nkzzi: Miranda Thobile Jayu wena isikanga sematsha kuphando odumu

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwi
Dumisile yaseNkzzi koli


Kwakhona, inxaneheba yekho yokubaluleke kule indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo.

Uqithetha: Isikhathi

Ndinyanfumile kwamnyama la kubaluleke kule indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo.

Utsikho: Isikhathi

Ndinyanfumile kwamnyama la kubaluleke kule indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo. Indlela yokubaluleke kule kuhlungwa zelifanisa kanye ngesiyo seswefile ziyakawula emalungamsetwana ezikhopholo.

189 | Page
INFORMED CONSENT FORM

Researcher: Ms. Vumela Thobela is conducting a Master Degree research study on "TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" in the University of the Western Cape.

This study aims to develop isiXhosa terminology and to give isiXhosa words that are used on diabetes information written in 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 to 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 to 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 Mabeque, Department, University of Western Cape, Telephone: (021) 989 2382, or you may send an email to: tvmabeque@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: ___________
INFORMED CONSENT FORM

Researcher: Ms. Mirinda Tlhaba 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 to 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 to 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 the data collected from subjects will be
dual and accessible for another similar research in future.

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

If you have any questions pertaining to this study; please contact Ms. TV Mabugu in the Department of
Xhosa, University of Western Cape. Telephone: (021) 959 2587, or you may send an email to:
tvmabugu@wvc.ac.za.

Thank you for your assistance.

I understand and understand this consent form, and I agree to participate in this study.

Participant’s Signature: [Signature]

Researcher’s Signature: [Signature]

Date of Execution: [Date]
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix 4A

IFOMUL YEMVUME YOKUHATHA INXAXHERA

Umphandla: UNKaz. Mpendulo. Tshokela Java. semusa izidanga semasho setshikide
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" ke
Dyamvunzi isithetha komvelo


Iyaphambili inxaxhehe yakho ngaphandle kwakwamvelo, ukucenzela sizwazi ukuthi ukubaliso izinamhlophezi nokunzima ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Ixamva yakho ezivubona iizinamhlophezi yokhomba nokuphila iziningi izidwa izintombi izitingi izithetha izintombi izitingi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.

Kwakhuma, inxaxhehe yakho ayinkunzi kwezwe ngapha yilwe ukuyenzekile futhi umphuka yikezwe ukuthi ukuba izinga izigulana zasebhe seswefile zizwe tiyana ngakho izinto umqondolyo umqondolyo estikhathi susibho seswefile. Akukho nitshwa izintombi iziningi izithetha izintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando azintombi iziningi izikhathi suzintombi iziningi izikhathi izinto umqondolyo umqondolyo estikhathi susibho seswefile uphando.
Appendix A

INFORMED CONSENT FORM

Researcher: Ms. Miranda Thóbeka 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 incorporate the signs and symptoms, causes and prevention of diabetes from English medical terms into isiXhosa. This study also aims to enable patience to receive and use the 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 and 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 to answer all of the questions on the questionnaire, even after signing the consent form. If you are willing to participate, please sign the consent form.

If you have any questions pertaining to this study, please contact Ms. TV Maheqini, ( Extension: 3230), Xhosa Department, University of Western Cape, Telephone: (021) 959 2382, or you may send an email to: tvmaheqini@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: ______________________________ Date: ____________ 2016

Researcher’s Signature: ______________________________ Note: 05/07/2015
FACULTY OF ARTS

INFORMATION SHEET

"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"
Appendix AA

IFOMU YENYVUME YOKULATHA INXAXHEBA

Lemphezulu: UNwhse Miranda Bhebela. Ibenza n'okuphuma, njani ukungasho ukuthini
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED" kwisimihindla liseNkoba.

Iminyo zede phandle kokwakhele okanye ukumila amagama ngendlela ngesiXhosa ngendlela didlula wephantsi
okukhombisana lehlonhelo. NgesiXhosa, ngesiXhosa esemidile okukwazi laizulu ziyanda kwakhe
kwezwezile. Kwakholwa, iminyo zede phandle kokwakhele okanye ukumila amagama.
Uzembelo wakanye ngesiXhosa, ngesiXhosa izokwa, ngesiXhosa.
"Translating Diabetes Brochures: Challenges encountered"

Umphandisi: Mirendle Thobela Jaya

Beka u "u" ebhokosini

1. Ndlovisebeka kuba ndlulandile ndiyigqonda ngomzolo ucaswe ngoku phando. Lengendle kuya,
   ndlovisebeka kuba lokubuka imbusa malinga ndlu phando.

2. Ndlovisebeka into yokuba umthi-umxhabe kum eku khulukwambe kwayo ndku khulukwambe kubha
   lujinga, nomonga ngempila. Ixoxo ngendlela lexolomola lexoloma fakakwazi, nangathanda kuvumusho
   lujinga. Xakhe okhulukwabe imibiza okhulukwabe kuswala. Ukubala nolugqeqa kukhulukwabe
   nomonga nokhulukwabe okhulukwabe nomonga nokhulukwabe.

3. Ndlovisebeka into yokuba umphande uzamxwase odwa imiyakwinzhwa kuqinti. Nkosi ka ilungelo
   bekuthandisa lubhekano lubhekano umphande uzamxwase. Ndlovisebeka into yokude ngende umaloshe
   kukhulukwabe raka, ikhona olunye umenye ngaphezulu kwayo, kuyi yiti kuyi yiti kwelungelo
   olunye olunye olunye olunye olunye olunye olunye.

4. Nje ngamathathi umxhabe wenzu ngeka, umxhabe umthi yini yendlela oloko uwoza uwoza
   ngakho kavela, lokakhulu lokakhulu ngokwezimiseke. Lwando ngeka umbwembe uwoza uwoza
   ngakho kavela.

5. Ndlovisebeka into yokuba umphande uzamxwase odwa imiyakwinzhwa kuqinti, umiyakwinzhwa
   kuphendisa umiyakwinzhwa kuphendisa umiyakwinzhwa.

6. Ndlovisebeka into yokuba umphande uzamxwase odwa imiyakwinzhwa kuqinti, umiyakwinzhwa
   kuphendisa umiyakwinzhwa kuphendisa umiyakwinzhwa.

Igama lematshathathathi

Okanye amazulu:

Uphathi

kubonisa

Ukuthandisa

kuphendisa

kubonisa

kuphendisa

Kuphendisa

Uphathi

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“Translation of Diabetes Brochures: Challenges encountered”

Umkhandla: Yonelle Tshokela Jaya

Baka u “x” ehlokusini

1. Ndyayiisa ukuba ndiyilunene ndiyiqonda iriprove izicatsha ngcukhu phande luqonkwa, kwakhe ndibhala thola lokubuka imibuzo malungu nolu phande.

2. Ndyayiisa izikho lokuba ndiyiqonda irezi, kuchala lela kwakhe ndikubeka ukucusa ndiyiqonda noma ngesi phinda kubeka. Ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngubani, ngesi phinda ukuhloko kubeka kwakhe, ukuhloko lele ngesi phinda noma ngu

Universities of the
Western Cape


5. Ndithhathini ukuba ulwavhe olwabatheni wama kungakhe ukanye ukuthi ukuthi

6. Ndithhathini uvutho leumhlangane kuqonda khulukwe kungakhe

Gama lembathini umhlangane

Umhle

Ujulinyelo

Universities of the
Western Cape

Umbathini

Ujulinyelo

(kufana ukuthi ukuhloko ukuthi waphandwa)

Umbathini

Ujulinyelo

(kufana ukuthi ukuhloko ukuthi waphandwa)

(njilikhetha epho yezimvelo, njilikhetha emvelo emvelo)

http://etd.uwc.ac.za/
“Translating Diabetes Dresspress: Challenges encountered”

Umphandla: Mirenda Thobela Jaju

Beka u “x” ebhokisi:

1. Ndinye iresekwa ukuba ndiyukho yinkwenzekile ungebudlulomise ukuba ndinye umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

2. Ndinye iresekwa ukuba umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

3. Ndinye iresekwa ukuba umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

4. Ndinye iresekwa ukuba umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

5. Ndinye iresekwa ukuba umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

6. Ndinye iresekwa ukuba umfambeni kwama ngamahlango nilo ndaba nthandu. Umlungu, kwaye

http://etd.uwc.ac.za/
"Translating Diabetes Brochures: Challenges encountered"

Umphandeni: Miranda Thobile Jwau

Beka u“x” abhekonsi!

1. Nyazinse bokwe amanye ndiyaphakala lapho lbokwalo kophakwe néwala phandle, kwaye nebenzela ithamsi lokhulwa ilibuzo molungelo ne Selibe Phesi

2. Ndzokuyisani, am yokukolwa, umuntu-ewanxaba lela ukuthi kokuvumela kwaye ndiyaphakala ubuthi ndingisiwo nomusa ngaphambe lokhu ukubeka ukusithathale kwezizwe o-sealingofanele. Ukufaziwa, ne ndingisiwo kubhekwa lamnyama umbuzo olungelo kwakhulisa ukubeka olungelo, ndikhulisa e ukubeka nomusa. (Ukuphila ukubeka ukuthi kubeka olungelo ndikhulisa olungelo umfutho emceziwo olungelo nomphakathi wesho ngaphambe ngenxa plaka)


5. Nyazinse bokwe amanye ndiyaphakala lapho, amanye ndiyaphakala lapho, ilibuzo molungelo ne Selibe Phesi

6. Nyazinse bokwe amanye ndiyaphakala lapho, ilibuzo molungelo ne Selibe Phesi
Umphandla: Miranda Thobejane Jaku

Beka u "nx abhekhozi

1. Njengukhiseka ukuthi ndawo noma ngempenele ngamabone esihluse ngoselwa ngokwakho ekhumbuleka kwaze

2. Njengukhiseka ukuthi yokuqala akhetho-siphoa, isakhathi yokawule we kwaye ukuqala ukuba

3. Njengukhiseka ukuthi yokuqala aqinde ukuthi kwakhe liqanje ngokwakho esikhumbule lowo

4. Njengukhiseka ukuthi pukhula ukuthi ngakuqala esibhetha esikhumbule lowo

5. Njengukhiseka ukuthi pukhula ukuthi ngakuqala esikhumbule lowo

6. Njengukhiseka ukuthi pukhula ukuthi ngakuqala esikhumbule lowo

Nombulelo

iSipho Ncube

Ikuhlelwa

University of the Western Cape

iNtsika

Umphandla

Umphathi

Intioyo yechande

http://etd.uwc.ac.za/
1. Ikwazi ngesa ukuba ndiyophila nyalowonde iphakathi yaseleza umfundo yophakathi kwakhe, kwaye ngingakho ngokuba futhi ukubeka imbangakho noma ukubeka impilo.


3. Ndingapotsha inkwazi ukusuka umfundo yaseleza umfundo yaphakathi kwakhe, kwaye ngingakho ngokuba imbangakho noma ukubeka impilo.


"Translating Diabetes Brochures: Challenges encountered"

Umphandla: Mirinda Thobela Jowu

1. Ndiyapha akuba aqondwe lendelelo na engcimbilo akalokusa ngokucelwe kwakhe iziyanda izikhungakhe imbusumalanga nabo phabeni.

2. Ndiyapha akuba iyakho-izikhungile wase ayikho ntondela kwakhe izikhungakhe akuba rindleceni ntondela isimo nangaphandle kokukhona ukuthi kumagama nangaphandle kwemafundo ezincedwandle. Ukuthi, ase muqalabu lapho yama nalisvele emhlabeni yesipheko, ngakho sekuqubeka ukuhlangana ntondela. (Ukuhlangana akuba kwakhe izikhungakhe ntondela iyakho izethemba ukuthi kumagama nangaphandle nangolindwe nabo phabeni.)

3. Ndiyapha akuba izikhungile weyapha aqondwe lendelelo zam kwents parcels kweluyekelele ukuhlangana ntondela. Ndikilo lapho yama nalisvele emhlabeni yesipheko, ase muqalabu lapho yama nalisvele emhlabeni yesipheko, ngakho sekuqubeka ukuhlangana ntondela. (Ukuhlangana akuba kwakhe izikhungakhe ntondela iyakho izethemba ukuthi kumagama nangaphandle nangolindwe nabo phabeni.)


5. Ndiyapha akuba iindlela esikhetha eziyonkele kule phakathi ukuthi iindlela ezincedwandle ezikhungakhe ntondela kwakhe izikhungakhe ntondela izincedwandle ezincedwandle ezikhungakhe ntondela.

"Translating Bioblast Biochusses: Challenges encountered"

Umphandla: Miptondo Thobela Jaisi

Belka u "x" ehlukukhomo

1. Ndlayisekosha ukuba ngiyilungiselela ingculo obhaca kwakhe indoda othuba lokushwa imhuzi, yafanisele ngaphandle kwakhe.

2. Ndlayisekosha mabo yokuba ukutho-xfaniselela wamenzi kufanele wakhe ndisa ukuba ranga fanele fanele fanele kwakhe indoda othuba lokushwa imhuzi, yafanisele kwakhe.


5. Ndlayisekosha ukuba umfundo zam kwadlalo kwakhe lusikubhona kuNgesa, yafanele kwakhe.


Igama lembethi

Professor Ntombethu Siphiwe
Department of Zoology
University of the Western Cape
Cape Town, South Africa

Igama lemdlelo

Mr. M. N. Jaisi

Igama lophathathini

Miptondo Thobela Jaisi

Indlela yezalandu:

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Igama omvelilo yasebenza
Okanye umuntu

Igama umvelilo yasebenza
Okanye umuntu

Nkosi

Nkosi

Umphandelenzeni

Umphangi

Umphathi

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http://etd.uwc.ac.za/
1. Ndleda sek se ukuba ndeni into ndlele ndawo impande isipho nezimile. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi sithi.)

2. Ndqaphange izikhulukile kwakhe ezikhulu ehlupha ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi sithi.)

3. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

4. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

5. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

6. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

7. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

8. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

9. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

10. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

11. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

12. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

13. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

14. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

15. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

16. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

17. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

18. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

19. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)

20. Ndqaphange izikhulukile kwakhe ezikhulukile ukuthi ukukhisho kusithi sithi. (Ukuba ndlele into zakhula ukuze izinto ukuthi ukukhisho kusithi.)
Consent Form

"Translating Diabetes Brochures: Challenges encountered"

Researcher: Miranda Thobile Javu

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.

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 share 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 the research.

6. I agree for to take part in the above research project.

Name of Participant (or legal representative)

[Signature]

Date

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

[Signature]

Date

Lead Researcher

[Signature]

Date

Copies: All participants will receive a copy of this 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: Miranda Thobile Javu

Supervisor: [Supervisor's Name]

HOD: [HOD's Name]
"Translating Diabetes Brochures: Challenges encountered"

Researcher: Miranda Thobile Jawa

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, I agree to answer any specific 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 anonymized responses. I understand that my name will not be linked to the research data, and I will not be identifiable in any reports or publications that result from the research.

4. As a participant of the discussion, I will not discuss or share information shared by others in the group with the researcher outside of the group.

5. I agree to the data collected from the data used in future research.

6. I agree to take part in the above research project.

Name of Participant (or legal representative): [Signature] Date: [Signature]

Name of person giving consent (of different from lead researcher): [Signature] Date: [Signature]

Lead Researcher: [Signature] Date: [Signature]

Copies of this sheet 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: [Name]

Supervisor: [Name]

HOD: [Name]
"Translating Diabetes Brochures: Challenges encountered"

Umphandla: Miranda Thobela Jafu

Beka u "x" ekhokwazi

1. Ndinyazo ishokwe ukuba ngingqoma ngocuncane ngokubeka ukucwa ngu phansi ungange, kwaya
   ndebena ukuba obokuvumza nqotho nelebalo nga ngingxilela. (x)

2. Ndinyazo ishokwe ukuba ngingqoma ngokubeka ukucwa ngu phansi ungange, kwaya
   ndebena ukuba obokuvumza nqotho nelebalo nga ngingxilela. (x)

3. Ndinyazo ishokwe ukuba ngingxilela zam kwazubantu kwakumalwa kwaxokwumisa kwakumalwa. (x)

4. Ngiyazikhuntsheni ishokwe ukuba ncingxilela zam kwazubantu kwakumalwa kwaxokwumisa kwakumalwa. (x)

5. Ndinyazo ishokwe ukuba ncingxilela zam kwazubantu kwakumalwa kwaxokwumisa kwakumalwa. (x)

6. Ndinyazo ishokwe ukuba ncingxilela zam kwazubantu kwaxokwumisa kwakumalwa. (x)

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Umphandla: Miranda Jorela Jayu

Boeka u "x" ebhokosini

1. Ndweshe zimelela ukuba, nqiyindlela nde njongido criossdaniswe ngoku phando le ngando kwegama, kuyaye ndlela ngoba lokuze ezi imvelo malanga mola phando.

2. Ndweshe zimelela ukuba uhlakalo mva ngulo, wami akhawuleza kwaye ndlelelwe kusuka ndinganisa romanga nangaphambili kusuka ngaphambili kusuka izincane iziphakameli kwemvelo oziqhayomfunko. Ukanyeza, xa ngaphambili kupheleni ahamphongo ukuze ukukhwele, ndlela elwandle ukukhwele romanga. (Ukanyeze nhlanganiswe dzokubathila romanga zingxuso ukupheleni zingxuso ngaphambili zingxuso ngaphambili zingxuso.)


(iphathwayele lapho mva ngucinile kusuka kusuka kusuka)

Igama lamthatho-mva ngulo
(Tukanye izihloko)

Umkhojeko

http://etd.uwc.ac.za/
Umphandla: M. mandla Thebelel Javu

1. Ndyayimikheni ukuba nqutho efumelwa efumelwa euphondweni izepele ngayo u phando kungenta, kwembe ngesihlo sithile, Bokwelelele imbuza imbuza incilange ngesi hlahlo.


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Umphathlithi: Umphathlithi

Indaba yacandelo:
"Transliterating Diabetes Brochures: Challenges encountered"

Umphandla: Miranda Thobile Javi

Baka u-sa sikhokosha

1. Ndyaphezulu ukuba idfufundile ukuseyise ukuthi kwilunye izikhwele izikwazi nothando ungama, kuwayo nabo ukuhlukuthaza imibuzo malunga notshanda.

2. Ndyaphezulu ukuba imisebenze izikhwele izikwazi nothando ungama, ngiyisekile ukuthi izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama nginganisebenze.

3. Ndyaphezulu ukuhlukuthaza imibuzo malunga notshanda.

4. Ndyaphezulu ukubalule ukuthi kwilunye izikhwele izikwazi nothando ungama nginganisebenze.

5. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.

6. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama nginganisebenze.

7. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.

8. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama nginganisebenze.

9. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.

10. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama nginganisebenze.

11. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.

12. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama nginganisebenze.

13. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.


15. Ndyaphezulu ukubalule ukuthi izikhwele izikwazi nothando ungama inokubalule ukuthi izikhwele izikwazi nothando ungama.
"Translating Diabetes Brochures: Challenges encountered"

Umphandi: Mirandla Thobile Janyu

Bea u "x" ethotosini


2. Ndlayo yenzekho na ukuthi ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri. Kwaye nendlela eluhomba ngaleka kunjalo, kwaye ndlela europhele kunjalo. (Ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri.)

3. Ndlayo yenzekho na ukuthi ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri. Kwaye nendlela eluhomba ngaleka kunjalo, kwaye ndlela europhele kunjalo. (Ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri.)

4. Nje ngamthetho imithi le ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri. Kwaye nendlela eluhomba ngaleka kunjalo, kwaye ndlela europhele kunjalo. (Ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri.)

5. Ndlayo titlanhini inxaxha inxaxha.

6. Nkanywa ukuhlwana ukuhlwana oqhekeri kwakhe zikhomba izinto zola kuyothandisile ukuthi ukuhlwana oqhekeri.

Amela

Iqama kom ithi inxaxha

(Umlazi umthwala

(Uphepho)

Iqama komithi

(Umlazi umthwala

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Iqama komithi

(Umlazi umthwala

(Uphepho)
"Translating Diabetes Brochures: Challenges encountered"

Umkhanyisi: Miranda Thobela Javi

Beka u "x" ehokosholo

1. Ndisho yakuba akuba ndiyaphunde ndiyaphonda isipholo abahlali uyakho phande luqangela kwamakhosi ndikwazi ukuba ndine ndiyaphunda kufanele ukuba ndine ndiyaphunde ndinyo la uMkhosha.


Iqama lamelunasa inyathi. Uyendlelo

Iqama lamelunasa inyathi. Uyendlelo

Iqama lamelunasa inyathi. Uyendlelo

Iqama lamelunasa inyathi. Uyendlelo

Umphandla: Miranda Thobela Javi

Umphathis:

Intleko yezandele:
Consent Form

"Translating Elaborate Fractures: Challenges Encountered"

Researcher: Miranda Thandi Javu

1. I confirm that I have read and understand the information about 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 question, I am free to decline. (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 allow any of the information shared by others in the group or the researcher outside of this context.

5. I agree for my data to be used in future research.

6. I agree for the data collected from me to be used in future research.

Notice of Participant (or legal representative)

Name of participant (if different from lead researcher)

Date
Signature

Legal Researcher

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 kept in a secure location for research purposes only.

Researcher:

Ms MT Javu

Supervisor:

HOD:
Umphandla: Miranda Tshabalala Javu

Baka u "x" ebhokoshi

1. Nalihleliyiseka ukuba rifyundla emasiyindo ngesi zalela ngokubekukhulu ngole phando Ungenda, kwaziyelobona ukuba kokubeka imizango oluphando.


5. Nyoqo naphambili ukuba imizango okanye wamwenza kwakanwazi kwakuthathwa. Nalihleliyiseka ukuba nomlingo okanye ukukosela. Ihlathini lwaphandle ukufanele ngokuthi isipho esithetha okanye ukuthi esikhathi esithetha. (Ukuba nomlingo okanye wamwenza kwakanwazi kwakuthathwa)

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodiwane Anglo nezifle neziligula ezinisé seswekile

1. Wokhe wahlango na hene wanda ngesife seswegile?
   Fye: [ ] Hayi: [x]

2. Ukuba "efwe", yayibha we ngosifitakanye ngenxhosa?

3. Ukuba "eywe" wayiqanda?

4. Ukuba "hayi", yaba vintini inxaka?

5. Ungathanda ukufunda wayaxhono ebahwe ngosifitakanye ngenxhosa?


7. Unayo eywe izinciko?
   Fyiikino: [ ]

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES.

Inkubulo yothutha nendlela nesigqala ezincedo seswakile

1. Wakhwe wahlanga nenzwakhe ngesiyo seswakile? □ Ewe □ Xhosa

2. Ukuza "ewe", yaziha ukuqala ngesiyo okanye ngesikhosa?

3. Ukuza "ewe" wayiqonde?

4. Ukuza "hayi", yathu vamosi lase?

5. Ungathetha ukufunda intwadwa ebhalwe ngesiyo okanye ngesikhosa?

6. Nka izithu zenamukho yakhe

7. Urayo ehlwela ehlwela?
2. Ukuba "xase", wayithalwe ngesiNgesi okanye ngesiXhosa?

3. Ukuba "ewe" wayicondla?

4. Ukuba "hayi", yabo yintsha imbusa?

5. Ungathanda ukulindla ihwadi nezhathwe ngesiNgesi okanye ngesiXhosa?


7. Uneyo cwele ijejane?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

KHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodlwano-ndlebe nezigulana ezinesifile seswekile

1. Wokhe wahlawana nencwadana ngesifile seswekile?

2. Ukuba "ewe", yavibhawe ngesifile okanye ngesikhosa?

3. Ukuba "ewe" wayikonda?

4. Ukuba "hayi", yoza yithali ukhulukile?

5. Unzathanda ukufunda inzwadana efanele ngesifile okanye ngesikhosa?


7. Unayo enye ingcaco?
**Xhosa Version of Questionnaire on Translating Diabetes Brochures**

**Imibuzo yodiwane-nilile nezikulana ezinesifo seswekile**

1. Waphakhe waphakhe ncedwana nezinhlela ngikhulu seswekile?  
   - [ ]  Ewe  
   - [X] Hayi

2. Ukuba "ewe", cyikhalwe ngesi ngokanye ngesiXhosa?

3. Ukuba "hayi", cyikhalwe ngesi?

4. Ungathanda ukufunda intshandaba ekuhlohe ngesiNsiza plakanye ngusiXhosa?

5. Niki sitendelele zeintshandaba yase?

6. Unabo eziyaphambili?

7. Unabo eziyiphambili?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibizo yokulwa-nothlebe nezigelana ezinesifo seswakile

Ewo

1. Wakhé wahlungana nencwaflane ngesifo seswakile?

2. Ukuba "ewo", xay'bhalwe ngesiNgesi okanye ngesithosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", xaba yiintingenze?

5. Ungakhanda ukumila nekubona kubahle ngesiNgesi okanye ngesikhosha?

6. Nke izithu zempandlelayo?

7. Umnye enye inqanako?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Khosa Version of Questionnaire on Translating Diabetes Brochures

Imibizo yodiwano: ndlebe neziguqina ezinesifiso seswecile

1. Wathiwo waahlengana nencwadene ngesifiso seswecile?
   Five: [ ] Hayi: [ ]

2. Ukuba "ewe", vyabhalwe ngesine ngokanye ngesikhosa?
   [ ]

3. Ukuba "eaye" wawiondo?
   [ ]

4. Ukuba "Hayi", yabha yinto "Incece"?
   [ ]

5. Ungqathonga ukufunda, ukwamodzi ukwazi wenyiwe ngesine ngokanye ngesikhosa?
   [ ]

   [ ]

7. Umye eyisaphelele?
   [ ]

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XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodlwana-ndlebe neziguqana ezinesiyo seswekile

1. Wafuna wahlangu na nokwadana ngesiyo seswekile?  
   
2. Ukuba "ewe", yawo bho ngendi okwazi ngaqiXhosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yakhe yikhathi ngesiyo?

5. Ukuthanda nkuqonda zithanda ukwazi ngaqiXhosa?

6. Nika izicani zempendulo yakho

7. Uritayo ephi ephinda?

---

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

KHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibutho yathiwana-nilokhu nezigalana ozinelifo seswekile

1. Wakhé waahlengana nenuwanda ngesifo seswekile?

2. Ukuba "ewe", wuqhubhwenesifesi okanye ngesiXhosa?

3. Ukuba "ewe" wayiqoza?

4. Ukuba "hayi", yaba yinto ni ingco?

5. Ungathanda ukufunda inzwanda obhloko nguwegesi okanye ngesiXhosa?


7. Unyana thwele linyaxo?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yothiwana nalebe neziguqula ezinesifiso sezwekile

1. Wakhe wahlangana nempowadana ngesi sezwekile?

2. Ukuba "ewe", yayibhalwa ngesiNgosi okanye ngesiXhosa?

3. Ukuba "ewe" wayikwadi?

4. Ukuba "hayi", yaba yitshba ingenzi?

5. Ungathanda ukufunda inowadana ohlawa ngesiNgosi okanye ngesiXhosa?


7. Ulayo enye ingenzi?

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibiza yelelwano-ndla abangicelana ezinesifo seswakile

1. Wakhle wahlangu nendawana ngesiifo seswakile?

2. Ukuba "ewe"; yahibhalwe ngesiNGesi okanye ngesiKhosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi"; yaba yintoni lingciso?

5. Ungathanda ukufunda iseke dama ehlukhwe ngesiKhosa okanye ngesiKhosa?


7. Unayo enye ingciciso?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Appendix B8

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuze yodlwano-ndlebe nesigalana ezinesiyo seswekile

1. Wokhe wahlungana nentwodana ngesiyo seswekile?

2. Ukuba "owe", vuyohele ngesiyo okanye ngesiyo xhosa?

3. Ukuba "owe" wayiqanda?

4. Ukuba "hayi", yahle yinomthi?

5. Ungathandza ukufunda uyinumana ebhaliwe ngesiyo okanye ngesiyo xhosa?

6. Nokhe izintu zempendula yakele.

7. Uneyo ohye inqaliso?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imibuzo yodlwano-ndlebe nezigułana ezinesifo seswekile

1. Wakhe wathi angana nencwadana ngesifo seswekile? 

2. Ukuba "ewe", yayi lokhwe ngesi ngesi okanye ngesi Xhosa?

3. Ukuba "ewa" wathi imbili?

4. Ukuba "hayi", yawana ibexhala imani?

5. Ungathanda ukuthi sihloko nengato ngesifo okanye ngesi Xhosa?

6. Nika izikhetha zempentalo yakho.

7. Unayo one ingxciiso?

Ewe:  
Hayi: 

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XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

imibuzo yodlwano-nlebe rezigulana esinesifo seswekile

1. Wakhe wahlangu na nenxwabalwa ngesifo seswekile?

Yes [X] No [ ]

2. Ukuba "ewe", yokuhlwe ngesinjesi okanye ngesixhosa?

Yes [ ] No [X]

3. Ukuba "ewe" waphandle?

Yes [ ] No [ ]

4. Ukuba "hayi", yaba yinto Ingxicali?

Yes [ ] No [ ]

5. Ungathiwa ukufunda inkwadwe obhala ngaphalani okanye ngesixhosa?

Yes [ ] No [ ]


Yes [ ] No [ ]

7. Unayo enye ingxicali?

Yes [ ] No [ ]
Appendix B3

Xhosa Version of Questionnaire on Translating Diabetes Brochures

Imibuzo yodlwano ndlebe nezigulana etinesifo sesweki.

1. Wakhle wokwaziwa nencwadana ngesiyo sesweki?

2. Ewe

3. Ukuba "ewe", ziyikhekwenza ngisiylando ukanye ngwenkho?

4. Ukuba "hayi", yabo yinto inxedo?

5. Unaqonda, ukufundana inkwadi ebelwe ngabezinhlosi okanye ngwenkho?


7. Unayo enye ingcadiso?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

**QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES**

Interview Questions with Diabetes patients

1. Did you ever come across diabetes brochures?  
   Yes [ ] No [ X ]

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

3. If yes, did you understand it?  
   [ X ]

4. If no, what was the problem?  
   My problem need Sign Language interpreter.

5. Would you prefer to read diabetes brochure written in English or isiXhosa?  
   English

6. Give the reason for your answer.  
   No

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

Imibulo yodlwane-nilebe nesizathathwa ezinesiwe seswekile

1. Wakhe wahlamong amenzwana angikhuma seswekile?

2. Ukuba "ewe", yayithathwe ngesin kanye okanye ngesiXhosa?

3. Ukuba "ewe" wayiqonda?

4. Ukuba "hayi", yase wintshinyiso?

5. Ungathanda ukufunda amenzwana ebhняти ngesini kanye angikhuma?


7. Umsebenza okanye inyathelo?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Imithu yeMlanano-ndlebe nesizolana ezinesiyo seswekile

1. Wakhe wathi ngana nentwadana ngesifiso seswekile? Ewo Haya

2. Ukuba "ewe", kanyeiale we ngesikhathi okanye ngesikhosa?

3. Ukuba "ewe" wakho?

4. Ukuba "naye", yaka yathintinga?

5. Ungathanda ukufunda ilwadana okanye ngesikhathi okanye ngesikhosa?


7. Unayo anye ingcoci?

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1. Wakhe waahlungana nentwanda ngesifo ssewakile?        Ewe  Hayi

7. Ukuba "ewe", kuyibhalwe ngenisicemi okanye ngesikhosa?

3. Ukuba "ewe" waviqonda?

4. Ukuba "hayi", yabo wintongwa?

5. Ungathandwa ukufandisa lwenkundo yalezi okanye ngesikhosa?


7. Unayo kanye linguqilo?
XHOSA VERSION OF QUESTIONNAIRE ON TRANSLATING DIABETES BROCHURES

Impilo yokuhlwane-nlebe neziyahanza ezinsifta seswekile

1. Wakhe wahlanga nezincadana ngosi in seswekile?

2. Ukuba "ewe", yaziwalwe ngesiNgesi elane ngesiXhosa?

3. Ukuba "ewe" wavengicanda?

4. Ukuba "hayi", zaba yintoni ingxeta?

5. Ungathanda ukufunda inxwalanda ehlakhe ngesiNgesi okhayengesiXhosa?

6. Nikaizizitha zempiniwo yakhe?

7. Umvelo onye mcadso?
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?
   ____________________________________________________________

7. Which brochure was understandable?
   English [ ] Why? I can read English better than Xhosa
   IsiXhosa [ ] Why?........................................................................
8. Is there anything in the isiXhosa translated brochure that you feel does not comply with the norms and values of isiXhosa tradition/culture?  

   Yes  [ ]  No  [ ]

9. If Yes or no, please elaborate.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. Any comments?

    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________


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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

1. Uyacelwa ukuba ugcwalise le fomu yemibuvo ingezantsi. Le fomu yemibuvo yeyokuvalaya ukuba umphandu yithobele n'inkcubeko yamaXhosa xa ebe guqala incwadana ngesibo seswekele eyiguqulela esiXhoseni.

   Isinisilungamisilungana: 
   Limpakathi: 
   Ulwimi lwasekhaya: 

2. Uyifundile incwadana yesiNgesi ebe ndikucela ukuba uyikunde?

   Ewe [ ] Hayi [x]

3. Ukuba "hayi" okanye "ewe" nceda cacha:

   [Diagram of building]

   [Diagram of building]

4. Uyifundile incwadana yesiXhosa ebe ndikucela ukuba uyikunde?

   Ewe [x] Hayi [ ]

5. Uyifundile?

6. Ukuba "hayi" okanye "ewe" nceda cacha:

7. Yeyiphile iCwadana eqondekayo?

   Isingesi [x] Ngoba?

   Isixhosa [x] Ngoba?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGQULO LWENCWADANA NGESHO SESWEKILE

8. Ingaba lukhoza uguqulo kule ncwadana oqondayo ukuba aluhambela i nenkubeko yamaXhosa?
   Ewe    Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

10. Usayo enye ingaciso?

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOQUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacela ukuwa ugovalisele fumunye yemibuzo umfazi. Le fumunye yemibuzo yeyokuvana fumunye umphandlani uyithebile na iinkucabeko yamatho xa ebe gqutula incwadana ngesifo seswefile ephungulela esikhoseni.

Isini: ____________________________________________

Iminyaka: __________________________________________

Ulwimi lwasekhaya: _____________________________

1. Uyifundile incwadana yensiNgesi ebe ndikuccele ukuwa uyifunde?  □ Ewe □ Hayi

2. Uyiqondile? □ Ewe □ Hayi

3. Ukuwa “hayi” okanye “ewe” nceda caca. □ Ewe □ Hayi

4. Uyiqondile incwadana yesiXhosa ebe ndikuccele ukuwa uyifunde? □ Ewe □ Hayi

5. Uyiqondile? □ Ewe □ Hayi

6. Ukuwa “hayi” okanye “ewe” nceda caca. □ Ewe □ Hayi

7. Yeye phi incwadana ngondekayo?

IsiNgesi □ Ngoba?

IsiXhosa □ Ngoba? __________________________

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8. Ingaba lukuqulo uguqulo kule ncowadana oqondayo ukuba aluthambeloni nenkoCubeke yamaXhosa?

   Ewe     Hayi
   [ ]     [x]


   [ ]

10. Unayo enye ingaciso?

   [ ]
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBIZO NGOGUQULU LWENCWADANA NGESIFO SESWEKILE

Uyaceliwa ukuba ugcwalise le formu yemibuzo ingezantsi. Le formu yemibuzo yeyokuvavanya ukuba umphandi uyithobele na inkubelo yamakhosana ebe guqula incwadana ngesifo seswekile eyiguqulela esixhoeni.

Isini: .............................................................

Iminyaka: .............................................................

Ulwini lwasekhaya: .............................................................

EWENDA

1. Uyifundile incwadana wesigqalo ekuzele ukuba uyifunde?

2. Uyiqondile?


4. Uyiqondile incwadana wesigqo ekuzele ukuba uyifunde?

5. Uyiqondile?


7. Yeyiphi icwadana eqondekayo?

IsiXhosa: .............................................................

IsiNgesi: .............................................................

Ewe Hayi

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8. Ingaba luhona uguqulo kule ncwadana bqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

   Ewe  Hayi

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

   [Blank space for answer]

10. Unayo enye ingciciso?

   [Blank space for answer]
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation IFOMU YEMIBUZO NGOGUQULO LWENCWADANAGESENFOSESWEKILE

Uyacelwe ukuba ugozaliwe lefomu yemibuzo ingezantsi. Le fomu yemibuzo yejukuvavanja ukuba umphandla uyi'lohele na inkcweko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiquqhele esikhoseni.

Isini: 

Iminyaka: 

Ulwimi lwasekhaya: SiXhosa

Ewe       Heyi
1. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?
       
2. Uyiqondile?
       
3. Ukuba "hayi" okanye "ewe newe cahiki"
       
4. Uyifundile incwadana lesiXhosa ebe ndikucele ukuba uyifunde?
       
5. Uyiqondile?
       
6. Ukuba "hayi" okanye "ewe newe cahiki"

7. YeNphi icwadana eqondekayo?
   IsiNgesi Ngoba?
   IsiXhosa Ngoba?

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8. Ingaba lwokuqulo uguqulo kule ncowadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

   Ewe  Havi

   □    □

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.


10. Unayo enye Ingciso?

    "Kwiwini okucacileyo
    A kuquqhubeka"


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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugwalise le fomu yemibu zo ingezantsi. Lo fomu yemibu zo yeyokuvavanyaka ukuba uma phandi uyibhobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eviguguqulela esixhoseni.

Isini:..............................................................................................................................................

Iminyaka:.........................................................................................................................................

Ulwini lwakheva:.............................................................................................................................


1. Uyifundile incwadana yesiNgesi ebe ndikucel'ek'u kuba uyifunde?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe"nceda caca?

4. Uyifundile incwadana yesiXhosa ebe ndikucel'ek'u kuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe"nceda caca.

7. Yeyiphi icwadana eqondekayo?

IsiNgesi       Ngoba?

IsiXhosa       Ngoba?

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8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamakhosa?

   Ewe    Hayi
   [  ]   [X]


   INGCACISO  MECHAVULA  NQINGA  YINQUNA  BANDIITA-

10. Unayo enye ingcaciso?

   [ ]   [ ]   [ ]   [ ]
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOBUQULO LWENCWADANA NGESIFO SESWEKILE.

Uyacelwa ukuba ugcwali le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandla uyithobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiuguqulela esixhoseni.

Isinti: ____________________________

Iminyaka: 63

Ulwimi lwasekhaya: ISXHOSA

1. Uyifundile incwadana yesiNgesi ebe ndikuzela ukuba uyifundo?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda caicasa.

4. Uyifundile incwadana yesiXhosa ebe ndikuzela ukuba uyifundo?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda caicasa.

7. Yeyiphi icwadana esondekayo?

IsiNgesi □ Ngoba?

Isixhosa □ Ngoba. □ Le yasiva

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGOGUQUILISO LWENCWADANA NGESIFO SESWEKILE

8. Ingaba lukhona uguqulo kulwe ncvada naqondayo ukuba aluhambelani nenkcubeko yamaXhosa?
   Ewe          Hayi
   ☐            ☑

    .............................................................................................
    .............................................................................................
    .............................................................................................

10. Unaye enye ingcaciso?
    .............................................................................................
    .............................................................................................
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    WESTERN CAPE

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"TRANSLATING DIABETES BROUCHES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IYOMUYEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwalisile le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuqavanya ukuba umphandla uyithobele na inkubeka yamakhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: ________________________________________________________________

Iminyaka: ____________________________________________________________

Ulwimi lwasekhaya: ___________________________________________________

1. Uyifundile incwadana yesegesi ebe nokuqelele ukuba uyindle? Ewe Hayi

2. Uyiqondile?________________________________________________________

3. Ukuba "hayi" okanye "ewe"nceda cacisa._____________________________________

4. Uyifundile incwadana yesegesi ebe nokuqelele ukuba uyindle? Ewe Hayi

5. Uyiqondile?________________________________________________________

6. Ukuba "hayi" okanye "ewe"nceda cacisa._____________________________________

7. Yeyipli icwadana eqondekayo?

IsiNgesi ☐ Ngoba?

IsiXhosa ☐ Ngoba?________________________________________________________________________
8. Ingaba lukhona uguqule kule ncwadana oqondayo ukuba aluhambelani nenkcubekwamaXhosa?

Ewe    Hayi


10. Unayo enye ingcicisi?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO:NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwaliwe le fomu yemibuza ingezantsi. Le fomu yemibuza yeyokuvelwaye ukuba umphandi uylhobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesiF seswekile eyiyuqulela esixhoseni.

Isini:..................................................................................................................

Iminyaka:..........................................................................................................

Ulwimi iwasekhaya:.........................................................................................

<table>
<thead>
<tr>
<th>Ewe</th>
<th>Hayi</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

1. Uyifundile incwadana yesiNgesxi ebe ndikuqele ukuba uyifunde?

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" ncoda caca.

4. Uyifundile incwadana yesiXhosa ebe ndikuqele ukuba uyifunde?

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" ncoda caca.

7. Yeiyphiri icwadana eqondekayo?

<table>
<thead>
<tr>
<th>IsiNgesxi</th>
<th>Ngoba?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IsiXhosa</th>
<th>Ngoba?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuber neluyeza?</td>
<td>IsiXhosa</td>
</tr>
</tbody>
</table>
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

IFOMU YEMIBUZO NGODUQULO LWEเทคนADANA NGESISO SESWEKILE

8. Ingaba lukhona uguqulo kule ncwadana ozondayo ukuba aluhambelani nenkubelo yamanzlhosa?

   Ewe: [ ]
   Hayi: [ ]

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

   .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

10. Unayo enye ingcacin?

   .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................


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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGQUQULI LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandla uyithobele na inkubeko yamakhosa xa ebe guqula incwadana ngesifo seswekile eyiiguqulela esiXhoseni.

Isini: ___________________________

Iminyaka: ___________________________

Ulwimi lwasekhaya: ________________ Ewe’ Hayi

1. Uyiifundile incwadana yeshigesa ebe ndokwcali ukuba uyifundile?

2. Uyiqondile?


4. Uyiifundile incwadana yeshigesa ebe ndokwcali ukuba uyifundile?

5. Uyiqondile?


7. Yeyiphi icwadana eqondekayo?

IsiNgesi: ___________ Ngoha?: ______

IsiXhosa: ___________ Ngoha?: ______

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8. Ingaba lkuhona uguqulo kule ncwadana ezondayo ukuba aluhambelani neniicubeko yamaXhosa?

Ewe:  
Hayi:  

9. Ukuba 'ewo; 'okanye 'hayi', nceda racisa.

Indica celwe la khubu nge Sixhosa


10. Unayo enye ingcáciso?
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugovalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandla uyithobala na inkubakho yamakhosa xa ebe guqula incwadana ngesifo seswekile eyiuguqulela esixhoseni.

Isini: .................................................................................................................................

Iminyaka: .............................................................................................................................

Ulwimi lwasekhaya: ...............................................................................................................

Ewe Hayi

1. Uyifundile incwadana yesiNgesi ebe ndikukele ukuba uyifunde? □ X

2. Uyiqondile? □ □

3. Ukubo "hayi" okanye "ewe inceda cacisa" ...........................................................................

4. Uyifundile incwadana yesiXhosa ebe ndikukele ukuba uyifunde? □ X □

5. Uyiqondile? □ □

6. Ukuba "hayi" okanye "ewe inceda cacisa" ...........................................................................

7. Yeiyiphi icwadana eqondekayo?
   IsiNgesi □ Ngoba?
   IsiXhosa □ Ngoba? adazi isixhosa
8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukubha aluhambeleni nesicubeko vamaXhosa?

   Ewe          Hayi

   □          □

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

   Kukhulukhu Sizwakhekho Zizo Siza
   __________________________________________
   __________________________________________
   __________________________________________

10. Unaye enye ingciciso?

    Kukhulukhu Sizwakhekho Zizo Siza
    __________________________________________
    __________________________________________
    __________________________________________

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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Evaluation Questionnaire on original Xhoza translation
IFOMU YEMIBUZO NGOQUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwilise le fomu yemibuzo ingezontsi. Le fomu yemibuzo yeyokuvawanya ukuba umphandi uyithobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulele esixhoseni.

Isini: ____________________________

Iminyaka: .................. 36

Ulwimi lwasekhaya: .................. Xhosa

<table>
<thead>
<tr>
<th></th>
<th>Ewe</th>
<th>Hayi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Uyifundile incwadana yasiNgesi ebe ndikucela ukuba uyfundele?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Uyiqondile?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Uku &quot;hayi&quot; okanye &quot;ewe&quot;nceda racisa</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Uyifundile incwadana yasiXhosa ebe ndikucela ukuba uyfundele?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Uyiqondile?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Uku &quot;hayi&quot; okanye &quot;ewe&quot;nceda racisa</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Yeiyphi icwadana eqondekayo?</td>
<td></td>
</tr>
</tbody>
</table>

IsiNgesi □ Ngoba?

IsiXhosa □ Ngoba: Nqoba ndiye udaya ma into ethethwini.
8. Ingaba lukhona uguqulo kule nzwadana oqondayo ukuba aluhambelani nenkubeko yamaXhosa?

   Ewe        Hayi

9. Ukuba `ewe; okanye `hayi`, nceda cacisa.

10. Unayo enye ingciciso?

    [Signature]
**"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"**

Evaluation Questionnaire on original Xhosa translation

**IFOMY YEMIBUZO NGOG IQULO LWENCWADANA NGESIFO SESWEKILE**

Uyacelwa ukuba ugcwalise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanye ukuba umphandla uyithobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile evigqulela esiXhoseni.

Isini: ..............................................................................................................................

Iminyaka: ........................................................................................................................

Ulwini lwasekhaya: ...........................................................................................................

<table>
<thead>
<tr>
<th></th>
<th>Ewe</th>
<th>Hayi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uyifundile incwadana yesiNgesi ebe ndikucela ukuba uyifunde?</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>2. Uyiqondile?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ukuba &quot;hayi&quot; okanye &quot;ewe&quot;nceda cacisa:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Uyifundile incwadana yesiXhosa ebe ndikucela ukuba uyifunde?</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>5. Uyiqondile?</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>6. Ukuba &quot;hayi&quot; okanye &quot;ewe&quot;nceda cacisa:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Yeyiphi icwadana eqondekayo?

|   | IsiNgesi □ | Ngoba? | IsiXhosa □ | Ngoba? |

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8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenscubeko yamaXhosa?

<table>
<thead>
<tr>
<th>Ewe</th>
<th>Hayi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa:

10. Unayo enye ungcacho?
"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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you read the English brochure I requested you to read?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did you understand it?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>3. If no or yes, please elaborate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Did you read the isiXhosa brochure I requested you to read?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>5. Did you understand it?</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>6. If no or yes, please elaborate?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Which brochure was understandable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>isiXhosa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 [x]

9. If Yes or no, please elaborate.
   Not at all very good

10. Any comments?
   I think there’s a lot I understand better in English than any comment.
   I had a lot of difficulty to learn

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"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOSUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwališe le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandu uyithobele na inkubeko yamaXhosa xa ebe guqufa incwandana ngesifo seswekile eyiiguqulela esiXhoseni.

Isini:  

Ndinga mama

Iminyaka: Ngomashum, amane angase siNathi

Ulwimi waasekhaya:  

1. Uyifundile incwadana yesiNgesi ebe ndikuqele ukuba uyifunde?  
   Ewe  Hayi  

2. Uyiqondile?  
   Ewe  Hayi  

3. Ukuba "hayi" okanye "ewe" neceda cacisa.  
   Ewe  Hayi  

4. Uyifundile incwadana yesiXhosa ebe ndikuqele ukuba uyifunde?  
   Ewe  Hayi  

5. Uyiqondile?  
   Ewe  Hayi  

6. Ukuba "hayi" okanye "ewe" neceda cacisa.  
   Ewe  Hayi  

7. YeyiPhini icwadana eqondekayo?  
   IslNgesi  Ngoba?  
   IslXhosa  Ngoba?  

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8. Ingaba lukuhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

   Ewe   Hayi
   □     □

9. Ukuba 'ewe; okanye 'hayi', nceda cacisa.

   ........................................................................................................................................................................
   ........................................................................................................................................................................
   ........................................................................................................................................................................

10. Unayo onye ingciciko?

    ........................................................................................................................................................................
    ........................................................................................................................................................................
    ........................................................................................................................................................................
"TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED"

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwaliwe le formu yemibuzo Ingezans. Le formu yemibuzo yeyokuvavanya ukuba umphandisi uyithobele na inkucboko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiiguqulela esiXhoseni.

Isini: 

Iminyaka: 

Ulwimi lwasekhaya: 

1. Uyifundile incwadana yesiNgesi ebe ndukucele ukuba uyifunde? Ewe Hayi

2. Uyiqondile? 

3. Ukuba "hayi" okanye "ewe" nceda cacisa. 

4. Uyifundile incwadana yesiXhosa ebe ndukucele ukuba uyifunde? Ewe Hayi

5. Uyiqondile? 

6. Ukuba "hayi" okanye "ewe" nceda cacisa. 

7. Yeyiphi icwadana eqondekayo? 

IsiNgesi Ngoba? 

IsiXhosa Ngoba? 

http://etd.uwc.ac.za/
8. Ingaba lukhena uguqulo kule ncowadana oqondayo ukuba aluhambelani nenkcubeko yamaXhosa?

   Ewe  Hayi


   [Handwritten text]

10. Unayo enye‘ingcaciso?
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyase’swa ukuba ugwaliwe je formu yemibuzo ingezantsi. Le formu yemibuzo yeyokuvavanya ukuba umphandla uyithobela na incubeko yamaXhosa no ebe guqula incwadana ngesifo seswekile eyiguqulelela esiXhoseni.

Isnini: .................................................................

Iminyaka: .................................................................

Ulwimi lwasekhaya: isixhosa

1. Uyifundile incwadana yesin'gesi ebe ndikucele ukuba uyifunde?  
   Ewe:  
   Hayi: X

2. Uyiqondile?
   Ewe:  
   Hayi:  

3. Ukuba “hayi” okanye “ewe” ndclado cacisa: 
   Undlulwane umaqezulu: isixhosa

4. Uyifundile incwadana yesin'gesi ebe ndikucele ukuba uyifunde?
   Ewe:  
   Hayi: X

5. Uyiqondile?
   Ewe:  
   Hayi: X

6. Ukuba “hayi” okanye “ewe” ndclado cacisa.
   Isixhosa: sinyolandelala
   Asi neleluwa ngako molungo ngesi, ngungase seswekile

7. Yeyiphi icwadana eqondekayo?
   Isin'gesi  Ngoba?: .................................................................
   Isixhosa  Ngoba?: Sinyolandelala .................................................................

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“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIPOSESWE KILE

8. Ingaba luKhona uguqulo kulé ncuwadana oqondayo ukuba aluhambelani nenkcubeko yamaXhoisa?

<table>
<thead>
<tr>
<th>Ewe</th>
<th>Hål</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

9. Ukuba 'ewe; okanye 'hål', nceda cacisa.

10. Unayo enye ingraciso?

Sindiso yambulela yanga
Sininghleke isiclwala ukuthi ezi ncuwadana
Ukuze sela nqaselela zethu.

UNIVERSITY of the
WESTERN CAPE
“TRANSLATING DIABETES BROCHURES: CHALLENGES ENCOUNTERED”

Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE

Uyaqalwa ukuba ugowalisa le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvanyanye ukuba umphandi uyithobele na inkuleko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini: ____________________________________________________________

Iminyaka: ________________________________________________________

Ulwini lwasekhaya: ________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Ewe</th>
<th>Hayi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Uyiifundile incwadana yesiNgesi ebe ndawule ukuba uyifunde?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Uyiqondile?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Ukuba &quot;hayi&quot; okanye &quot;ewe&quot; nceda casisa.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Uyiifundile incwadana yesiXhosa ebe ndawule ukuba uyifunde?</td>
<td>□</td>
</tr>
<tr>
<td>5.</td>
<td>Uyiqondile?</td>
<td>□</td>
</tr>
<tr>
<td>6.</td>
<td>Ukuba &quot;hayi&quot; okanye &quot;ewe&quot; nceda casisa.</td>
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</table>

7. Yciphile icwadana eqondekayo?

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>IsiNgesi</td>
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<tr>
<td>Ngoba?</td>
<td></td>
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<tr>
<td>Ngoba?</td>
<td></td>
</tr>
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Ndimuntu kahle ngekhulume kwesimo lwem
8. Ingaba luhona uguqulo kule ncwadana oqondayo ukuba aluhambélaní nenkcubeko yamaXhosa?

Ewe   Hayi


Hayi

10. Unayo enye ingcadso?

Hayi
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Evaluation Questionnaire on original Xhosa translation

IFOMU YEMIBUZO NGOGUQULO LWENCWADANA NGESIFO SESWEKILE.

Uyacelwa ukuba ugwaliise le fomu yemibuzo ingezantsi. Le fomu yemibuzo yeyokuvavanya ukuba umphandl uuthobele na inkubeko yamaXhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulela esiXhoseni.

Isini:..................................................

Iminyaka:..................................................

Ulwimi lwasekhaya: 1siXhose

<table>
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<td></td>
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</tbody>
</table>

1. Uyifundile incwadana yesiNgesi ebe ndikucele skuba uyifunde?  [X]

2. Uyiqondile?

3. Ukuba "hayi" okanye "ewe" nceda caco.  

4. Uyifundile incwadana yesiNgesi ebe ndikucele ukuba uyifunde?  [ ]

5. Uyiqondile?

6. Ukuba "hayi" okanye "ewe" nceda caco:

7. Yeyiphc icwadana ezondekayo?

<table>
<thead>
<tr>
<th>IsiNgesi</th>
<th>Ngoba?</th>
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<td></td>
</tr>
</tbody>
</table>
8. Ingaba lukhona uguqulo kule ncwadana oqondayo ukuba aluhambelani nen’khukho?
   Ewe  Hayi
   □    ☒


   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

10. Unayo enye lngaciso?

   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

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Evaluation Questionnaire on original Xhosa translation

IFOMUYEMIBUZO NGOGUQULO LWENGWADANA NGESIFO SESWEKILE

Uyacelwa ukuba ugcwalise le formu yemibuzo ingezantsi. Le formu yemibuzo ye yokuvavanya ukuba umphandi uyiithobele na inkubeko yemakhosa xa ebe guqula incwadana ngesifo seswekile eyiguqulele esixhoseni.

Tsini: .................................................................
Iminyaka: ............................................................
Ulwimi lwasekhaya: ......................................................

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<td>x</td>
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<td>4. Uyifundile incwadana yeshoba ebe ndikusele ukuba uyifunde?</td>
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<tr>
<td>7. Yeyiphi icwadana eqondekayo?</td>
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<td></td>
</tr>
</tbody>
</table>

IsiNgesi:   Ngoba? ..............................................
IsiXhosa: x Ngoba? ..............................................
8. Ingaba lukuqona ukuq 문제가 누가 해결할 수 있습니까? (Ewe: Hayi)


10. Unayo enye ingcetiso?