

**THE READER-CENTREDNESS OF TRANSLATED HIV/AIDS TEXTS
INTO ISIXHOSA**

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DECLARATION:

I, the undersigned, hereby declare that the work contained in this thesis is my own original work and has not previously in its entirety or in part been submitted at any university for a degree.

Signature:

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ABSTRACT

HIV/AIDS is a disease that affects millions of people in South Africa. Various strategies have been implemented to try and curb this epidemic. One of the strategies used is the dissemination of information pertaining to the prevention of contracting HIV/AIDS. One of the measures of disseminating such information is through pamphlets and brochures in all eleven official languages of South Africa.

This research endeavours to establish whether translated HIV/AIDS brochures are communicative towards its target readers or not. The aim of producing these brochures is to educate people about ways to prevent the spread of HIV/AIDS. On investigating translated Xhosa HIV/AIDS brochures, the researcher established that some brochures are poorly translated and fail to accomplish their purpose. Various factors contribute to the non-communicativeness of these brochures towards their intended target readers. The microstructure as well as the macrostructure of the texts tend to be problematic as far as understanding and reader-friendliness are concerned. In the end the people for whom these texts are intended do not understand the information they so desperately need.

The skopos theory has been recommended by functionalist scholars as an appropriate translation approach, as it considers the culture of the target readers as well as the intention of the text. It is also concerned with whether target readers actually understand the target text. Therefore the skopos theory is promoted in this thesis for the translation of informative and instructive medical brochures and pamphlets, especially those translated into Xhosa.

OPSOMMING

MIV/VIGS is 'n toestand wat miljoene mense in Suid-Afrika affekteer. Verskeie strategieë is reeds geïmplementeer om hierdie epidemie te probeer beheer. Een hiervan is die verspreiding van inligting met betrekking tot die voorkoming van MIV/VIGS. Inligting oor die voorkoms en beheer van MIV/VIGs word, onder andere, versprei deur middel van pamflette en brosjures in al elf amptelike tale van Suid-Afrika.

Hierdie navorsing probeer vasstel of vertaalde MIV/VIGS brosjures effektief met hul teikenlesers kommunikeer. Die doel van hierdie brosjures is om mense op te voed oor maniere om die verspreiding van MIV/VIGS te bekamp. Deur 'n studie te maak van vertaalde Xhosa MIV/VIGS brosjures, het die navorser die slotsom bereik dat sommige brosjures baie swak vertaal word en daarom nie hul doel bereik nie. Verskeie faktore dra by tot die gebrekkige kommunikasie tussen vertalers van hierdie brosjures en hul teikenlesers. Die mikro- sowel as die makrostruktuur van die tekste skep probleme met betrekking tot begrip en lesersvriendelikheid. Uiteindelik kry die persone wat die inligting desperaat benodig, nie toegang daartoe nie.

Die skoposteorie word as die aangewese benadering aanbeveel deur kenners van die funksionalistiese vertaalteorie, aangesien dit die kultuur van die teikenlesers sowel as die doel van die teks in ag neem. Hierdie benadering het ook ten doel dat die teikenlesers werklik die teks sal begryp. Die skoposteorie word dus in hierdie tesis voorgehou as die geskikte benadering vir die vertaling van informatiewe en instruktiewe mediese brosjures en pamflette, veral in Xhosa.

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1. INTRODUCTION

1.1 Background

AIDS has spread enormously since the 1980s, when it began to be widely recognised in South Africa. It infects mostly the youth between 15 and 30 years old, but that does not mean that those who are over 30 years old are not infected. Babies and children under 15 years old are also infected with AIDS. Babies may be infected by their mothers whilst still in the mother's womb or by sucking from mothers who are HIV/AIDS positive. Young children may be infected through being raped by men who are HIV/AIDS positive and who believe that by having sex with a virgin they will be cured. Many children are also affected by this plague through being orphaned.

The number of people dying from AIDS is increasing rapidly. The reason for the increase may be a lack of information about HIV/AIDS. The country's economy is also affected because the projected workforce is being significantly decreased. In rural areas it has been noticed that even middle-aged people are seriously affected by this disease. It is mostly women whose husbands work in cities who are infected. Eventually both these women and their husbands die, leaving behind AIDS orphans. KwaZulu-Natal has been identified as the most affected province in South Africa, and it is mostly in the rural areas of the province that this plague is prevalent.

This study will investigate means of making information about HIV/AIDS accessible to people, particularly semi-literate people, who constitute the majority of the population of the country.

1.2 Aim

The main aim for embarking on this research is to ensure that people who are HIV/AIDS positive as well as those who are negative, particularly members of semi-literate

communities, get sufficient information about the disease. All people should be informed about what to do in order not to be infected by the disease, what the recognisable symptoms of the disease are, what to do if they find out that they have been infected and how relatives as well as the public should treat people living with AIDS. This aim will be pursued by investigating whether brochures on AIDS that have been translated into Xhosa are reader-centred or not. Brochures found not to be reader-centred will be retranslated.

Some isiXhosa translations are of poor quality and as a result they do not communicate effectively with the reader. It is the intention of the researcher to rectify that.

1.3 Hypothesis

It is the opinion of the researcher that most people, particularly semi-literate ones, do not have access to information about AIDS, as most brochures on AIDS are written in English. Some have been translated into isiXhosa, but in most cases they do not communicate with the readers because of poor translation, which makes it impossible to read and/or understand their contents. It is this problem that has prompted this study.

1.4 Problem statement

It has been noted that some translated isiXhosa AIDS texts are not reader-centred and do not communicate sufficiently with the target reader. The texts are not reader-friendly either, because of textual aspects such as layout, the level of the written text, illustrations, poor translations and the form in which the text is presented.

1.5 Methodology

This study will be pursued by collecting both informative and instructive text genres on AIDS (like brochures, pamphlets and leaflets) that have been written in English and

translated into isiXhosa. These will be evaluated and investigated to determine whether they are reader-oriented or not.

The study will make use of the following procedures: literature research as well as empirical research which includes attending facilities and observing the conditions there, conducting interviews and distributing questionnaires. The main objective of using these procedures is to gather a wide range of information regarding the reader-centredness of translated isiXhosa AIDS brochures.

The empirical study will be conducted by visiting centres for AIDS patients and finding out whether there are enough AIDS-related brochures (both English and translated isiXhosa texts) to fulfil their requirements. A critical analysis of the translated texts will be done, examining both the microstructure and the macrostructure. The main focus of the investigation will centre on whether the translated isiXhosa texts communicate with patients or not: that is, whether patients understand the texts or not.

Preliminary testing will take place by giving the target readers existing translations to test their comprehension thereof. These texts will be retranslated and given to the same people to find out whether they understand the retranslated texts better than the original ones.

It is a fact that amaXhosa need translations of texts that deal with AIDS-related issues. The majority of amaXhosa have little education. Their English language competence is inadequate. They need translations into isiXhosa in order to have access to information. Most importantly, people are able to understand and to express themselves fully only in their own language. Ideally, these translations will not be used only by semi-literate people; even those who are fully literate should find them useful.

Guidelines on how to translate brochures will be compiled. The intention is therefore to investigate the functionality, instructionality and informativity of texts.

Interviews with AIDS patients and the general public will be conducted. The purpose of such interviews is to get as much information regarding translated isiXhosa AIDS texts as possible, to determine whether they are reader-oriented or not.

Literature research will be another important source of information. Theories and approaches to translation studies will be covered, as well as published research on AIDS-related issues.

Questionnaires will be useful for gathering information from HIV/AIDS positive people as well as from people who are HIV/AIDS negative, to investigate whether they have access to information regarding AIDS and whether they understand the available information.

1.6 Outline of chapters

The study consists of five chapters.

Chapter 1 is an introductory chapter, where the background of the AIDS disease is surveyed and relevant information about the effects of the disease is highlighted. The aim of embarking on this research is also stated. The problem is spelt out, as this is crucial before suggestions on how to handle the AIDS epidemic can be made. The hypothesis is stated and the problem statement is formulated. The methodology that will be used to pursue the study is identified. The research procedures that have been followed in the course of the study are described.

Chapter 2 investigates the different theoretical approaches towards the translation of AIDS brochures by looking at definitions of relevant terminology as formulated by different translation scholars as well as assumptions arising from these definitions. Relevant theories are highlighted. This chapter consists mainly of a literature review to supply the necessary theoretical basis for the study.

Chapter 3 contains critical analyses of the translated texts. The term “translation” is reviewed as the basis for the arguments during the analysis of translated HIV/AIDS texts. The term “translation” is investigated in terms of its use in definitions and assumptions. This chapter highlights problems of translation as recognised by translation theorists.

In Chapter 4 the actual empirical study is described, and the views of this researcher and those of translation theorists on planning the translation process are expressed. The emphasis of the researcher is on the skopos theory and on source-text (ST) analysis and translation strategy. In this chapter remedies for different translation problems are also suggested.

Chapter 5 is the concluding chapter, highlighting some important points about the researcher’s arguments concerning the reader-centredness of translated isiXhosa AIDS texts. Suggestions on how to turn translated AIDS texts into reader-centred isiXhosa texts are made.

2. LITERATURE REVIEW

2.1 What is translation?

Before translation approaches are investigated, it would be proper to look at what the translation process is about, as suggested by different translation scholars.

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 the SLT there exists a relationship, which can be designated as a translational or equivalence relation. What Koller is saying is that the original text is translated into a target text (TT), and the original language is transposed into the target language (TL). If, for example, a brochure on HIV/AIDS is written in English and then translated into isiXhosa, the isiXhosa text is a translation. Because of the act of translation, there exists a relationship between the SLT and the TLT, which is equivalent in the sense that the TLT has to have equivalent meaning as the SLT, no matter what pragmatic changes have occurred in the contents of the text.

Koller (1995:197) further states that translations are characterised 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. This statement supports the fact that the TT is linked to the ST, because if there were no ST, there would be no TT. Secondly these two texts have to abide by the communicative conditions of the target readers. For example, in the case of HIV/AIDS brochures, the translated version, which is in most cases in the Xhosa language, should take cognisance 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; therefore this should be considered as the yardstick during the translation process.

Hatim and Mason (1997:1) claim 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/hearers). Literally this is true, as translation relays a message from one language and culture to another language and culture. This means that when translating HIV/AIDS brochures, one should take cognisance of the culture of TTR. It is quite obvious that language and culture are inseparable entities.

According to Heylen (1987:1) translation is a crucial human activity of a profoundly transformative nature. Heylen further 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 seems to be the solution. Many HIV/AIDS brochures are written in English, and an attempt has been made to translate these into other languages found in South Africa in order to access information to all language groups. Moreover, the South African language policy caters for 11 official languages, and without translation the objective of this language policy will not be achieved.

Chesterman (1989) 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. These two groups will be able to understand each other better through translation.

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 he/she is translating. The first and foremost goal of any communicative activity is to convey a message. The message is always intended to fulfil a particular function, and the skopos theory supports this view.

Nord (1997:24) claims 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. The translator therefore compares these two cultures and introduces the translated text to target culture (TC).

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 form of action, whereby someone provides information on a 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 take this into consideration.

Nida and Taber (1969:12) say translating consists 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. For example, the abbreviation HIV cannot be literally rendered into isiXhosa as *iHIV*: that will cause confusion, particularly among the many uneducated black South Africans. It would be better to say *Intsholongwane kaGawulayo* (AIDS virus) so that people may understand. As far as meaning is concerned, Nida and Taber (1969:13) proclaim that it must be given priority when translating, for it is the content of the message which is of prime importance for translating. They further claim that, though style is secondary to content, it is nevertheless important.

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

2.2 Translation theories and approaches

Selected theories of translation and approaches proposed by various translation theorists will now be investigated, to see whether they have any significance to HIV/AIDS brochures translated into isiXhosa.

Kussmaul (1995) gives the background to certain issues regarding the training of translators that have caused concern among professional translators. The main concern of these experts has been how to teach translation effectively. They felt that they needed methods for training translators and that these methods should be concerned with the actual process of translation.

Because of the concerns of these experts, a round table discussion was held in at the Department of Applied Linguistics of the University of Mainz in Germany. The subject of the meeting was the state of the market for professional translators. Among the issues raised were the nature and range of qualifications that translators need in order to cope with the task awaiting them. The participants, all of them professional translators, agreed that translators should be well informed about special fields such as car manufacturing, computer technology and law and that they should be experts in the associated terminology. Thus, when they encounter a translation dealing with these special fields, they will know what to do.

For the translation of HIV/AIDS brochures, it is also recommended that translators should have regular contact with Department of Health personnel who are well informed about the disease and conversant with health-related terminology.

At this meeting it was also agreed that translators should have near native-speaker competence in two or three foreign languages. In practice this means that one needs to be bilingual or multilingual in order to be able to translate or interpret.

One of the participants apparently maintained that a knowledge of linguistics and translation theory was in fact completely useless and would not help translators at all in their everyday work. Kussmaul (1995) points out that the participant failed to understand the distinction between what he terms factual knowledge and procedural knowledge. He defines factual knowledge as knowledge of special fields, special terminology and foreign languages. He confirms that factual knowledge is undoubtedly an essential requirement for translators, but adds that it is not enough. He says translators must know how to translate. Translation is not just an exchange of words and structure, but also a communicative process that takes into consideration the reader of the translation within a particular situation, within a specific culture.

When it comes to the translation of HIV/AIDS brochures into isiXhosa, the translator should bear in mind the communicative conditions of Xhosa people. If this is not done, HIV/AIDS brochures will not achieve their intended objectives and that would be detrimental to the South African society at large.

Kussmaul (1995:2) highlights the fact that translation studies are not concerned with matters of language alone, but represent an interdisciplinary field. He insists that one must look outside the confines of language in translator and interpreter training. He claims that for the actual investigation of the translation process one cannot restrict oneself to linguistics alone, as the investigation of comprehension and production processes also involves psychological and possibly neuro-physiological knowledge and methods.

He also maintains that translating literary texts involves literary studies, and investigating creativity in translation involves the findings of creativity research. This shows beyond a doubt that Kussmaul is of the opinion that procedural knowledge is vital for all

translators, irrespective of how much knowledge they have of foreign languages and how well informed they are about special fields. This notion does not seem to have been taken seriously by the translators of HIV/AIDS brochures in South Africa, which have generally been poorly translated.

Kussmaul (1995) maintains that professional translators should know what they are doing and be able to talk about it with those who commission translations and with those whose translations they have to supervise or revise. His feeling is that this is the rational approach, which distinguishes the expert from the non-expert.

The researcher shares Kussmaul's sentiments. In the case of certain HIV/AIDS brochures, it is obvious that non-experts did the translations. This opinion is justified by the poor quality of the translations. Kussmaul's arguments have motivated the researcher to investigate different translation approaches, as Kussmaul was also of the opinion that, aside from having knowledge of foreign languages and of special fields (such as health in the case of HIV/AIDS brochures), translators have to be guided by translation methods.

2.2.1 *Linguistic theory/approach*

Adherents to a linguistic approach regard a translation as a replica of the ST. They believe that the translator has to produce a document exactly similar to the original. Proponents of this approach understand translation to be a linguistic phenomenon. In the past translation was chiefly influenced by linguists; as a result it was perceived as a linguistic discipline. A change of language was considered to be the determining characteristic feature of translation; therefore the aim of translation studies was to give a precise description of the systematic relations between signs and combinations of signs in the two languages concerned. Differences between the respective languages were attributed to the differences between the two language systems; therefore translation problems were identified and explained from a linguistic perspective.

Reproduction of the SLT, invariance of the message, faithfulness and equivalence were regarded as key concepts of the linguistic approach. The relationship between SL and TL was defined as one of equivalence.

Equivalence has been the most controversial term in translation studies. Linguistic theorists argue that equivalence means identity of meaning, which a translation can never achieve. Linguistic approaches to translation are concerned with transferring meaning, and use the relation of equivalence to set translation apart from other forms of interlingual communication.

Newmark (1991:11) argues that a good translation is expected to be as literally accurate as possible. Furthermore, he maintains that the production of accurate translations can be facilitated by a description and application of the systematic correspondence between SL and TL. Nida and Taber (1969:12). Catford (1965:21) shares the same sentiments as Nida and Taber. Wills (1977:626) stress the fact that one needs to keep as closely as possible to the ST if one wants to translate effectively. Nida (1964) expatiated the above suggestion by saying that the TT should have the same effect on its audience as the ST had on its audience. In the case of the TT being a brochure on HIV/AIDS, the researcher shares Nida's sentiments.

Nida is keenly interested in cultural as well as linguistic differences. He, too, regards the study of translation as belonging to the domain of linguistics. He differentiates between formal equivalence and dynamic equivalence. Formal equivalence means that the message in the receptor language should match as closely as possible the different elements of the SL. In contrast, dynamic equivalence aims at complete naturalness of expression and tries to relate the receptors to modes of behaviour relevant within the context of their own culture (Nida, 1964:159). For Bible translation, dynamic equivalence is advocated. Nida's approach is sociolinguistic in nature, as it emphasises dynamic equivalence, receptor response and cross-cultural communication.

Shifts of focus, which have a direct impact on the study of translation, are text-linguistics or discourse analysis pragmatics.

2.2.2 *Text-linguistic theory/approach*

In the 1960s and 1970s the linguistic approach to translation studies concentrated on systematic relations between units of the language system and ignored aspects of their contextual use. Scholars pointed out that it is not words or grammatical forms that are translated, but texts with a specific communicative function. However, the limitations of a linguistic approach became obvious. In the 1970s insights and approaches of text-linguistics, a new discipline in the area of linguistics, were introduced to translation studies. Translation was regarded as a semantic and pragmatic reconstruction of the ST by a top-down approach. Text-linguists believed that the whole text was the first point of concentration for the translator, followed by the paragraph, the sentence and lastly the word. Text-linguists located equivalence at a textual, communicative and functional level. They regarded the unit of translation as the entire text. They stressed that only texts could be translated, not words.

Text-linguistics led to the realisation that translation is not a matter of matching abstract language systems or isolated sentences occurring in a vacuum. It also led to the realisation that different cultures have different ways of organising and structuring texts. This is true when considering that the structure and organisation of HIV/AIDS brochures written in English may not be the same as translated Xhosa HIV/AIDS brochures because of language differences. The two languages have different textual competencies and conventions and hence different expectations regarding well-formed texts.

Neubert (1985) stressed the need to go beyond the sentence and to consider macrostructural patterns in texts. He followed Nida in the pursuit of functional equivalence.

Texts were no longer regarded as independent linguistic utterances, but rather as part of the socioculture to which they belonged. The focus was on the language use of the target reader. Text-linguists defined the text as the basic unit of communication. They considered the text as the unit of translation. Translation was no longer defined as transcoding linguistic signs, but as retextualising the SLT. The focus changed from reproducing meaning to reproducing texts, as illustrated in Neubert's definition of translation as "source-text induced target text production" (Neubert, 1985:18). The assumption is that SL and TL texts not only differ in their sentence structures, which are determined by the respective linguistic systems, but also in regularities beyond the sentence boundaries. This is true when considering that HIV/AIDS brochures may be produced for different cultural groups with their own cultural phenomena.

The syntactic, semantic and pragmatic dimensions of texts were studied in their interrelationships. Attention was devoted to the fact that translators are always dealing with a text in a situation and in a culture, where they are meant to fulfil a specific function. In the case of HIV/AIDS brochures the situation may be the same and the function may also be the same, but the linguistic structures of the different texts (SLT and TLT) will definitely not be the same. This means that, owing to linguistic and cultural differences between languages, translations will always fall short of the ideal of linguistic equivalence. However, functional equivalence can be attained. It is nevertheless inevitable that a certain amount of subjectivity and reformulation is involved in translating.

The realisation that translations are never produced in a vacuum, resulted in a shift away from a normative and prescriptive approach towards a functional approach or a descriptive approach to the study of translation.

Text-linguistic research attempts to categorise texts into text types, genres and text classes. Text type provides a category for a more abstract theoretical classification of texts, for example brochures, letters and advertisements. Text genre is a label used for an empirical classification of texts, as they exist in human society, e.g. HIV/AIDS

brochures. Genres are characterised as global linguistic patterns, which have developed historically in a linguistic community to fulfil specific communicative tasks in specific situations.

Brochures on HIV/AIDS are developed to educate and inform people about the disease. The aim is that people should avoid being infected and that they should recognise the symptoms and know how to treat those infected with the disease. Genre conventions are culture-specific and can change over time, which makes genres relevant for translation studies. This is significant when one considers that in time to come the cure for HIV/AIDS will be found. The present texts on the disease will change when that time comes.

One of the first translation scholars to point out the importance of a categorisation of texts for translation purposes was Reiss (1971). The aim of her translation-oriented text typology was to devise strictly objective criteria for assessing the quality of translations. Accordingly, each category had its own objective assessment criteria. She identified three corresponding dimensions of language, based on Bühler's three functions of language: description, expression and appeal. Reiss's dimensions of language were logical, aesthetic and dialogical, and the corresponding text types were informative, expressive and appellative. These three text types were linked to translation methods.

According to Reiss, for the informative text (examples of which are the report or textbook) the aim is invariance of content, and the translation is successful when the information has been transmitted in full. Though there may be reports about HIV/AIDS, there are no textbooks per se. The subject of HIV/AIDS may, however, be included in a textbook.

In the case of the expressive text (e.g. a novel, a poem), the aim is an analogy of the artistic form, and the translation method is called identifying. Information about HIV/AIDS may surface in a novel or poem in an artistic manner, but brochures are totally different in that they belong to a text type of their own.

For the appellative or operative text type (e.g. advertising, propaganda leaflets), the aim is identity of the behavioural reactions, and the translation method is adaptation. HIV/AIDS brochures may belong to this text type. Drugs for treating HIV/AIDS may be advertised, although at the moment such drugs have not yet been legitimised in South Africa. Only the drug AZT is available in certain hospitals and provinces, but this drug has not been advertised anywhere in South Africa. HIV/AIDS leaflets could be categorised as propaganda leaflets because information about the disease is imparted.

Neubert (1985:75) claims that more recently text-linguistic approaches to translation have been concerned with setting up prototypes of genres, or genre profiles, based on a systematic comparison and description of genres in SL and TL. In this context the notion of “parallel texts” has been introduced. Such texts are defined as “L2 and L1 texts of equal informativity, which have been produced in more or less identical communication situations”. They are useful in assessing how identical communicative functions are expressed in specific genres of SL and TL. HIV/AIDS brochures written in English and translated Xhosa HIV/AIDS brochures could be regarded as “parallel texts” because the type of information and type of communicative situation may be identical.

Hatim and Mason (1990, 1997) claim that genre profiles are meant to provide some orientation for the production and reception of texts and thus for translators. They further claim that it can also serve as models for the retextualisation of the SLT according to TL conventions. This process is crucial when translating HIV/AIDS brochures, as target groups may differ according to language and culture. This means that knowledge of cross-cultural similarities and/or differences regarding genres and genre conventions is crucial to the translator in order to produce appropriate TL texts.

Wills (1996:21) points out that, while genre profiles are useful for translation practice and translator training, they are also limited. He goes on to say that not all genres are highly conventionalised and therefore readily predictable as to their structure. On the other hand, a large number of texts contain both constant and variable elements, which text-linguistic

translation scholars must be aware of in their attempt to discover text-type-specific translation regularities. Wills's proposition may be true where brochures are concerned, as brochures are highly conventional and their structure is readily predictable.

Certain scholars, particularly German scholars, continued to develop the point stressed by text-linguistic approaches that translators always deal with a text in a situation and in a culture, with the specific focus on the purpose of the text. These have become known as functionalist approaches.

2.2.3 *Functionalist theory/approach*

The main argument of functionalists is that texts are produced and received with a specific purpose or function in mind. Therefore the starting point for any translation is not the linguistic surface structure of the ST, but the purpose of the TT. The translator should look at the needs of the audience by investigating the aims and function of the TT.

Scholars working in this domain prefer to speak of ST and TT instead of SL and TL, as linguists do. What they want to demonstrate is that translation is not only a linguistic activity. They adopt a prospective view of translation. Their focus is not on reproducing the ST as is, but on modifying it according to the needs, purpose or function required by the target reader. That is how translators of HIV/AIDS brochures should approach their task for the message to be conveyed without any difficulty.

Vermeer and Nord illustrate the change from the retrospective view of linguistic approaches to the prospective view of translation. Vermeer (1996:6) states that he understands translating roughly to be a procedure initiated by a commission consisting of a set of (verbal and non-verbal) instructions (plus additional material) to prepare an (oral or written) TT for transcultural interacting on the basis of ST material. What Vermeer highlights is that translation is a communicative act; therefore the focus should not only be on linguistic structure but also on sociocultural phenomena. This means that the translator is exposed to two cultures simultaneously. Thus he is faced with the task of

adapting one culture to another, if necessary. The function or skopos of the ST and that of the TT may be either identical or different. In most cases, brochures on HIV/AIDS written in different languages have the same function.

Functionalists argue that the first step in each translating activity is the analysis of the translation assignment. This has to be followed by a translation-oriented analysis of the ST. The brief, initiator, client and functional appropriateness demonstrate clearly the different orientations. According to Nord (1991:6), the brief is the set of translating instructions given by the client, who may be an initiator, when ordering the translation. The skopos is contained in the translation brief. Unfortunately, in most cases the translation brief is not taken seriously in South Africa. The translator is simply ordered to translate and to submit the translation by a due date. This is communicated verbally. It would be more professional if the brief were formalised in writing and signed by both parties to ensure professionalism in the field of translation.

Vermeer formulated his skopos theory in which function or aim is the key concept. He and Reiss (1984) claim that as a general rule it must be the intended function of the TT that determines translation methods and strategies and not the function of the ST. The researcher supports Vermeer and Reiss because the translation is intended for the readers of the translated text; therefore its function should be related to its readers. Vermeer dethroned the ST as norm, together with the concept of equivalence.

Linguistic theorists regard the ST as norm and regard a translation to be a translation only when it is equivalent to the ST. In contrast, Vermeer regards a translation as a translation when it functions as a text in the TC. This means that the function of the translation in the TC determines which aspects of the ST should be transferred during translation. The TT should fulfil its intended function in the TC. The brief may be explicit about the conditions of the translation, but the initiator actually decides on the translation skopos. .

In brief, functionalists argue that the translation process starts with the initiator who may be a client. The client will approach the translator with a brief and then the translator will

analyse the brief. Thereafter the translator will analyse the ST with the brief in mind and do the translation with the brief and ST features in mind. Some aspects of the ST will be kept and others disregarded. The TT may be the same, or may differ completely from the ST.

Nord (1997) adopts a pragmatic approach. She emphasises the fact that translation does not occur in a vacuum. There is always a reason why a translation should take place. The translator is usually stimulated to begin translating by the initiator. Nord also stresses the concept of loyalty in translation. According to her, the ultimate responsibility does not rest with the initiator, but with the translator, who is the only person able to judge whether the transfer process has taken place satisfactorily. In response to Nord's proposition, the researcher wants to appeal to the Department of Health in South Africa to ensure that translators of health-related texts like HIV/AIDS brochures are professionals who are committed to imparting the correct information to target readers who, in turn, will benefit from translated texts. If this had been done in the past, the effects of the HIV/AIDS epidemic could have been minimised.

According to Nord (1997) loyalty can be considered a moral category, which permits the integration of culture-specific conventions into the functionalist model of translation. The combination of functionality and loyalty means that the translator can aim at producing a functional text which conforms to the requirements of the initiator's brief and which will be accepted in the TC.

2.3 Comments on the three theories/approaches

Each of the three approaches that have been mentioned may result in the production of a translated text. The difference lies in the attitudes of the proponents of these approaches. As mentioned before, linguists stress that the TT should be equivalent to the ST in all spheres. In contrast, text-linguists claim that translations always fall short of ideal equivalence, but the functions of ST and TT could be equivalent. They further claim that it is impossible to produce a translated text that is the mirror image of its original.

Nonetheless, text-linguists do not ignore the source text. They see equivalence as a relation between texts. However, in listing potential equivalent relations between units in SL and TL, linguistic approaches cannot provide criteria for a translator's decision as to the most appropriate TL form.

Functionalist approaches dispute the fact that the ST should be the yardstick against which translators should judge their translations. Functionalists claim that it should be the intended function of the TT that determines translation methods and strategies, and not the function of the ST. This view is strongly supported by the researcher.

Reiss & Vermeer 1984:95ff reaffirmed their position regarding equivalence by dethroning both the ST as norm and the concept of equivalence. The difference between linguistic-oriented models of equivalence and Vermeer's functionalist model lies in the differing attitudes towards the ST. Linguistic theorists regard the ST as norm and regard a translation as a translation only when it is equivalent to the ST. Contrary, functionalists regard a translation as a translation when it functions as a text in the TC. The function of the translation in the TC determines which aspects of the ST should be transferred to the translated text. This is why functionalists disregard the ST as the norm in terms of which equivalence should be measured.

Nida (1964:159) argues that the TLT should have the same effect on its audience as the SLT had on its audience. Because he is aware of cultural barriers between languages, he differentiates between formal equivalence and dynamic equivalence. Formal equivalence means that the message in the receptor language should match as closely as possible the different elements in the SL. In contrast, a translation of dynamic equivalence aims at complete naturalness of expression, and tries to relate the receptors to modes of behaviour relevant within the context of their own culture.

Text-linguists devote more attention to the fact that translators are always dealing with a text in a situation and in a culture; therefore the texts have to fulfil a specific function. Functionalists like Vermeer share the sentiments of text-linguists, but their emphasis is

on the TC. They claim that a translation is information offered in a TL and its culture about information offered in a SL and its culture. Reiss and Vermeer (1984) are of the opinion that translation is transfer between cultures. The researcher supports that view, as the SC is different from the TC.

Linguists understood translation to be a linguistic phenomenon: a process of linguistic transcoding. Text-linguists no longer defined translation as transcoding linguistic signs, but as retextualising the SLT. The focus changed from reproducing meaning to producing texts, as illustrated in Neubert's definition of translation as: "source-text induced target-text production" (Neubert, 1985:18).

Functionalists were of the opinion that the starting point for any translation is not the linguistic surface structure of the ST, but the purpose of the TT. Translators of HIV/AIDS brochures should therefore ask themselves what the purpose of the translation is before they start translating. Scholars who adhere to this approach prefer to speak of SLT and TLT instead of SL versus TL, because they want to demonstrate that translation is not merely a linguistic activity. They adopt a prospective view of linguistic approaches, which focus on reproducing the ST.

According to the linguistic approach, a translation is perceived to be ideal if the TT is as faithful as possible to the ST. In contrast, the functionalist approach to translation views a translation as adequate if the translated text is appropriate for the communicative purpose defined in the translation brief.

Linguistic approaches are devoted to the ST. This implies that the author of the ST and the ST itself are regarded as the most important elements. This assumption is supported by the concept of equivalence proposed by linguists. They emphasise that the TT should be as equivalent as possible to the ST as far as words, ideas, readability and style are concerned. Text-linguists are also devoted to the source text in as much as they locate equivalence at a textual and communicative level and not at a sentential and lexical level. They regard the ST function as important.

Functionalists pay more attention to target text readers (TTRs). Reiss & Vermeer 1984:95 mention that a translation is a translation when it functions as a text in the TC. Nevertheless, the functionalist approach does not totally disregard the ST. For that matter, a translation comes into existence because of the ST. What functionalists do is to modify the ST either by omitting some parts or by paraphrasing others. According to them, the initiator or client is the reason for the production of the TT.

It is the opinion of the researcher that translation is a demanding exercise which should not be taken for granted if one strives to produce quality translation. Three major approaches to translation have been mentioned and their weaknesses and strengths have been emphasised. When translating, one should not be confined to one approach. It is advisable to look at the strengths of each approach and to try to consolidate those strengths in one's translation. The research has shown clearly that these approaches have certain similarities which should be taken into account when translating, while, at the same time, they have differences which may not be regarded as inappropriate in a translation.

What is interesting about translation on the whole is that it provides translators with a window on cultural identity and self-definition. It does so through the concept of norms. The norms of translation prescribe what is to be selected, how the material should be handled and how it is likely to be received.

2.4 The problematic nature of the term “equivalence” within translation theory

Equivalence is defined in the *Collins Dictionary of the English Language* (1991:526) as “the state of being equal or interchangeable in value, quantity, significance, etc., or having the same or a similar effect or meaning”. *Webster's Ninth New Collegiate Dictionary* (1991:421) defines the concept as “the state of being equal in force, amount or value or like in significance or import”.

In both definitions three main components are distinguished, namely a pair between which a relationship exists, a concept of likeness/sameness/similarity/equality, and a set of qualities. Thus equivalence is defined as a relationship existing between two or more entities, and the relationship is described as one of likeness/sameness/similarity/equality in terms of any of a number of potential qualities. The issue of comparing two entities is unproblematic. The issue of comparability, however, is by no means straightforward. The primary question is the relevance of the various contenders for the units chosen to be compared. The units may range from units below word level to entire texts.

The idea of likeness/sameness/similarity/equality is also problematic. The problem of sameness for the purpose of translation has two specific aspects, namely its nature and its degree. The question of the nature of sameness is open to various interpretations. The question of the degree of sameness is also problematic. It is implied that sameness is a scalar concept, meaning that it entails comparison of two or more entities using a given quality as the standard. This means that if two or more entities can be compared, and if sameness can be defined as a presence of a specific quality, then for many qualities it may be shown that different entities possess those qualities in varying degrees.

Even for delimited linguistic units like words, sameness of meaning is a very difficult concept. Kussmaul (1995:85) concurs with this sentiment when he says the word “meaning” is closely related to the context in which the word occurs, to the user of the word and to his intentions in a specific situation within a specific culture. He even suggests that translation should not preserve the features of the meaning of a word. However, the question of degree is most often pertinent in situations involving a third alternative, which is always the case in translation, either in the process itself or in criticism.

The third component of the concept of equivalence is the quality in terms of which the sameness is defined. Entities that are being compared must be compared in terms of some specific trait. In short, it has been shown that any utilisation of a concept of equivalence touches on several philosophical problems, most notably the possibility of comparison,

specifying a definition of sameness, and enumerating relevant qualities. Regarding the concept of equivalence, the most problematic questions are: what entities are or can be equivalent; how alike/similar/equal are they; how do we define “alike/similar/equal”; and in what feature are they equivalent? In the case of brochures on HIV/AIDS translated into Xhosa, the concept of likeness is very difficult if the above arguments are taken into account. The very fact that the two texts are in different languages justifies the opinion that the concept of sameness is impossible.

Equivalence as a mathematical relation is defined as “reflexive, symmetrical and transitive” (*Collins Dictionary of the English Language*, 1991:526). For the purpose of interlingual translation, reflexiveness is obviously irrelevant. Many examples have proven that translation pairs are not symmetrical and the lack of transitivity is apparent in translation in several languages.

In the field of logic, the *Encyclopedia Britannica* (1975:937) defines equivalence as follows:

Equivalence, also called equivalence of proposition, in logics and mathematics, refers to the formation of a proposition from two others which are linked by the phrase ‘if’ and only ‘if’. The equivalence formed from two propositions ‘p’ and ‘q’ also may be defined by the statement ‘p’ is a necessary and sufficient condition for ‘q’.

In translation this form of equivalence is impossible and, moreover, the term equivalence is in itself problematic in translation.

Both these definitions limit the applicability of the concept to the description of linguistic entities because most of the relations that may be established between sets of translation pairs fail to fulfil the conditions set. Snell-Hornby (1988:106) suggests that the applicability of an equivalent concept in translation exists at the level of terminology and nomenclature. Thus even in this definition reservations are called for.

Texts in different languages may be equivalent to different degrees (fully or partial) in respect of different levels of presentation. They may, for instance, be equivalent in

respect of different contexts, semantics, and ranks, for example word-for-word, phrase-for-phrase and sentence-for-sentence. It is the opinion of this researcher that it is impossible to attain full equivalence in translation, as the ST and the TT use different languages. The context and semantics may be the same, but syntax and morphology will differ.

Catford (1965:26) prefers a more linguistic-based approach to translation. He proposes very broad types of translation in terms of three criteria: the extent of translation (full translation versus partial translation), the grammatical rank at which the translation equivalence (TE) is established (rank-bound translation versus unbounded translation) and the level of language involved in translation (total translation versus restricted translation).

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 equivalence at sentence, clause and other levels may additionally be found. Formal correspondence can exist between languages if relations between ranks have approximately the same configuration in both languages.

One of the problems with formal correspondence is that, despite it being a useful tool to employ in comparative linguistics, it seems that it is not really relevant in terms of assessing TE between ST and TT. For this reason Catford (1965) suggests another dimension of correspondence, namely textual equivalence, which occurs when any TLT or portion of text is observed on a particular occasion ... to be equivalent to a given SLT or portion of text (ibid.:27). He implements this by a process of commutation, whereby a competent bilingual informant or translator is consulted on the translation of various sentences in which ST items are changed in order to observe what changes, if any, occur in the TLT as a consequence (ibid.:28).

Catford was much criticised for his linguistic theory of translation. Snell-Hornby (1988:20) argues that Catford's definition of textual equivalence is "circular", his

theory's reliance on bilingual informants is hopelessly inadequate and his example sentences are isolated and even absurdly simplistic. She considers the concept of equivalence in translation as an illusion. She asserts that the translation process cannot simply be reduced to a linguistic exercise, as claimed by Catford. 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 that enables people to carry out a translation, since translating involves different cultures and different situations at the same time and they do not coincide from one language to another. The researcher agrees with Snell-Hornby's argument. As mentioned before, it is vital to explore the philosophy of life of target readers before starting to translate. This is also the case with health-related texts such as HIV/AIDS brochures.

The central problem of translation practice is that of defining TL translation equivalents; therefore a central task of translation theory is that of defining the nature and conditions of TE. The significance of the equivalence relation for the linguistic approach lies in its dual status as the object of study and as a standard for the delineation of translation from similar and related activities which also produce derivative texts, like paraphrases, adaptations and summaries.

Wills's (1982:14) equivalence framework describes lexical equivalence in terms of the correspondence between the two language units. This results in four types of equivalence, namely total equivalence (one-to-one correspondence), facultative equivalence (one-to-many), approximative equivalence (one-to-part-of-one), and null equivalence (one-to-nothing). Wills's TE is an empirical phenomenon which carries with it problems which presently can be solved, if at all, only for each individual translation text.

Most influential have been those scholars whose focus is on the qualities or characteristics which define the nature of equivalence. Nida's formal correspondence versus dynamic equivalence represents one account. 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 (Nida, 1964:159). Nida claims that formal correspondence consists of a TL item, which represents the closest equivalent of a SL word or phrase. However, he and Taber (1969) 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. Fawcett (1997) warns that the use of formal equivalents may at times have serious implications for the TT, since target audiences will not easily understand the translation. It is the opinion of this researcher that Fawcett is correct. This is evident in some HIV/AIDS brochures; as a result the meaning has become unclear.

Dynamic equivalence is defined 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 have the same impact on the TC audience as the original wording did on the SC audience. It is argued 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” (Nida & Taber, 1982:200). Some scholars make explicit the dual nature of the concept as a normative, theoretical one, as well as a descriptive, empirical one. Koller (1979) in his theoretical explication of the concept, states that equivalence implies a set of conditions to be met.

Vinay and Darbelnet (1995:13) cites Leornadi who claims that equivalence can be considered the central issue in translation although its definition, relevance and applicability within the field of translation theory have caused heated controversy, and many different theories of the concept of equivalence have been elaborated within this field in the past fifty years.

House (1977:49) is in favour of semantic and pragmatic equivalence and argues that ST and TT should match each other in function. According to her theory, every text is in itself placed within a particular situation, which has to be correctly identified and taken into account by the translator. She maintains that 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, she acknowledges that a translated text should not only match its ST in function, but also employ equivalent situational dimensional means to achieve that function.

House (1977:189) talks of overt and covert translation. In overt translation the TT audience is not addressed directly 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. She argues that in this type of translation the ST is not specifically addressed to a TC audience (*ibid.*:194).

Baker (1992:11-12) distinguishes between equivalence at word level and above word level when translating from one language to another. She 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 analysing the ST, he/she looks at the words as single units in order to find a directly equivalent term in the TL. Baker stresses the fact that a single word can sometimes be assigned different meanings in different languages and may be regarded as being a more complex unit or morpheme. This means that the translator, when considering a single word, should pay attention to a number of factors, such as number, gender and tense.

Baker (1992) also speaks about grammatical equivalence when referring to the diversity of grammatical categories across languages. She mentions that grammatical rules may vary across languages, and this may pose some problems in terms of finding direct correspondence in the TL. What she claims is 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 a lack of particular grammatical devices in the TL itself. Some grammatical devices that may cause problems are tense and aspects such as voice, person and gender.

According to Baker (1992) textual equivalence refers to the equivalence between a SLT and a TLT in terms of information and cohesion. She highlights the fact that 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. In this regard the decision of the translator will be guided by three main factors, namely the target audience, the purpose of the translation and the text type. This means that translated HIV/AIDS brochures should have relevance for the TC audience. In support of the above argument, the translator should consider the target audience, the purpose of the translation and the type of text.

Baker (1992) also mentions pragmatic equivalence which, according to her, refers to implicatures and strategies of process. This means that the translator needs to work out implied meanings in translation in order to get the ST message across. The translator needs to recreate the author's intention in another culture in a way that enables the TC reader to understand it clearly. This suggests that translated HIV/AIDS brochures need to be as clear as possible for target readers to understand them perfectly.

Scholars such as Vinay and Darbelnet (1995:342) view equivalence-oriented translation as a procedure which replicates the situation of the original, whilst using completely different wording. They also claim that if this procedure is applied during the translation process, the stylistic impact of the SLT can be maintained. They are therefore of the opinion that equivalence is the ideal method when translators have to deal with proverbs, idioms, clichés, nominal or adjectival phrases and the onomatopoeia of animal sounds. This researcher is in full agreement with these scholars. The intention of the ST author should never be ignored when translating. Even in the case of translated HIV/AIDS texts, it should be taken into cognisance. At the same time, however, the TT reader must be kept in mind.

Vinay and Darbelnet (1995:225) also claim that equivalent expressions between language pairs are acceptable as long as they are listed in a bilingual dictionary as full equivalents. They maintain that the need for creating equivalence arises from a situation, and it is in the situation of the SLT that translators have to look for a solution. They argue that even if the semantic equivalent of an expression in the SLT is quoted in a dictionary or glossary, it is still not enough, and it does not guarantee a successful translation.

To prove their theory, they provide a number of examples. The following expression appears in their list: “Take one”. “Xhosa equivalent of this expression is *Yity’apha!*”. This could also be equivalent to “Congratulations!” However, if the expression appears as a notice next to a basket of free samples in a large store, the translator would have to look for an equivalent term in a similar situation, and use the expression *Thatha ibe nye*. This proves that situation is a crucial feature of translation. In translating HIV/AIDS brochures the situation needs to be carefully considered as a prerequisite for a successful translation.

Jakobson (1959:234) introduces the notion of “equivalence in difference”. He suggests three kinds of translation, namely intralingual (within one language, i.e. rewording or paraphrase), interlingual (between two languages) and intersemiotic (between sign systems). He claims that in the case of intralingual translation, the translator makes use of synonyms in order to get the ST message across. According to his theory, translation involves two equivalent messages in two different codes. He goes on to say that from a grammatical point of view, languages may differ from one another to a greater or lesser extent, but this does not mean that a translation is not possible.

Jakobson (1959) 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. He goes on to say that, where there is no literal equivalent for a particular ST word or sentence, it is up to the translator to choose the most suitable way to render it in the TT. For example, in Xhosa there is no literal equivalent for the expression “to propose a toast” and the most suitable manner to render it in isiXhosa is to

say *Ukunika inkcazelo ngendibano*, which means “to give an explanation about the meeting”. This rendition is based on the situation in the SC.

Vinay and Darbelnet’s theory of translation procedures and Jakobson’s theory of translation seem to be similar. Both theories stress the fact that, whenever a linguistic approach to a translation is unsuitable, the translator should rely on other procedures such as loan translations, neologisms and the like. Both theories recognise the limitations of a linguistic theory and argue that a translation is never impossible since there are several methods from which the translator can choose. Jakobson (1959) conceives 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. This researcher fully agrees with Jakobson’s view.

Kussmaul (1995:2), on the other hand, is of the opinion that equivalence is impossible in translation. He says that translation studies are not concerned with matters of language alone but represent an interdisciplinary field. He suggests that one must look outside the confines of language. It is obvious that situations and contexts in the SC may differ from those in the TC. To prove his point he emphasises that the “meaning” of a word is closely related to the context in which the word occurs, and to the user of the word and his/her intentions in a specific situation within a specific culture. He also suggests that translators should not preserve the features of the meaning of a word. His suggestions are proof that he sees equivalence as an impossible feature in translation. He also points out that there are differences in the structures of two languages. This reinforces his view that equivalence is impossible when translating.

It is one of the basic ideas of the functionalist approach and also of skopos theory that the function of the ST, and of course also parts of the ST, should be changed depending on the wishes, expectations, needs and the like of the target readers. It is obvious that the wishes, expectations and needs of TTR will at times not be the same as those of the STR, as cultures of different groups are not the same. It is a fact that culture is the most comprehensive aspect when decisions are made by translators, and one is indeed justified

in saying that translation is a form of intercultural communication. There may well be similarities in different cultures as far as wishes, expectations, needs and the like are concerned. When considering the issue of HIV/AIDS, for instance, different cultures may have the same expectations and wishes regarding the disease. People of different cultures would all like this disease to be cured and not to be spread to those who have not yet been infected.

2.5 The relevance of the term “equivalence” within translation theory

As far as many scholars are concerned, the term “equivalence” has no function today. Kussmaul (1995) indicates that equivalence in translation studies is impossible. This researcher supports Kussmaul’s opinion, as languages differ in many spheres. Languages differ structurally, grammatically and syntactically. Moreover, texts are aimed at different target groups with different wishes, expectations and needs. This means, therefore, that the cultures of different groups are not the same.

Snell-Hornby (1990:79) supports this view and she encourages translation scholars to take a “cultural turn” when translating. She says that text-linguists have already made a move from the word as unit of translation to the text as unit. She and others urge translation scholars to move the focus from text to culture.

Bassnett and Lefevere (1990:4) claim that one thing that makes “this cultural turn” inevitable is time or history. They furthermore say translations made at different times tend to be made under different conditions and to turn out differently, because they are produced to satisfy different demands (1990:5). Translators of HIV/AIDS texts should translate so that their texts are functional for their readers. Thereby they will meet the demands of their target readers.

Lefevere (1992:11-12) claims that the study of translation has moved away from a formalist approach and turned instead to the larger issue of context, history and convention. The object of study has been redefined; what is studied is the text embedded

within its network of both source and target cultural signs, and in this way translation studies have been able both to utilise the linguistic approach and to move beyond it. Instead of debating the accuracy of a translation based on linguistic criteria, translators and translation scholars tend to consider the relative function of the text in each of its two contexts. This statement reaffirms the point that equivalence is not possible in translation, as there will always be cultural differences between ST and TT.

It has been said that it is impossible for a translation to reproduce the words of the SLT. This researcher agrees with the notion that a translation must reproduce the ideas of the SLT, but those ideas should be introduced in the context of the TL audience. In that way, what is equivalent is the idea or meaning. It is the opinion of this researcher that the term “faithfulness” of translation is relevant only when it refers to meaning.

It is hardly possible to produce a translation that reads like the original, because in the first place there are two different languages involved. It is a fact that English is different from isiXhosa. Different words are used for different languages. Secondly, punctuation is a contributing factor to readability, and punctuation marks may not be found in the same places in different languages. Moreover, in some cases intonation is determined by punctuation as well as by the way different cultural groups speak and, because of that, readability in different languages will obviously differ.

Some translation scholars suggest that a translation should retain the style of the SLT, and the researcher shares this sentiment. The aim of the translator should not be to change the meaning and style of the ST author. What the translator should do is to convey the meaning in an environment that is relevant to the target audience, and the same style as that of the ST should be presented in a similar context or environment. If the term “equivalence” were to be used at all, it is the opinion of this researcher that the meaning and style of the TT should be equivalent to that of the ST. The notion that a translation should mirror the style of the translator is unacceptable. Although the translator should definitely be creative, he/she should not lose the essence of the style of the ST author.

To say that a translator must never add or leave anything out from the ST, is not realistic; hence the researcher is of the opinion that the term “equivalence” does not have a function today. A translator has to modify the ST to suit the target audience. He/she has to consider the culture of the target audience and make some additions or omissions if necessary.

The researcher agrees with Wills (1982) when he claims that the relativity of translation norms offers an explanation for the fact that neither the translation theorist nor the translation practitioner has so far been able to find an objective, universally applicable answer to the rather complex problems of intertextual TE. To support this view, Vermeer (1978) says that TE cannot possibly be integrated in a general translation theory, but must be looked upon as part of specific translation theories which are at best text-type related or, even more restrictedly, single-text oriented.

The issue of equivalence in translation is most certainly a controversial one. That has been made clear by the arguments presented by different theorists. The issue of literal translation as proposed by linguists is a problem. This researcher does not see literal translation as being faithful and meaningful, as it can be considered unfaithful to the target audience for whom it is intended and at the same time meaningless. It should rather not have been done if it does not comply with the needs, wishes, inspirations and expectations of its audience.

The researcher concurs with proponents of functionalism, whose emphasis is on the culture of the target readers. A translation should be contextual in order to be able to meet the needs of the target readers. A translation is faithful if it is in accordance with the aims of the author of the ST, no matter whether the wording and grammar are equivalent to those of the ST. Surely the author of the ST wants to convey a particular message to the audience (source or target audience). As long as the message of the ST has been preserved, then the translation is of good quality.

It is obvious therefore that the science of translation has failed to develop clear-cut criteria for the measurability of TE and thus it has failed to explain the concept of TE. What has been said so far provides a glimpse of the difficulties confronting the science of translation in its attempts to develop an objective framework for TE. The practicality is rather limited if the science of translation moves away from theoretical issues and tries to solve concrete language-pair-related TE problems and comes forward with an objective analysis and assessment of a finished translation product.

Linguists saw equivalence as a determining factor in translation, which is not the case. Functionalists came up with a strong case when they insisted that social and cultural pressures are just as important, and that the purpose of the text is more than just transferring words from one language to another.

Some translation scholars seem to stand in the middle. They are those who claim that equivalence is used for the sake of convenience – because most translators are used to it, rather than because it has any theoretical status (Kenny, 1998:77).

The notion of equivalence is undoubtedly one of the most problematic and controversial areas in the field of translation theory. The term has caused, and it seems quite probable that it will continue to cause, heated debates. The difficulty in defining equivalence seems to result in the impossibility of having a universal approach to this notion.

The next chapter is an investigation of quality of translation in HIV/AIDS brochures. An analysis of these brochures will expose their relevance and/or irrelevance.

3. A TEXT-FOCUSED ANALYSIS OF TRANSLATED HIV/AIDS BROCHURES

3.1 Review of the term “translation”

In the previous chapter definitions of and assumptions about the term “translation” as perceived by different translation scholars were investigated. In this chapter the term will be reviewed, before translated isiXhosa HIV/AIDS brochures are evaluated. The main concern is whether these brochures communicate with the readers or not.

Transposition of ST to TT is one of the points mentioned in a definition of translation. During this process the translator should always remember to transpose the ST to the TT in a manner that effects good communication on the side of the receptor language. This transposition should not just be a matter of changing the words to those of the receptor language, but it should be complex in the sense that other factors that enhance effective communication should be noted: factors such as culture, situation, function and grammar.

It has been mentioned that translation is an act of communication. The translator communicates with the target audience when translating, just as the ST author did when he/she wrote the text. That is why it is imperative to consider all the factors that facilitate effective communication during the translation process. The translator deals with two cultures and he/she should always take cognisance of that, particularly when it comes to the receptor language.

It has been noted that translation is human activity of a transformative nature. The translator is involved in transforming the ST into the TT. This becomes necessary particularly in countries with various language groups, such as South Africa. It implies that the translator has to be multilingual or bilingual in order to be able to translate. At the same time multilingualism and bilingualism are not the only criteria for being a translator.

Kusssmaul (1995:2) points out that procedural knowledge is vital for any translator, irrespective of how much he/she knows about foreign languages and how well he/she is informed about special fields. This is something that is ignored in South Africa, resulting in many poorly translated texts.

The other factor that is important to any translator is creativity. Wills (1988:127) argues that creative translation has to do with unpredictable, non-institutionalised use of language. Alexieva (1990:5) concurs, but adds that creative translation has to do with the selection of a translation variant which is not rule governed. Kusssmaul (1995:39) claims that a creative product must be novel and must contain an element of surprise, it must be singular or at least unusual, but at the same time it must, fulfil certain needs and fit in with reality. This means that translation should fulfil the needs of its target audience and it should fit in with the reality of the receptor language.

Because of translation, two language groups begin to understand each other as their cultures are exposed to each other. However, in most cases this understanding remains restricted to translators, as most of the TTR are not exposed to the ST. Only the educated few get the opportunity to compare the two texts.

Translation is a goal-driven exercise. There is always a goal when a translation is embarked on. In most cases this goal is directed at the target audience. The goal may be to inform, to instruct or to persuade. It should be noted that any author has a goal when writing a text, and even more so the translator. The goals of translators range from commercial gain to assisting people.

In translation, someone provides information on a text (SL material) in the new situation of the receptor language group. This information on the ST is provided in totally different cultural and linguistic conditions, as the SC is different from the TC. In some instances the function of the ST may differ from the function of the TT, and in others the function of both texts may be the same, as in the case of texts or brochures on HIV/AIDS.

It has been mentioned that formal aspects of the ST must be preserved as closely as possible. This researcher is of the opinion that meaning and style constitute the formal aspects of the ST. There is no reason why the translator should deviate from the meaning and style of the ST unless the brief requires it. There may be some adjustments in the TT, but the meaning and style of the ST should never be underestimated. The content of the message is of prime importance.

In translation, signs of the SL are replaced by signs of the TL. Those signs include words, sentences, phrases and punctuation marks. In translated texts it is not necessary to follow the exact sentence, phrase and/or punctuation structures, nor is it necessary to keep punctuation marks in the same order as in the original. It is also unnecessary to have the same number of paragraphs or to keep the order of information the same. It depends which approach is used; but also the type of text involved.

The target reader of these brochures is usually a lay person belonging to a lower socio-economic level. Lay people often experience interpretation problems with medical texts because of jargon and other conventions of the genre. Feinauer (2003:213) claims that even language practitioners often report that they themselves are unable to “get a grip” on medical texts. It is even more so in the case of these intended target readers.

Feinauer (2003) is also of the opinion that in the process of designing and producing these TTs, communication should be regarded as the most important process, in which the communicators (translators) work systematically towards the best possible solution for particular communication problems. She mentions Fraser’s statement that translators should adopt a process wholly oriented to the needs of the particular community they know and serve, and the translation model which emerges from their efforts should be markedly sociocultural. This researcher supports Fraser’s view, as following this process will lead to a decrease in the development of technically sound texts that are totally ineffective in terms of communicative results for a particular audience in particular contexts of use.

3.2 A text-focused analysis of translated IsiXhosa HIV/AIDS brochures

In this section an evaluation of translated isiXhosa texts will be conducted. The view expressed in Chapter 2, that brochures should be communicative to the readers, i.e. that they should give readers information, is endorsed.

Brochures on HIV/AIDS developed for the Department of Health, those developed for the Planned Parenthood Association of South Africa (PPASA) and those produced by the Health Department of the City of Cape Town Administration will be analysed. These brochures will be referred to as Brochures A (Addendum C), B (Addendum E) and C (Addendum G) respectively. Translation problems as identified by translation scholars will be highlighted.

First the microstructure of the brochures will be investigated during an analysis of the texts; thereafter the macrostructure will be examined. The microstructure entails lexical items, grammar, orthography and semantics. The macrostructure entails the format and layout of the text as a whole, including illustrations, characters, font used in the text and information density. These components of the macrostructure assist in interpreting the text. The brochures have been retranslated and will be commented on in this chapter. (See Addenda D, F, H.)

Newmark (1991:11) states that a good translation is expected to be as literally accurate as possible. By this statement Newmark means that one should follow the linguistic approach when translating, which emphasises that, in order to be a good translation, a translation should be a replica of the ST.

Below is an extract from an HIV/AIDS brochure written in English and translated into isiXhosa. **Brochure A** was developed for the National Department of Health. It is evident that a linguistic or equivalence model of translation has been used during the translation

of the English version into isiXhosa. This is evident because of the types of errors that surface in the text.

A English version:

“AIDS is a disease that affects millions of South Africans. It is caused by a virus called HIV that slowly weakens a person’s ability to fight off other diseases.”

IsiXhosa version (original translation):

I-AIDS sisifo esichaphazela iimiliyoni zabantu baseMzantsi Afrika. Ibangelwa yintsholongwane (vayirasi) ebizwa ngokuba yiHIV, yona eqhubeka kancinane (ethe chu) ukuqoba amandla omntu okulwa nezinye izifo.

3.2.1 Microstructure

Microstructural concepts which have been mentioned in the previous page will be investigated.

Pym (1993:55) supports Newmark (1991) when he states that in the equivalence model the ST and its values are considered to be the only standard to which the translator has to subordinate any decision in the translation process. Nida (1964) seems to ignore the fact that the ST and the TT belong to different cultures. When translating, one should consider the culture of the target readers as well. Feinauer (2003:214) cites Fischbach (1986:16 and 21) who claims that:

The three factors, namely, the subject – human body and its functions, ubiquitous and widely accessible reference sources and lexical equivalence – contribute to minimize misunderstanding and maximize meaning in the transfer of medical communication from one language to another, and also a reasonably identical frame of reference, relatively ubiquitous and plentiful sources of documentation, and fairly extensive lexical equivalence help the medical translator remain that much more faithful to the original text.

If the ST sender and the TT receivers share sufficient knowledge regarding objects and phenomena of the medical world, this type of medical translation may succeed. The researcher is of the opinion that, if the translator is not from the medical world, he/she should interact with those in this field during the translation process in order to be able to relay the correct information, but in a manner decided by him/her. The purpose of the interaction is to gain or gather the exact information as it exists in the medical world.

According to Feinauer (2003:214), ST authors of these types of documents lose sight of their readers, in that one finds the same characteristics in documents meant for lay people that one will find in medical documents meant for medical practitioners or other health workers. Instead of empowering the readers to obtain the necessary information or instructions, these documents alienate them because of the jargon, high information density, long sentences and paragraphs, extensive use of nominalisations and passives, lack of cohesion and coherence, and lack of introductions and conclusions.

3.2.1.1 *Lexical choice*

In this section lexical elements that have been chosen by the translator will be investigated and compared, where applicable, with the researcher's own choice of words, and changes made where appropriate. Lexical choice refers to the use of loanwords, lexical orthography, abbreviations, isiZulu and isiXhosa words, politeness and translation equivalents.

3.2.1.1.1 Translation equivalents

In this section equivalents for some translated words which the researcher feels would be preferable to use will be investigated, as well as equivalents for some words that have not been translated although they may be translatable.

On the cover page of **Brochure C**, "HIV/AIDS", "II-STDs" and "TB" should have been translated as *Intsholongwane kagawulayo nogawulayo ngokwakhe, Izifo ezosulela*

ngokwabelana ngesondo and *Isifo sephepha* respectively. It is not clear why the translator did not translate these words, as they have isiXhosa equivalents which are of Xhosa origin. If there had been no terminology for these words, he/she could have created new terms by using the process of borrowing. This is where creativity features. Many translation scholars have expressed the view that translators should be creative in order to enhance the quality of their translations. Kussmaul (1995:39) supports this argument by stating that creative processes are closely linked with successful processes.

The example above may be seen as a pragmatic translation problem. Nord (1997:59) claims that every ST can be translated into any language for various purposes and in each case the translator is confronted with two communicative situations (ST situation and TT situation). She further states that the contrast between these situations gives rise to pragmatic translation problems, even in those cases where the individual factors do not differ. The translated words above may be considered culture-bound terms, and Nord (1997) maintains that culture-bound terms always pose pragmatic translation problems.

Although the terms mentioned above are new in the isiXhosa lexicon, they are frequently used and are culture-specific in the sense that they more or less predict the expected ways of behaviour, and therefore the nature of the terms, particularly *ugawulayo*, is reprimanding in a way. The people who own the culture will easily recognise that. The noun *ugawulayo*, for instance, literally means “that which chops down”. The reason why amaXhosa have opted to use the noun *ugawulayo* for AIDS is that the disease is incurable, it eventually leads to death and many die. For people to guard against being infected with the virus, it was deemed necessary not to beat about the bush as far as the consequences of being infected with HIV/AIDS are concerned.

People generally understand the term “AIDS”. The term is widely used for someone who is HIV positive. The term *ugawulayo* is unique and pertinent to the language. Moreover, the guidelines for abbreviation in the isiXhosa language have not yet been established.

Brochure C exhibits an example of medical terminology (p1, par one), namely “HIV/AIDS”. The heading was changed and an attempt was made to avoid and to translate the medical jargon: (Note that **C1**, **C2**, **C3** etc. refer to example numbers from brochureC.)

C1 Original translation:

AMANQAKU ABALULEKILEYO MALUNGA NE-HIV/AIDS.

Retranslation:

*AMANQAKU ABALULEKILEYO MALUNGA NENTSHOLONGWANE
KAGAWULAYO NOGAWULAYO BUQU.*

C2 (1st bullet, p 1, part 1) Original translation:

Andinakunyangwa iHIV/AIDS.

Retranslation:

Intsholongwane kagawulayo nogawulayo buqu azinyangeki.

The researcher felt that in **C2** the original translation was not as clear as the retranslation. It was also considered appropriate to indicate that HIV/AIDS is incurable. If one is infected with HIV/AIDS, one cannot be cured of the disease. The translator used word-for-word translation, which prevents understanding and obscures the meaning of the text. He/she showed faithfulness to the linguistic approach, which hinges on the concept of equivalence. This has been one of the most ambiguous concepts in translation studies from the start (Nord, 1997:43). Consequently the term “equivalence” has been interpreted in many different ways, depending on which aspects of ST and TT are required to remain invariant in the translation process.

Oetinger (1960:110) speaks about linguistic elements; Catford (1965:21) speaks about textual material; Nida and Taber (1969:12) talk about the message, whilst Neubert (1985:138ff) refers to communicative value. Nord (1997:143) states that as early as 1947 Nida coined the term “dynamic equivalence” (as opposed to “formal equivalence”) in order to make clear that equivalence is not a static relationship between elements of language systems. Linguistic theories depend more on formal equivalence.

C3 (4th bullet, p 1, part 1) Original translation:

Kufuneka ndisebenzise iikhondom ukulalana ngokukhuselekileyo ukuze ndizikhusele mna kunye nesithandwa sam.

Retranslation:

Kufuneka ndisebenzise ikhondom xa ndisabelana ngesondo, ukuze ndizikhusele mna kunye nesithandwa okanye izithandwa zam.

The researcher feels that to use a condom whilst involved in sexual intercourse is practising safe sex. By using a condom one is protecting oneself as well as one's sexual partner or partners from being infected with HIV/AIDS. For "condoms" in the ST the researcher used *ikhondom*, which indicates the singular in isiXhosa. The reason for using the singular form is that for every sexual involvement one uses one condom. If one had sex two or three times, one would have to use a new condom for each act of sexual intercourse. The original translator used word-for-word translation. Since the ST used the plural form "condoms", he/she used the plural form in the translation as well. He/she was trying to make his/her translation a replica of the ST at any cost, something linguistic theorists believed in.

C4 (5th bullet, p 1, part 1) Original translation:

Ndingosuleleka lula zintsholongwane kuba umzimba wam awukwazi ukuzilwa.

Retranslation:

Ndingosulelwa lula ziintsholongwane kuba umzimba wam awukwazi ukuzilwa.

The word *ngokosuleleka* was changed to *ndingosulelwa*. It is the opinion of the researcher that the latter is clearer and will be more easily comprehended by the target readers. There should be double *i*-vowels in the word *ziintsholongwane*, not a single *i* as the translator spelt the word. Perhaps the translator was not a language practitioner, because if he/she had had enough knowledge of Xhosa orthography he/she would not have made such a mistake. The researcher feels strongly that translators should have

linguistic knowledge as well as factual and procedural knowledge. However, other than the word *ndingosuleleka*, the translator did well in translating this part.

C5 (6th bullet, p 1, part 1) Original translation:

Ndingaphila ubomi obuqhelekileyo nangona ndinetsholongwane ye-HIV.

Retranslation:

Ndingaphila ubomi obuqhelekileyo nangona ndinentsholongwane kagawulayo.

The word *ndinentsholongwane* was misspelt in the original translation. This indicates that there was no proper editing of the brochure. “HIV” should have been translated as *intsholongwane kagawulayo* or *intsholongwane yesifo ugawulayo*.

C6 (last bullet, p 1, part 1) Original translation:

I-AIDS yenzeka emva kwexesha ndinayo le ntsholongwane.

Retranslation:

Ugawulayo buqu uvela emva kwexesha ndinayo le ntsholongwane.

In the retranslation “AIDS” was translated as *ugawulayo* or *isifo ugawulayo*. The word *buqu* was used to differentiate between “HIV” (*intsholongwane kagawulayo* or *yesifo ugawulayo*) and “AIDS” (*ugawulayo* or *isifo ugawulayo*), since these two terms are used in the same document. This was done for the sake of clarity and comprehension.

C7 (p 1, 2nd subheading, part 2) Original translation:

UMSEBENZI.

Retranslation:

MALUNGA NOMSEBENZI

Original translation (p 1, 3rd subheading, part 3):

IIKHONDOM

Retranslation:

MALUNGA NEEKHONDOM/NEKHONDOM

Original translation (p 2, 4th subheading, part 4):

IKLINIKI

Retranslation:

MALUNGA NEKLINIKHI

In the retranslation the letter *h* was added to the second *k* of the word *nekliniki* to make it *neklinikhi* because that is the way the word is generally pronounced.

The subheadings of the ST should also have been changed to “About work”, “About condoms” and “About the clinic”. It should be remembered that the readers need to comprehend easily and interpret the meaning without any difficulty.

C8 (p 1, 1st bullet, part 3) Original translation:

Kufuneka ndiyisebenzise rhoqo ikhondom kuba ndiza kuyidlulisela le ntsholongwane.

Retranslation:

Kufuneka ndiyisebenzise rhoqo ikhondom kuba ndiza kuyidlulisela le ntsholongwane xa ndingayisebenzisi ikhondom.

In the retranslation the phrase *xa ndingayisebenzisi ikhondom* was added to the sentence to make it clear to the readers that if one did not use a condom when involved in sexual intercourse one would transmit HIV to one’s partner. The same phrase should also have been added to the ST, but in the SL.

The acronym “HIV” should be translated as *intsholongwane kagawulayo/yesifo ugawulayo* in the second bullet of the following sentence:

C9 (p 1, 3rd bullet, part 3) Original translation:

Okungona ndilalana nabantu abaninzi ngaphandle kwekhondom, okungona ndiza kosulela abantu abaninzi.

Retranslation:

Xa ndisabelana ngesondo nabantu abaninzi ngaphandle kokusebenzisa ikhondom ndiza kosulela abantu abaninzi ngentsholongwane kagawulayo.

The original translation is ambiguous and not easily comprehensible. The translator tried to be as faithful as possible to the ST as far as the wording and length of the sentence are concerned. His/her concern is formal equivalence, as proposed by linguists. He/she tends to bypass the TTR whom he/she is supposed to empower.

There is no need for the bracketed word (check up) in the second part (under the third subheading on page one). The word *ndiphononongwe* is just right on its own. The word is of Xhosa origin and is well known by TTR, who are amaXhosa in this case. Besides, the bracketed word is in another language with which most target readers are not conversant. Apart from that, the translation is good.

C10 (p 1, 6th bullet, part 4): Original translation:

ndingabonana nonotlalontle ekliniki ukundinceda malunga noncedo oluvunyiweyo.lwabakhubazekileyo, indawo yokuhlala, inkxaso kwakunywe namaqela enkxaso.

Retranslation:

Ndingabonana nonontlalontle eklinikhi ukuze andincede malunga noncedo lwabakhubazekileyo, indawo yokuhlala, inkxaso kwakunye namaqela enkxaso.

This sentence is poorly translated in the original. The *n* of the word *ndingabonana* should be a capital letter, as the word is at the beginning of the sentence. The word *nonontlalontle* is spelt incorrectly: the *n* between the first vowel *o* and the *t* has been omitted. The researcher feels that the word *eklinikhi* is the correct translation of the English word “clinic”, because words borrowed from other languages are pronounced more or less the same as in the SL, although orthographically they are in Xhosa. The conjunction *ukuze* (so that) should be added and the verb *ukundinceda* should be changed into *andincede* for the sake of easy comprehension. The word *oluvunyiweyo* should not

feature here; even the ST has no indication of the word. The full stop after the word *oluvunyiweyo* should have been omitted.

In the second sentence of part one (p 4) the English words were translated into isiXhosa in the retranslation. For the noun “KY jelly”, *ijeli iKY* was used; instead of *iyoghurt*, *iyogathi* was used; “glycerine” was translated as *igliserina* and “aqueous Cream” as *isithambiso i-akhweyasi*. Most of the translated words are loanwords. Because of the dynamic nature of culture, new words and/or terms are added to the lexicon of original languages. As for other sentences in this part, the original translation is very good. They are easy to comprehend.

C11 (p 5, part 1) Original translation:

Sentence 1: *NABANI NA ANGAYIFUMANA ITB.*

Sentence 2: *ITB IYANYANGEKA*

Retranslation:

Sentence 1: *NABANI NA ANGASIFUMANA ISIFO SEPHEPHA*

Sentence 2: *SIFO SEPHEPHA SIYANYANGEKA*

The researcher translated the acronym “T.B.” as *Isifo sephepha*. This is an original Xhosa word and it is frequently used by amaXhosa. If an original word exists in the TL, the ST word should be translated into the TL. If need be, conservative translation should be the option in cases like these. The researcher retranslated the title as *AMANQAKU ABALULEKILEYO MALUNGA NESIFO SEPHEPHA*.

In part one on page six the researcher translated the acronyms “HIV” and “TB” as indicated in the paragraph above. “AIDS” should, of course, be translated as *ugawulayo* or *isifo ugawulayo*. Translators are urged to try by all means to be as clear as possible for the kind of readership these brochures are meant for and also for the text to be functional for its target group. The use of symbols such as /, instead of *okanye* should be avoided, as these could be meaningless to target readers particularly those with little education.

Brochure B was developed for the Planned Parent Association of South Africa.

In Brochure B it was decided to omit the explanation of the word “AIDS” on the cover page. The researcher felt it was irrelevant for this type of communication, and also for this type of target reader. There is no need to analyse the word “AIDS” as has been done in this brochure. What the audience wants to know is how to protect themselves from HIV/AIDS.

The researcher feels that the first part of the cover page should remain, but the wording should be changed to *INGABA AKANANTSHOLONGWANE KAGAWULAYO NA*. There is a proper Xhosa word for “HIV”, and it is *intsholongwane kagawulayo*, as indicated in the sentence above. The last part of the cover page should serve as a heading or topic sentence for the brochure. It should be placed above the illustration and the illustration should be moved to the middle of the page. “AIDS” and “HIV” are more health care terminology and is commonly being used.

In the same brochure, the word “AIDS” has also been used in part one (p 1), and was changed to *ugawulayo*. Instead of the phrase *Ithi yenze*, this researcher used *yenza*, because that is the proper way of expressing what happens. The conjunction *aze* was added, to indicate that AIDS breaks down the body’s ability to fight other infections. This was done for the sake of readability and understanding. The second sentence was discarded, as it introduces the concept HIV. The emphasis of these brochures is on educating people about the prevention of HIV/AIDS and how this disease infects people. (Note that B1, B2, B3 etc. refers to example numbers of brochure B.)

B1 (part 1, 1st and 2nd sentences) Original translation:

Intsholongwane ebangela IAIDS ithi yenze buthathaka amajoni omzimba angakwazi ukulwa ezinye izifo ezosulelayo. Le ntsholongwane ibizwa ngokuba yiHIV (Human immunodeficiency Virus).

Retranslation:

Intsholongwane ebangela ugawulayo yenza buthathaka amajoni omzimba aze angakwazi ukulwa ezinye izifo ezosulelayo

B2 (3rd sentence, part 1) Original translation:

Yakube ikumsinga wegazi emzimbeni iqalisa ukutshabalalisa amajoni omzimba ngokungangxamanga.

Retranslation:

Yakube ikumsinga wegazi, iqalisa ukutshabalalisa amajoni omzimba ngokuthe chu.

The researcher felt that it is well known that the blood stream is in the body of a person, therefore the word *emzimbeni*, which means “in the body” was discarded. The adverb *ngokungangxamisekanga* was changed into the adverbial phrase *ngokuthe chu*, because it was felt that the latter is shorter and easier to understand. The word *chu* is also an ideophone, and because of its syntactical structure it enhances the imagination of the reader. Ideophones are more expressive than the other lexical items.

The translator should have introduced another paragraph after this sentence, as a new idea is put forward.

B3 (part 1, 4th sentence) Original translation:

Umntu uqalisa ukugula zizifo ezosulelayo ezingaqhelekanga kwaye eziza ngamandla.

Retranslation:

Oku kwenza umntu angakwazi ukulwa izifo, ngenxa yoko, uye agule zizifo ezininzi eziye zigqibele zimbulala.

In part 2 of Brochure B the word *ukulalana* also surfaced and, for reasons already indicated, the researcher replaced it with the phrase *ukwabelana ngesondo*. Translators are advised to consider the culture of target readers. Communicative acts are part of a

culture, and this interrelatedness of texts and cultures has always caused problems for translators. The phrase *kungasetyenziswanga ikhondom* was added after the phrase *Ukwabelana ngesondo*, to express that safer sex means using a condom when involved in sexual activity.

B4 (2nd bullet, part 2, par. 1) Original translation:

ngokuthi umama okhulelweyo ayisulele kusana lwakhe olungekagalwa.

Retranslation: *ngokuba umama okhulelweyo ayisulele kusana lwakhe.*

The word *ngokuba* is preferable to *ngokuthi*. The former is the appropriate Xhosa word. The word *ngokuthi* literally means “by saying”.

B5 (par. 1, part 2) Original translation:

Le ntsholongwane ingangena ngeendlela ezintathu emzimbeni:

- ❖ *Ngokulalana ngendlela engakhuselekanga nomntu onayo*
- ❖ *Ngokuthi umama okhulelweyo ayisulele kusana olungekagalwa*
- ❖ *Ngegazi elosulelekileyo elikwinaliti, isarenji okanye nakwisiphi na isixhobo*

Retranslation:

Le ntsholongwane ingangena emzimbeni ngokwabelana ngesondo kungasetyenziswanga ikhondom, ngokuba umama okhulelweyo ayisulele kusana olungekagalwa nangegazi elosulelekileyo elikwinaliti, kwisarinji nakwesiphi na isixhobo.

During retranslation the bullets as well as the phrase *ngezi ndlela zintathu* were discarded.

In bullet 1 (2nd part, par. 4) the noun *incanca* (penis) should be changed to *ngobudoda*. During retranslation of **Brochure B**, bullet four, section two, the reasons for the change have been expressed.

The locative *encanceneni* in the last bullet of part four, par. 2 should be replaced with the locative *ebudodeni* and the noun *incanca* in the 2nd last bullet of this paragraph with the noun *ubudoda*.

Although this researcher is a great supporter of multilingualism, it should be employed only when absolutely necessary. The context of these brochures is to inform and educate people about HIV/AIDS and not to teach them different languages. That is why the use of bracketed words in the text, which are mainly in the SL, has been opposed. It is the opinion of the researcher that good translations do not need such words.

On the last page of Brochure B the sentence *Ngokukhutshwa yiPPASA* (Planned Parenthood Association of South Africa) is an idiosyncrasy, which is good for emphasis. In the retranslation the researcher translated the phrase “National Office” as *I-ofisi kaZwelonke*, “Gauteng Office” as *I-ofisi yaseRhawutini*, “Western Cape Office” as *I-ofisi yaseNtshona Koloni*, “KwaZulu Natal Office” as *I-ofisi yakwaZulu Natal*, “Free State Office” as *I-ofisi yaseFreyistatha*, “Eastern Cape Office” as *I-ofisi yaseMpuma Koloni*, “North West Province Office” as *I-ofisi yaseMntla-Ntshona*, “Limpopo Office” as *I-ofisi yaseLimpopo* and “Northern Cape Office” as *I-ofisi yaseMntla Koloni*. The abbreviation “Tel.” was translated as *Inombolo yomnxeba*, as that is the original Xhosa word for telephone. The reason for not giving an isiXhosa abbreviation is that norms for abbreviation in isiXhosa have not yet been established.

The sentence *Ngokuphuhliswa nguMedia Resource Centre 1999* was replaced with *Yenziwe yiNdawo yoNcedo ngezoSasazo 1999*. The abbreviation “Tel.” became *Inombolo yemfonomfono*.

The researcher also changed *ngesiAfrikaans* to *ngesiBhulu*, as *isiBhulu* is the proper Xhosa word for Afrikaans; *isiNgesi* was changed to *ngesiNgesi*, as *isiNgesi* means English, whereas this pamphlet is available in English; *isiFrench* was changed to *ngesiFrentshi* (“French” has to be written in Xhosa orthography even if it is pronounced

in English); *isiPortuguese* was changed to *isiPhuthukezi*, as the latter is the proper Xhosa translation for Portuguese; *isiSomali* became *ngesiSomali*.

Examples of jargon found on the cover page of **Brochure A** are the following: *AIDS*, *HIV*, *ivayirasi*.

The first paragraph of Brochure A reads as follows:

English:

AIDS is a disease that affects millions of South Africans. It is caused by a virus called HIV that slowly weakens a person's ability to fight off other diseases.

IsiXhosa (original translation):

I-AIDS sisifo esichaphazela iimiliyoni zabantu baseMzantsi Afrika. Ibangelwa yintsholongwane (vayirasi) ebizwa ngokuba yi-HIV, yona eqhubeka kancinane (ethe chu) ukuqoba amandla omntu okulwa nezinye izifo.

It is noticeable that description and systematic correspondence between ST (English version) and TT (Xhosa version) have featured in every sentence. In this text, the meaning has not been affected by using this model, but in some cases one may find that texts become meaningless or difficult to understand if the linguistic model has been used. The linguistic model focuses on the ST components. Elements of the ST are transferred to the TT in the same manner as they appear in the ST. For example, if there is a comma after the third word in the ST, it will also appear after the third word in the TT, no matter whether it is communicative or not.

“AIDS” should have been translated as *isifo uGawulayo* or *uGawulayo*. This word is widely known and used by amaXhosa. If there is a proper word in a language, literal translation or transference should not be an alternative. The word *izigidi* should have been used for “millions” instead of *iimiliyoni*. The word *izigidi* is an original Xhosa word and it is well known by all amaXhosa. There was no need for *vayirasi* to be included in the text as *intsholongwane* is quite relevant, and widely understood and used by amaXhosa. Moreover, it is an original Xhosa word.

Intsholongwane also means “germ”. Instead of saying *Ibangelwa yintsholongwane (vayirasi) ebizwa ngokuba yiHIV, yona eqhubeka kancinane (ethe chu) ukuqoba amandla omntu okulwa nezinye izifo*, the translation should have read, *Ibangelwa yintsholongwane kaGawulayo eqoba ngokucotha amandla omntu okulwa nezinye izifo*. This translation follows Newmark’s view that a good translation is expected to be as literally accurate as possible (1991:11). (Note that A1, A2, A3 etc. refer to example numbers of Brochure A.)

A1 Retranslation:

UGawulayo sisifo esichaphazela izigidi zabantu baseMzantsi Afrika. Ubangelwa yintsholongwane kaGawulayo. Le ntsholongwane ivikiva ize iqobe amandla omntu okulwa nezinye izifo

The word *imiliyoni* in Brochure A is not a proper Xhosa word. The appropriate Xhosa word for “millions” is *izigidi*. The translator should be mindful of the fact that the TTR are mostly from illiterate and semi-literate backgrounds, and they are used to proper Xhosa language. Although loanwords from other languages are used, they should be used only in cases where there are no Xhosa equivalents.

The word *ngokuthibaza* in **Brochure A** (par. 6) was omitted, as this means “to let go for some time”. It was felt that *ukunciphisa* is the appropriate translation of “reduce”.

The original translation of the last part of **Brochure A** reads as follows:

Kukho nezinye iincwadana ezininzi kolu luhlu ezinika inkcazelo ebanzi ngemibandela ephathelelene ne-AIDS.

The Xhosa equivalent for “AIDS” is *uGawulayo*. Translators’ main concern should always be the function of the text. Nord (1991:28) elucidates this proposition by stating that as the target recipients have to rely on the functionality of the TT, the translator is bound to maintain a certain loyalty towards the TT recipients.

Again, “HIV” should have been translated as *intsholongwane kaGawulayo*. Instead of the sentence *I-HIV igqithiseleka komnye umntu* (**Brochure A**, par. 2), the translator should have said, *intsholongwane kaGawulayo iyosulela*. *Ukosulela* indicates that the virus is spread from one person to another. It is obvious that the translator used the linguistic approach. He/she adhered to the assumption of linguists, that the translation should be a replica of the ST.

The translator’s main concern was the ST author although his/her main concern was supposed to have been the target audience who has to benefit from the translation. In order to satisfy his/her audience and to empower them, he/she should have asked himself/herself questions such as: How will the target audience respond to the text? Will the target audience understand the text clearly? He/she should have concentrated on the function of the translation for the audience. The functionalist approach should have been the chosen method of translating. Kussmaul (1995:149) claims that the functionalist approach has a great affinity with skopos theory where the function of a translation is dependent on the knowledge, expectations, values and norms of the target readers, who are in turn influenced by the situation they are in and by their culture. He further claims that these factors determine whether the function of the ST passages can be preserved or have to be modified or even changed.

The researcher aligns herself with what Nida and Taber (1969:1) call the “New Focus” in translation, which maintains that what one must determine is the response of the receptor to the translated message; but the response might not be visible. This response must then be compared with the way in which the original receptors presumably reacted to the message when it was given in its original setting.

Instead of the noun *inkcazelo* (**Brochure A**, par. 8), the noun *ulwazi* should have been used, as it is a better translation for transmitting information. *Inkcazelo* means “explanation/description”. The appropriate translation for the noun *inkcazelo* is “description”. The aim of this brochure is to inform readers about HIV/AIDS, not to give them a description of the disease. The Xhosa equivalent for “AIDS” is *uGawulayo*.

A2 (1st part, par. 4) Original translation:

Uvavanyo lwe-HIV egazini lungenziwa kwezinye iiklinikhi okanye ngugqirha okanye kuMaziko oQeqesho, iNkcazelo noLuleko nge-AIDS (Aids Training, Information and Counselling Centres okanye ATICs) akhoyo kwizixeko ezininzi.

Awunakunyanzeliswa ukuba wenze uvavanyo lwe-HIV. Uzithandela ngokwakho. Iziphumo zolu vavanyo ziyimfihlo kwaye zixelelwa wena kuphela. Uvavanyo luyakukunceda ucwangcise kakuhle ikamva lakho kwaye ukhusele ukusasazeka kwe-HIV.

Retranslation:

Uvavanyo lwentsholongwane kaGawulayo lungenziwa kwezi ndawo:

- ❖ *Kwezinye iiklinikhi*
- ❖ *Kwagqirha*
- ❖ *Kumaziko oqeqesho, olwazi neengcebiso ngogawulayo, afumaneka kwizixeko ezininzi.*

Umntu akanyanzeliswa ukuba enze uvavanyo lwentsholongwane kaGawulayo. Uyazithandela ukuba ulwenze. Iziphumo zolu vavanyo ziyimfihlo, kwaye zixelelwa wena kuphela. Uvavanyo luya kukunceda ukuba ucwangcise kakuhle ikamva lakho, kwaye ukhusele nokusasazeka kwentsholongwane kaGawulayo.

In the retranslation of **A2** (above) the structure was changed for the sake of user-friendliness, which contributes to a clear understanding and readability. This indicates that translators have to be creative as far as possible for the sake of user-friendliness and understanding. Kussmaul (1995:9) states that there is an assumption that creative processes are closely linked with successful processes. Kussmaul also states that fluency in the language is the most basic quality needed for creative activity. This researcher shares Kussmaul's sentiment that translators should be fluent in the TL and that creativity

whilst translating is proof of the translator's fluency in the language. The appropriate translation for "Counselling" is *Ingcebiso*, instead of *uLuleko*, which means discipline.

3.2.1.1.2 The use of loanwords and frequently used words

Culture is dynamic. It changes, owing to a multitude of causes. One of these causes is contact with other cultures. Because of the emergence of global communities, it is easy for people to interact. As a result new concepts are included in cultures, which have emanated from other cultures or may even be new inventions from different cultures. Therefore it is not unusual to find loanwords from other languages. Loanwords should be used where appropriate, that is, where there is no original Xhosa word for the word in the ST. This researcher does not approve of the use of the English words discussed below, because there are Xhosa equivalents for them.

In part one on page two of **Brochure C** (original translation) the subheading should be changed to *Isifo sephepha kunye nentsholongwane kaGawulayo noGawulayo ngokwakhe*. There is no apparent reason why English words, mostly technical jargon, should be used when there are Xhosa equivalents.

The acronyms "HIV" and "AIDS", used in all the brochures, have Xhosa equivalents, although they have emerged in isiXhosa language.

The problem identified in the first bullet (p 6) is the non-translation of the terms "TB" and "HIV/AIDS". They should be changed to *Isifo sephepha* and *intsholongwane kaGawulayo noGawulayo buqu*, respectively.

Instead of *ulosuleleko*, *ukosulelwa* should have been used in **Brochure A** (5th paragraph), because the most frequently-used word is *ukosulelwa*. When translating, one should consider words frequently used by speakers. One can deduce that the translator used *ulosuleleko* because he/she wanted to remain faithful to the original text, forgetting that the TT receivers do not have sufficient knowledge about objects and phenomena of the

medical world. Nord (1991:15) supports this view when she says that if the sender wants to communicate, he attunes himself to the recipient's personality. He adapts himself to the role which he expects the recipient to expect of him.

3.2.1.1.3 Orthographic errors

Each language has its own orthography, or way of writing its words. Although the letters of the alphabet may be the same in some languages, words may be spelt differently even if they are pronounced the same. Hence it is important to abide by the orthography of the language concerned.

In **Brochure C** (p1 part1, bullet 7) the word *ndinentsholongwane* has been misspelt and that could cause semantic barriers. This indicates that the translation was not properly edited. It could be a typing error. *I-HIV* has been changed to *yentsholongwane kaGawulayo* in the retranslation.

Likewise, the Xhosa word *engundoqo* on the cover page of Brochure A was misspelt. The correct spelling is *engundoqo*. This again indicates that the text was not edited. Again, it could be a typing error.

Qete is the correct Xhosa word for being in good health. Perhaps *qethe*, used by the translator in **Brochure A**, par 6, is a misspelling, or it may be a dialect, that is, a word used in a particular region. Again, it could be a typing error. The word *qete* is a standard Xhosa word and it is correct to use it.

Brochure C:

The word *ndisenokuba* in part one on page three should have been in capital letters, as it is part of a sentence printed in capital letters.

In the second part on page three (first bullet) the researcher inserted the letter *h* between the last letters, *k* and *i*, of the word *ekliniki* to make the word *eklinikhi* in the retranslation,

for reasons stated previously. In the third bullet, *ngaphezulu* has been misspelt. The letter *e* between the letters *h* and *z* has been omitted. This may be because the text was not thoroughly edited. It could also be a typing error. As already pointed out, these kinds of mistakes make comprehension difficult.

This researcher replaced the phrase *ndiza kufumana* with the phrase *ndiza kuba*. That is the way amaXhosa usually refer to “having to get something” (**Brochure C**, p2, part 1, 1st bullet). Auxiliary verbs are separated from verbs in almost every language, including isiXhosa. *I-TB* was changed to *Isifo sephepha*, which is the Xhosa equivalent for TB. The researcher replaced the auxiliary verb or verb link *yi* of the word *ndingayifumana* with the auxiliary verb or verb link *si* of *ndingasifumana*, so as to have a proper syntactical link with the noun *isifo sephepha*.

In bullet two of this part, the phrase *ndinentsholongwane i-HIV* was changed to *ndinentsholongwane kaGawulayo* in the retranslation. *Isifo sephepha endinaso singanyangwa* is preferable to *i-TB yam inganyangwa*. It is proper to indicate that one suffers from the disease (TB in this case), instead of saying “my TB” as if it is something one is pleased with and claims as one’s property.

The word *ze-TB* in the fifth and last bullet of part one was changed to *zesifo sephepha*.

The letter *h* was inserted between the last consonant (*k*) and vowel (*i*) of the word *eklinikhi* at the second dash in the second part.

The word *ngokulalana* in the heading (p 3, part 1) was omitted and substituted with the phrase *ngokwabelana ngesondo*. The researcher’s reservations and concerns about the former word have already been aired in previous arguments. There is also no reason why there should be bracketed words for this type of readership and for the function this type of documents has for the readership. The bracketed word (“STDs”) was discarded. Translators should always consider their target readers as well as the aim of the document for its readers. Many translators seem to ignore this salient principle of translation.

The word *ngokulalana* has already been discussed. With regards to bullet five in this part, for the sake of clarity and easy comprehension it is better to start the sentence by saying *Ukuba namadyungudyungu*. Otherwise this part of the brochure is well translated.

The use of the phrase *abosuleleke yi-HIV* in **Brochure A** (par 6) is more complex than *abanentsholongwane kaGawulayo*. Once one is infected with HIV, it means that one has the virus. Hence I feel that the Xhosa retranslation above is the proper one. It seems that the translator has ignored the fact that his reception, that is, the way he receives the ST, is determined by the communicative needs of the TT recipients.

Yokosuleleka is misspelt in the original translation of **Brochure B**, in the second subheading. This proves that the work was not thoroughly edited. It should be remembered that wrong spelling distracts from the flow when reading and that leads to a disruption of understanding.

In **Brochure C** (p 6, part 2, last bullet) the letter *h* should be inserted after the letter *b* in the word *ibranti* to make it *ibhranti*, as that is the correct Xhosa orthography for writing the word. There should be a double *o* for the demonstrative *loo*, instead of *lo*, as that is the proper Xhosa orthography. The acronym “TB” should be *Isifo sephepha* and the noun *ikliniki* should be changed to *iklinikhi*, for reasons already expressed.

3.2.1.1.4 Abbreviations

Words can be abbreviated in language. However, this may pose problems to certain people who may not understand the abbreviation, particularly people who are not quite familiar with the language. Moreover, not all people are linguists, even if they are speakers of the language. In the South African situation there are a large number of people who are not well educated, and the use of abbreviations in texts directed at them will definitely diminish their understanding of the text.

The researcher disapproves emphatically of the use of abbreviations in texts meant for lay people. It has been mentioned before that many South Africans have little education. The use of abbreviations may therefore confuse them. The abbreviation *njl* should be written in full as *njalo-njalo* in **Brochure B** (part 3, bullet 4). The translator used the linguistic approach. He/she did a word-for-word translation and that hampers understanding of the message. It should be remembered that grammatical errors cause communication barriers, specifically semantic barriers.

3.2.1.1.5 IsiZulu and isiXhosa words

Zulu and Xhosa belong to the Nguni group of languages and therefore there are some similarities in the structure and meanings of words in these languages. Although there are similarities, there are differences as well, both semantically and structurally. Some “amaXhosa tend to use Zulu words” instead of Xhosa ones because they are exposed to Zulu as well. Television contributes to people mixing Zulu and Xhosa. Although that may be the case, it remains unacceptable.

The word *zivame* (4th section, part 4, bullet 2, **Brochure B**) is an isiZulu word. This constitutes a liberal approach. The preferred term is *ziqhele* or *zidla*. Sometimes a translator will use isiZulu instead of isiXhosa because some isiXhosa words may sound harsh. The isiZulu equivalent may sound more moderate.

3.2.1.1.6 Politeness

In any language there are certain words that are considered taboo by the speakers of that language. That is in accordance with the culture of the speakers. IsiXhosa also has certain words that are regarded by its speakers as impolite. Because of cultural factors, it is vital that translators are aware of the culture of the SL speakers as well as that of TL speakers in order to avoid any mishaps related to cultural issues. “Taboo” refers to words that may not be uttered and to topics that may not be discussed publicly. It can also refer to words that may not be used in “polite company”. Kaschula and Anthonissen (1995) define taboo

as referring to words or practices that are forbidden in a community for religious, moral or other reasons. Acts or words that are forbidden reflect the particular customs and views of the society (Fromkin & Rodman, 1993).

The translator seems to ignore the values of amaXhosa when he/she uses words that are considered as taboo and impolite. Hermans, in Nistal and Gozalo (1994:17-18) claims that norms determine what will be deemed acceptable as translation in a given culture. Hermans further claims that norms effectively police the borders of what a culture regards as “legitimate” translation. One should remember that translation is culture dependent and therefore relative.

The verb *ukulalana* (**Brochures A, B and C**) is a legitimate Xhosa word, but it is considered impolite by amaXhosa. AmaXhosa are a nation that believe in *ukuhlonipha* (respect). Sex is a very secretive issue in amaXhosa culture. Some words, like the one above, although of Xhosa origin, are not normally used. They are replaced with more polite synonyms. The polite synonym for *ukulalana* is *ukwabelana ngesondo*. AmaXhosa’s politeness is reflected in almost every sphere of life, including oral and written communication. In this case, *ukwabelana ngesondo* is a polite and acceptable manner of expressing sexual involvement. The translator should have used only *ukwabelana ngesondo* and omitted *ngokulalana*. Considering the target group and the aim of these texts, only one word for one particular utterance should have been used. The bracketed synonyms are unnecessary, as has already been indicated. Again, translators should be mindful of the fact that each culture has its own habits, norms and conventions of verbal and nonverbal behaviour (Nida & Taber, 1969:58).

Again, cultural ethics have been ignored in **Brochure B** (part 2, par 4). A taboo word, *incanca* (penis), was used, instead of *ngobudoda*. Translators need to be polite, and avoid using taboo or vulgar language. If the translator of this brochure had been Xhosa by birth and had been raised according to the norms of Xhosa culture, he/she would have been aware that the word he/she had used for *ubudoda* is not used in everyday conversation, in

spite of it being a legitimate Xhosa word. Even its sound is intolerable to someone who has high moral standards.

Cultural background should always be considered when translating. The functionalist and text-linguistic models stress the importance and relevance of cultural background when translating. Nord (1997:59) states that a culture-oriented model gives consideration to the culture-specific forms of (verbal and non-verbal) behaviour involved in translation. She further stresses the fact that each culture has its own habits, norms and conventions of verbal and non-verbal behaviour.

Under the first subheading in the fourth paragraph of **Brochure B**, the phrase *niphana ngesondo* was changed to *nisabelana ngesondo* because that is the correct idiom. The former is incorrect. As mentioned before, translators should be aware of the culture of their target readers and should conform to their cultural values.

A choice was made to change the subheading in part four of **Brochure B** to *Okuyinene malunga nokwabelana ngesondo ngendlela ekhuselekileyo*. The phrase *nokwabelana ngesondo* was used in compliance with the cultural values of amaXhosa, because the verb *ukulalana* is considered taboo. The former is quite polite according to the norms and values of amaXhosa.

3.2.1.2 *Syntax*

Crystal (2003:94) says that syntax is the way in which words are arranged to show relationships of meaning within (and sometimes between) sentences. Crystal claims that the term comes from *syntaxis*, the Greek word for “arrangement”. He further says that most syntactical studies have focused on sentence structure, for this is where the most important grammatical relationships are expressed. According to the *Concise Oxford Dictionary* (1990:1238) syntax is the grammatical arrangement of words, showing their connection and relation. Every language has its own sentence structure, although there

may be some similarities to other languages, particularly among those that belong to the same group.

3.2.1.2.1 Length of sentences

The second sentence in **Brochure A**, paragraph three, is too long. The researcher split it into two sentences. Long sentences can distort meaning, particularly in the case of less educated people.

Brochure A:

A3 (3rd paragraph) Original translation:

Abantu abaninzi abosuleleke yi-HIV abazazi ukuba bosulelekile, kwaye awungeke utsho ukuba umntu une-HIV ngokumjonga nje.

Iimpawu zokosuleleka yi-HIV zithatha iminyaka emininzi ukubonakala. Oku kudla ngokwenzeka xa umntu egula zezinye izifo kwaye engabi ngcono lula.

Retranslation:

Abantu abaninzi abanentsholongwane kaGawulayo abazazi ukuba banayo. Awungekhe uthi umntu unentsholongwane kaGawulayo ngokumjonga nje.

Iimpawu zentsholongwane kaGawulayo zibonakala emva kweminyaka emininzi. Zidla ngokubonakala xa umntu egula zezinye izifo kwaye engabi ngcono.

The first sentence is a compound sentence. Long sentences tend to distort meaning and detract from the reading ability of readers, particularly those who are less educated. The sentence was split in two.

The researcher replaced *abosuleleke yi-HIV* with *abanentsholongwane kaGawulayo* in the retranslation. It is appropriate and more understandable just to indicate that the person has the virus. This proves that medical texts take on the form of a power

discourse, with the medical professional talking down to the patient. This text, as well as other health-related texts, lacks user-friendliness, and therefore it is hard to understand.

The second sentence of the third paragraph reads: *Awungekhe uthi umntu unentsholongwane kaGawulayo ngokumjonga nje*. It is imperative to use short, simple sentences instead of long, complex sentences which are hard to understand. Hence it was seen fit to split the long sentence into two short sentences in the retranslation. The jargon term “HIV” has been changed into a proper Xhosa word, *intsholongwane kaGawulayo*.

In **Brochure B**, the first sentence of the second paragraph was changed for the sake of clarity and understanding. The researcher started a new paragraph, as that part was included in the previous paragraph.

B6 Original translation:

Umntu uqalisa ukugula zizifo ezosulelayo ezingaqhelekanga kwaye eziza ngamandla.

Retranslation:

Umntu ugula zizifo ezinqabileyo nezixhalabisayo.

3.2.1.2.2 Word order

Word order is more or less compatible with sentence structure. Words have to follow a certain order in a sentence for the sentence to be meaningful and easily comprehended.

In the eighth and last bullet of part three (p 1, **Brochure C**), the noun *amazinyo* was placed before the adverb *rhoqo* in the retranslation for better understanding. Although the original translation is acceptable, it is preferable to have the noun *amazinyo* before the adverb *rhoqo*.

3.2.1.2.3 Use of bullets

In most cases bullets are used for summarising. However, bulleting is not regarded as effective in these brochures because the target readers need more clarity about the contents of the brochures. Summaries will therefore not be effective for them. It is also vital that bulleting should comply with the grammatical rules of the language. In these brochures bullets may also have been used to avoid long sentences, but for most readers they are likely to cause ambiguity as there may be problems of coherence.

Bullets have been used in **Brochure B** (part 2), and this researcher's views on bulleting remain unchanged. There is no need for the bracketed word "semen" in paragraph 3 of part 2. The translator should consider the type of readership as well as the intention of the text. There is no syntactical link between the introductory phrase or the main clause and the ellipses next to the bullets.

Bullets dominate part three of **Brochure B**. There is no proper link between the main clause and the ellipses. The translator should have used *ngo* for proper linkage with most of the ellipses, except for *ngezemidlalo*. However, this researcher still disapproves of the use of bullets for this type of readership.

A4 (par 5, Brochure A) Retranslation:

Ukosulelwa yintsholongwane kaGawulayo kungakhuselwa ngokwala ukwabelana ngesondo, ngokuthembeka kwiqabane lakho owabelana nalo ngesondo, ngokusebenzisa ikhondom ngalo lonke ixesha nisabelana ngesondo, ngokubuzwa unompilo ngemingcipheko yentsholongwane kaGawulayo xa ukhulelwe, nangokukhusela ukudibana ngqo negazi ngokusebenzisa iiglavu, iingxowa zeplastiki okanye ezinye izinto ezithintela ukuba udibane ngqo negazi.

The bullets in the original translation were discarded as it was felt that the use of bullets did not make syntactical sense for this kind of readership.

In **Brochure C** (part 2, p 4) bullets were also used. Bullet one was changed to *Ndingazila ukwabelana ngesondo* in the retranslation, for the sake of the syntactical link with the question above. The pronoun *Ndi* and the copulative concord *nga* were used. The third bullet was treated the same way. In the fourth bullet, the negative *Musa* was replaced with the negative *Andisayi*. The retranslated sentence thus reads as follows: *Ndingagqiba unyango ukuba kukho iimpawu zezifo ezosulela ngokwabelana ngesondo*. In bullet five the prefix *uku* was changed to *Ndinga*. The retranslated sentence reads as follows: *Ndingagqiba unyango lwam*. In bullet six the researcher used *Ndingaxelela ...* instead of *Ndixelele ...*. The word *ngokulalana* was replaced with the phrase *ngokwabelana ngesondo*, for reasons already stated. Instead of *Ndiyazi* in bullet seven the researcher used *Ndingayazi*, and the word *ndilalana* was replaced with the phrase *ndabelana ngesondo*. “HIV/AIDS” was translated as *intsholongwane kaGawulayo noGawulayo ngokwakhe*.

3.2.1.2.4 Syntactical links

Proper syntactical links should be one of the main concerns of a translator, because if this is not done correctly it will pose comprehension problems

Because of the phrase *ingangena emzimbeni ngezi ndlela* in **Brochure B**, part 2, par. 4) there should be a proper syntactical link between the concords and in adherence to isiXhosa language rules, hence, *ubudoda* should be *ngobudoda*, *umlomo* should be *ngomlomo* and *kumngxuma* should be *ngomngxuma* and a colon should follow these words since what follows is related to the words. Translators should be competent in the target language (TL) as well as in the source language (SL).

B7 Original translation:

Xa niphana isondo, le ntsholongwane ingangena ngezi ndlela:

- ❖ *Incanca usesichengeni kakhulu xa inesifo esosulelayo okanye inxeba*
- ❖ *Umlomo wesibeleko usesichengeni kakhulu xa usexesheni okanye unesifo esosulelayo kumlomo wesibeleko*
- ❖ *Umlomo usesichengeni kakhulu xa iintsini zisopha okanye unesilonda*

- ❖ *Emngxunyeni weempundu usesichengeni kakhulu kunazo zonke ezinye, kuba inwebu yangaphakathi iceketheke kakhulu ngoko ke ingakrazuka ngokulula*

Retranslation:

Xa nisabelana ngesondo, le ntsholongwane ingangena emzimbeni ngezi ndlela zilandelayo:

- ❖ *Ngobudoda: Usesichengeni kakhulu xa bunesifo esosulelayo okanye inxeba*
- ❖ *Ngomlomo wesibeleko: Usesichengeni kakhulu xa usexesheni okanye unesifo esosulelayo kumlomo wesibeleko*
- ❖ *Ngomlomo: Usesichengeni kakhulu xa iintsini zisopha okanye unesilonda*
- ❖ *Ngomngxunya weempundu: Usesichengeni kakhulu kunazo zonke ezinye, kuba inwebu yangaphakathi iceketheke kakhulu ngoko ke ingakrazuka lula*

Otherwise, the translator is to be commended in this section, particularly in the explanations, for being clear and to the point.

In bullet one (**Brochure C**, p 4) (C:12) the text was changed to read *Ndingazila ukwabelana ngesondo*, for the sake of a syntactical link with the question above. Pronoun *Ndi* and *nga* were used, instead of *uku*. The verb was changed to *ukulalana*, with the phrase *ukwabelana ngesondo*.

In bullets two and three the prefix *uku* was changed to *Ndinga* ... In the fourth bullet the negative *Musa* was changed to the negative *Andisayi*.

Retranslation:

Andisayi kulibazisa unyango ukuba kukho iimpawu zezifo ezosulela ngokwabelana ngesondo.

In bullet five the prefix *uku-* was changed to *Ndinga-*.

Retranslation:

Ndingagqiba unyango lwam.

In bullet six *Ndingaxelela* ... is preferable to *Ndixelele* ... The word *ngokulalana* was substituted with the phrase *ngokwabelana ngesondo*, for reasons already stated.

Instead of *Ndiyazi* in bullet seven, the researcher used *Ndingayazi*, and the word *ndilalana* was changed to the phrase *ndabelana ngesondo*. “HIV/AIDS” was translated as *intsholongwane kaGawulayo noGawulayo ngokwakhe*.

3.2.1.3 *Semantics*

According to Crystal (2003:100), semantics is the study of meaning in language. Crystal claims that the term was not widely used until the twentieth century, but the subject it represents is very old, reaching back to the writings of Plato and Aristotle, and attracting the special interest of philosophers, logicians, and (these days) linguists. The linguistic approach aims to study the properties of meaning in a systematic and objective way, with reference to as wide a range of utterances and languages as possible. But logical analysis nonetheless exercises a major influence on contemporary linguistic semantics. This means that texts should be understandable to the readers. All obstacles as far as understanding is concerned should be avoided.

As mentioned before, the kind of readership of these brochures should always be kept in mind. Texts need to be as clear as possible. Readers should get the message without any difficulty in trying to figure out the meaning of words because of the ambiguity of the message, even if this means adding to the sentences of the ST. The length of the translated text does not necessarily have to correspond with the length of the ST.

3.2.1.3.1 Pragmatic problems

Pragmatic problems include ambiguity where meaning is concerned. It is important that the readers get the meaning of the text from the onset, without having to assume what the meaning is.

In **Brochure B** (part 2) the heading should be *Amampunge ngokosuleleka*. It is simpler, shorter and easier to understand and assimilate.

In **Brochure C**, part two, p 1, the researcher said *Kuza kwenzeka ntoni emsebenzini?* The researcher would also change the English version from “Work” to “What will happen at work?” This would improve the clarity of the text and lead to better comprehension and proper understanding. *Be-HIV* was changed to *bentsholongwane kaGawulayo/yesifo uGawulayo*, the correct translation of “HIV”.

In **Brochure B**, par 2, instead of *owosuleleke sesi sifo*, the translator should have said, *osele enesi sifo*. This is simpler and more easily understandable. The problem here is one of denotative meaning. Hence the researcher feels that it is better to unpack the meaning of the phrase and say *ngokudibana negazi elosuleleke yintsholongwane yesi sifo*, so that the audience or readers can understand the message clearly.

The translator seems to be concerned only with the transference of SL signs to TL signs. He/she does not portray creative ability as expected of a good translator; neither does he/she pay attention to the function of the TT. It must always be remembered that these texts are meant for lay people who continuously need to be reminded of the subject, namely HIV/AIDS. Nord (1991:9) highlights the fact that the function of the TT is not arrived at automatically from an analysis of the ST, but is pragmatically defined by the purpose of the intercultural communication.

For the target reader, comprehension is made impossible. Language errors impede smooth reading. The salience and desirability of repeating the subject as often as possible where appropriate have already been pointed out. Repetition is usually used as a mnemonic device. Mnemonic devices make it possible for people to remember. Repetition is also a powerful tool for effective communication and for instilling the effects of something into people’s minds, HIV/AIDS in this instance.

A5 (par 2, 2nd part) Original translation:

Awunakosuleleka yi-HIV ngezinye iindlela. Umzekelo, ukuba umntu one-HIV uyakhohlela, akanakuyigqithisa le vayirasi. Ukuba wonga okanye ubamba umntu one-HIV awunakosuleleka yi-HIV.

Retranslation:

Umntu akanakosuleleka yintsholongwane kaGawulayo ngokukhohlela komntu onale ntsholongwane nangokubamba umntu onale ntsholongwane.

To say that one cannot be infected with HIV/AIDS in other ways is totally misleading, as if there are no other ways of contracting the disease than through sexual intercourse.

In **Brochure C** (bullet 1, part 1, p 2), the conjunction *ukuba* was changed to the conjunction *xa* for the sake of better understanding.

The first sentence in the second part of paragraph three (**Brochure A**) should read: *Iimpawu zokuba umntu unentsholongwane kagawulayo zibonakala emva kweminyaka emininzi*. The jargon term, “HIV”, and the phrase *zithatha iminyaka emininzi ukubonakala* were changed because it was felt that the original translation was difficult to read and understand. User-friendliness was lacking; hence the distortion. Nida and Taber (1969:5) are of the opinion that in some cases the form must be altered if one is to preserve the content. They further claim that the extent to which the form should be changed in order to preserve the meaning will depend upon the linguistic and cultural distance between languages.

The next section of **Brochure B** (part 3) should be changed for the sake of clarity and understanding. The main clause should read as follows: *Le ntsholongwane ayinako ukosulela ngenxa*. Again it is felt that to write only one word is not adequate for this type of readership. Ellipses should be more explanatory, so as to give the meaning and understanding.

B8 (part 3, par 2) Original translation:

AYINAKO ukosulela ngezi ndlela zilandelayo:

- ❖ *Iingcongconi*
- ❖ *Iimpukane*
- ❖ *Amanxeba okulunywa yinja*
- ❖ *Iikhompyutha*
- ❖ *Amabala ezemidlalo*
- ❖ *Izichopho zangasese*
- ❖ *Iifoni*
- ❖ *Iimpahla*
- ❖ *Ukutya*
- ❖ *Ukucheba iinwele*

Retranslation:

Le ntsholongwane ayinako ukosulela ngenxa yobukho beengcongconi nobeempukane, yokuba namanxeba okulunywa, yokusebenzisa ikhompyutha, yokuba kumabala ezemidlalo, yokuhlala kwizichopho zangasese, yokusebenzisa iifowuni, yempahla, yokutya kwanokucheba iinwele.

The first sentence of the second part of paragraph 4 (**Brochure A**) should read: *Umntu akanyanzeliswa ukuba enze uvavanyo lwentsholongwane kaGawulayo*. This sentence is simpler than the original. The second sentence of the retranslation reads: *Umntu uyazithandela ukuba alwenze*. This sentence is much clearer than the original. The third sentence was retained unchanged, as it is quite clear and understandable.

A5 (par 5) Original translation:

Ulosuleleko yi-HIV lungakhuselwa ngezi ndlela zilandelayo:

- *ngokuthi hayi ekubeni ulalane*
- *ngokuthembeka kwiqabane lakho olalana nalo*
- *ngokusebenzisa ikhondom qho ulalana*
- *ngokubuza unompilo wakho ngemingcipheko ye-HIV xa ukhulelwe*

- *ngokukhusela ukudibana ngqo negazi ngokusebenzisa iiglavu, iingxowa zeplastiki okanye ezinye izithinteli*

Retranslation:

Ukosulelwa yintsholongwane kaGawulayo kungakhuselwa ngezi ndlela zilandelayo:

- ❖ *ngokwala ukwabelana ngesondo*
- ❖ *ngokuthembeka kwiqabane lakho owabelana nalo ngesondo*
- ❖ *ngokusebenzisa ikhondom ngalo lonke ixesha nisabelana ngesondo*
- ❖ *ngokubuza unompilo ngemingcipheko yentsholongwane kaGawulayo xa ukhulelwe*
- ❖ *ngikukhusela ukudibana ngqo negazi ngokusebenzisa iiglavu, iingxowa zeplastiki okanye ezinye izinto ezithintela ukuba udibane negazi.*

It is clear from the above that the translator remained much more faithful to the original text. That is evident from the incomprehensibility of the TT. The translator seemed to disregard his/her readers and adhered to the linguistic translation theory, which hinges on the concept of equivalence, one of the most ambiguous concepts in translation studies from the start. Trosborg (1997:44) states that the equivalence model focuses mainly on the structural qualities of the ST, losing sight of the intrinsic interrelationship between extratextual (i.e. situational) and intratextual (i.e. linguistic) factors of communicative interaction.

Instead of saying *hayi ekubeni ulalane* in **A5**, the translator should have said, *ngokwala ukwabelana ngesondo*. The translator violates the idiom of the language. He/she is still clinging to the equivalence model and doing word-for-word translation. Creativity is a crucial element of translation. It enhances the user-friendliness of the text. Once the text is user-friendly, it ensures understanding and readability. The possessive *wakho* in bullet four was discarded in favour of *ngokubuza unompilo ngemingcipheko ...* in the retranslation. The reader does not own the health worker; the health worker is there for anyone who needs health care services. The translator states the obvious, as in *umama wam*. The text in the last bullet remains the same, as it is quite clear.

A6 (par 6) Original translation:

Akukho yeza lokunyanga I-AIDS, kodwa abantu abaninzi abosuleleke yi-AIDS baphila impilo entle ixesha elide.

Oku bakwenza ngokukhathalela impilo yabo ngokuzigcina bephile qethe emzimbeni, ngokufumana unyango xa begula, ngokutya ukutya okulungileyo, ngokuthibaza nokunciphisa unxunguphalo nangokulalana ngokukhuselekileyo.

Retranslation:

Alikho iyeza lokunyanga uGawulayo, nangona abantu abaninzi abanentsholongwane kaGawulayo bephila ubomi obunempilo nobude.

Oku bakwenza ngokukhathalela impilo yabo ngokuzigcina bephile qete emzimbeni, ngokufumana unyango xa begula, ngokutya ukutya okulungileyo, ngokunciphisa unxunguphalo, nangokusebenzisa ikhondom xa besabelana ngesondo.

It is a fact that one way of practising safer sex is to use a condom when involved in sexual interaction. It should be kept in mind that people are being educated and therefore misunderstanding and bias should be avoided as far as possible. One of the ways to do that, is not to beat about the bush, but to be direct. Hence the researcher strongly feels that the phrase *ngokusebenzisa ikhondom xa besabelana ngesondo* is more appropriate than *nangokulalana ngokukhuselekileyo*. Translators should avoid ambiguity as far as possible so that the proper message may reach the receiver. The previous comment about the word *ukulalana* still stands; hence the phrase *xa besabelana ngesondo*.

One is infected with HIV, but not with AIDS. AIDS is a full-blown disease caused by the virus called HIV. The translator mistranslated the second phrase of the first sentence of

Brochure A, paragraph 6. One must bear in mind that mistranslation may mislead readers or provide them with inaccurate information. It is therefore advisable that any translation should be edited, not just by anyone, but by professional editors who know both the SL and the TL.

A7 (par 7) Original translation:

Ukuba unayo nayiphina imibuzo ngeHIV/AIDS, ungafozunela inombolo yasimahla yoNcedo ye-AIDS efumaneka iiyure ezingama 24 ethi 0800-012-322.

Retranslation:

Ukuba unemibuzo ngentsholongwane kaGawulayo nangoGawulayo buqu, ungafozunela inombolo yasimahla yoncedo ngoGawulayo efumaneka iiyure ezingama-24 ethi: 0800 – 012 - 322

Instead of the phrase *ukuba unayo nayiphina imibuzo*, the researcher used *ukuba unemibuzo*, because the latter is short and simple to read. The word “HIV” became *intsholongwane kaGawulayo* and “AIDS” became *uGawulayo ngokwakhe*. The adjective *buqu* was added because the word *Gawulayo* had already been mentioned in the previous phrase and, in order to differentiate between *Intsholongwane kaGawulayo* and *uGawulayo*, the adjective *buqu* had to be added. This is the trend that is usually followed in cases where both “HIV” (*intsholongwane kaGawulayo*) and “AIDS” (*uGawulayo buqu*) appear in the same sentence.

In **Brochure B** the subheading in part three was changed. Instead of the subheading of the original translation, *Amampunge malunga nendlela yokosuleka*, the researcher chose *Amampunge ngokosulelwa yintsholongwane kaGawulayo okanye nguGawulayo ngokwakhe*. The latter is clearer and easier to understand.

It is not enough to say *ngeempukane*, “because of flies” (**Brochure B**, part 3). It is advisable to indicate that the disease cannot be transmitted by flies. It is also crucial to point out that it cannot be transmitted by wounds caused by dog bites. It should also be

stressed that one cannot be infected by being in a playground, by using computers, by sitting on toilet seats or by using telephones. This is for the sake of better understanding. The original translation ignored these matters. It should be remembered that receivers of the message are expected to react according to the expectations of the sender of the message.

In part four, the phrase *abangenantsholongwane kaGawulayo* is preferable to *abangosulelekanga*, for the sake of clarity. The latter is also appropriate but more emphasis is created by saying “people who are not HIV positive”. The phrase *sokulalana* was changed to *sokwabelana ngesondo* for reasons already indicated. All words with *ukosuleleka* were changed to *abanentsholongwane kaGawulayo*, *abanentsholongwane kaGawulayo*, *banentsholongwane kaGawulayo*, in that order. “HIV” was changed to *intsholongwane kaGawulayo*.

For the nouns *umlomo* and *incanca* in bullet four (2nd section, part 4) the locatives *kumlomo* and *kubudoda* were used respectively, in order to make it clear to readers where these wounds are, as well as for the sake of better understanding. The locative *emiphakathweni* was also changed to *akwimiphakatho*, for the sake of a clearer message. After the word *emiphakathweni* there should be a full stop. A new bullet should have been created and the noun *ukurhawuzela* should start a new sentence, which should read as follows: *Ukurhawuzela, izilonda kwakunye neencindi eziphumayo nazo ziyanyangeka*. The original translation was too long and ambiguous. The sentence was not easy to assimilate. *Ngokulalana* was changed to *ngokwabelana ngesondo*. In the last bullet the locative *encanceneni* was replaced with *ebudodeni* or *kubudoda*.

In **Brochure C** (p 4, part 1) the first sentence was changed. The original translation is ambiguous and difficult to comprehend. The reason for the ambiguity is that the translator tried to be as faithful as possible to the ST by doing word-for-word translation, which is the method of linguistic theorists. The translator seemed to have ignored the function of the text for its TTR.

The subheading in part two (p 4) should read: *NDINGENZA NTONI UKUZE NDINGOSULELEKI YINTSHOLONGWANE KAGAWULAYO*, instead of just *NDINGENZA NTONI*. The kind of readership these brochures are intended for should have been kept in mind. Translators should at all cost try to be as clear and simple as possible when communicating with their readers. The function of the text for the TTR should also be taken into cognisance.

Van Schalkwyk (1986:1) describes communication as follows:

Communication in its broadest sense can be seen as the two-way process by which certain information is conveyed or transmitted from a communication source to a receiver who in turn will react to a stimulus.

These brochures are a source of communication. The TTR are the receivers and therefore, for the brochures to have performed their intended function, the TTR should act accordingly, that is, in a manner the sender of the message (the author of the ST), or the ST itself, expects. If the TTR do not act accordingly, it means that the communication process has been a failure. If the results are detrimental to the target readers, there is little point in producing such pamphlets. The producers of the original pamphlets should have guarded against poor translations before recommending the distribution of such poorly translated documents, or they should have hired professional translators to do the job.

Kusmaul (1995:39) claims that creative processes are closely linked with successful processes. The reason for expatiating on the original subheading is that the researcher's intention was a successful process, where readers know exactly what they should be doing to prevent themselves from being infected with HIV.

In the last bullet in part one (C:5) it is imperative to include the auxiliary verb *ube* between the conjunction *okanye* and the word *orenji*, for the sake of clarity and to avoid ambiguity.

The heading of the second part (C:5) should read *MALUNGA NOMSEBENZI* rather than *UMSEBENZI*, in order to be clear, to avoid ambiguity and to enhance understanding. It is

the opinion of this researcher that the ST would have been clearer and less ambiguous if it had read “ABOUT WORK” instead of just “WORK”. The phrase *Ndine-TB* in bullet one should be translated as *Ndinesifo sephepha*. For the sake of better understanding, the word *emva* should be inserted before *kweenyange ezi-5*. The word *emva*, between the phrases *kanti mhlawumbi* and *kweenyanga ezisi-7*, should be changed to *nasemva*. There should be a comma after the possessive pronoun *sam*, for the sake of comprehension. The bracketed word “X-ray” should be omitted. Most Xhosa speakers are quite aware that *ukufakwa egesini* means to take an X-ray.

The first sentence in part two (C:6) should be changed to *Kufuneka ndijongane nesiqu sam*, instead of *Kufuneka ndijongane naso isiqu sam*. The pronoun *naso* should be deleted and the noun *isiqu* changed to the possessive *nesiqu*. The former sentence is much easier to understand.

It is a fact that most HIV/AIDS patients contract the disease through sexual intercourse. One can also contract HIV/AIDS through blood transfusion, although the sector responsible for blood transfusion claims that the blood is thoroughly tested for HIV/AIDS infections. However, there have been instances of HIV/AIDS contracted through blood transfusion. It was reported on a SABC 1 television news (12 April 2003) programme that a young boy from Gauteng Province was diagnosed HIV positive after being transfused with blood infected with HIV. One can also contract HIV by sharing a needle with a person who is HIV positive. (This mainly occurs in the case of people who use drugs by injecting themselves.) Another source of infection is contact with the blood of a person who is HIV positive, particularly where one has a wound. The information on the brochure is misleading; hence this researcher is of the opinion that the sentence quoted above should be changed completely.

A8 (2nd paragraph, Brochure A) Retranslation:

*Intsholongwane kaGawulayo yosulela ngokwabelana ngesondo nomntu onale
ntsholongwane kungasetyenziswa ngokudibana negazi esele
losulelwe yile ntsholongwane, nangokuba umama onale ntsholongwane osulele*

usana lwakhe olungekazolwa okanye olusanda kuzalwa (kodwa ke ziintsana ezithile ezizelwe ngoomama abanale tsholongwane eziye zosuleleke).

Umntu akanako ukosulelwa yintsholongwane kaGawulayo ngokukhohlela komntu onale tsholongwane nangokubamba umntu onale ntsholongwane.

The translator should have included the phrase *Le ntsholongwane* before the word *ayinako* in **Brochure B**, part three, paragraph 2. Translators should remember their target readers. Unless everything is clearly defined, it will be difficult for them to link the previous argument with the present one because of their level of education; hence, even if the phrase *Le ntsholongwane* did appear in the previous paragraph it should be repeated in the next paragraph.

The heading in the first part (C:5) was changed to read *MALUNGA NOMSEBENZI* instead of *UMSEBENZI*, in order to be clear, to avoid ambiguity and to enhance understanding. The ST should also be clear and unambiguous. The phrase *Ndine-TB* in bullet one was replaced with *Ndinesifo sephepha* (“ABOUT WORK” instead of just “WORK”). *Emva* was inserted in the phrase *emva kweenyanga ezi-5*, for the sake of better understanding, and the word *emva* between the phrase *kweenyanga ezisi-7* was changed to *nasemva*. The comma should follow the possessive pronoun *sam* for the sake of comprehension.

The phrase *ngezi ndlela zilandelayo* was added, for the sake of clarity and understanding. *Qete* is the appropriate Xhosa word for being in good health. *Ngokuthibaza* was deleted, as it means “to let go for some time”. The word *ukunciphisa* is the appropriate translation of “reduce” (**Brochure A**). The researcher feels strongly that practising safer sex means to use a condom when involved in sexual interaction. It must be remembered that people are being educated, and therefore misunderstanding and bias should be minimised as far as possible. One of the ways to do that is to be straightforward. Hence the phrase *ngokusebenzisa ikhondom xa besabelana ngesondo* is more appropriate than *nangokulalana ngokukhuselekileyo*. Translators should avoid ambiguity as far as possible

in order for the message to reach the receiver clearly. The comment about the word *ukulalana* still stands; hence the phrase *xa besabelana ngesondo*.

Brochure A (2nd section, par 6) should consist of a short and simple sentence for the sake of clarity. An introductory phrase was created, which reads:

A9: *Oku bakwenza ngokukhathalela impilo yabo ngezi ndlela zilandelayo:*

Paragraph seven of the original translation of **Brochure A** reads as follows: *Ukuba unayo nayiphina imibuzo ngeHIV/AIDS, ungafowunela inombolo yasimahla yoNcedo ye-AIDS efumaneka iiyure ezingama-24 ethi 0800 – 012 – 322*. Instead of the phrase *ukuba unayo nayiphina imibuzo*, this researcher used *ukuba unemibuzo*, because the latter is short and simple to read. “HIV” was translated as *intsholongwane kaGawulayo* and “AIDS” as *ugawulayo buqu*. The word *buqu* was inserted and *Gawulayo* had already appeared in the previous phrase. That is the usual trend where both “HIV” (*intsholongwane kaGawulayo*) and “AIDS” (*uGawulayo buqu*) appear in the same sentence.

The first sentence or bullet of part two (p 6, **Brochure C**) was changed to *Kufuneka ndijongane nesiqu sam*, instead of *Kufuneka ndijongane naso isiqu sam*. The pronoun *naso* was deleted and the noun *isiqu* changed to the possessive *nesiqu*. The former sentence is much easier to understand.

Translators are urged to be as clear as possible for the readership of these brochures and also for the text to be functional for its target group.

3.2.1.3.2 Strategies for emphasis

It is sometimes appropriate to emphasise certain issues for the readership of a text, in order to ensure that the message is clearly understood and taken cognisance of.

For the sake of emphasis, instead of the phrase *Akukho yeza lokunyanga ...* (par 6, **Brochure A**), this researcher used *Alikho iyeza lokunyanga ...*. The reason for the change

was to stress the fact that, in spite of there being no cure for AIDS, many people who are HIV positive still live long and healthy lives. Readers should be clear about the fact that AIDS manifests itself separately from HIV. Instead of the phrase *abosuleleke yi-AIDS*, the researcher used *abanentsholongwane kaGawulayo*, the reason being that these people are already infected. Thus it will be simpler to understand the text. Always to refer to HIV positive people as people who are infected with HIV is time-consuming and, in the context of power discourse, contains the suggestion of a medical professional talking down to a patient.

The second section of this part should consist of a short and unambiguous sentence, for the sake of clarity and emphasis. An introductory phrase was created, which reads as follows: *Oku bakwenza ngokukhathalela impilo yabo ngezi ndlela zilandelayo*. The phrase *ngezi ndlela zilandelayo* was added for the sake of clarity and understanding as well as for emphasis.

3.2.1.4 *Grammar*

Crystal (2003:82) claims that grammar is the study of the way meaningful units are brought into sequence to convey wider and more varied patterns of meaning. Therefore, in this section, concepts such as tenses, pronouns, auxiliary verbs, nouns, locatives and concordial agreement will be investigated.

3.2.1.4.1 Tenses

In **Brochure C** (page one, part two, par three) the verb *kwenzeke*, which is in the past perfect tense, was changed to *kwenzeka*, which is in the continuous present tense, because the symptom is in process, therefore for the health practitioners to identify the cause of the symptom and reach a diagnosis, the patient should still have the symptom. The former verb indicates that the symptom has gone and does not continue.

In paragraph two the translator should have said *Ngokuba umama onentsholonwane kaGawulayo osulele usana olungekazolwa okanye olusanda kuzalwa (kodwa ke ziintsana ezithile ezizelwe ngoomama abanale ntsholongwane eziye zosuleleke yintsholongwane kaGawulayo)* instead of *ngumama owosulelekileyo kusana olungekazolwa okanye kusana olusandulukazolwa (kodwa ke ziintsana ezithile ezizelwe ngoomama abosulelekileyo ezithi zosuleleke yi-HIV)*. The original translation is very vague and difficult to understand. It contains language errors, like the incorrect use of tense and prepositions.

3.2.1.4.2 Pronouns

In this section the suitability of the pronouns used in the brochures will be investigated.

In **Brochure C** (p 1, bullet 3, part 4) the possessive pronoun *lwam* is unnecessary. The fact that the patient is going to ask for a monthly supply for him/herself has already surfaced in the personal pronoun *ndi* (“I”). The possessive pronoun *lwam* should therefore be discarded in that sentence.

3.2.1.4.3 Auxiliary verbs

In this section the auxiliary verbs used in certain brochures will be explored. Whether it is appropriate to use them or not will be investigated. All this will be done in order to examine the clarity and reader-friendliness of the texts.

The researcher translated the second sentence of the second part of paragraph three (**Brochure A**) as *Ziye zibonakale xa umntu egula zezinye izifo*. The translator should have omitted the phrase *engabi ngcono lula* in that sentence. The English version does not contain that phrase either. *Engabi ngcono* are spelt as two words, not one, as the translator indicated. *Engabi* is an auxiliary verb in a negative form. Auxiliary verbs are often separated from verbs in Xhosa, as in most other languages. Translators should note that language errors make it difficult for the reader to grasp the meaning of a text. Nida and Taber (1969:5) emphasise the fact that each language has its own genius, that is to

say, each language possesses certain distinctive characteristics which give it a special character, e.g. word building capacities, unique patterns of phrase order, techniques for linking clauses into sentences, markers of discourse, and special discourse types like poetry, proverbs and song. They further claim that each language is rich in vocabulary about the areas of cultural focus, the specialities of the people, e.g. cattle (Anuaks in the Sudan) and yams (Ponapeans in Micronesia).

A10 Retranslation:

Abantu abaninzi abanentsholongwane kaGawulayo abazazi ukuba banayo.

Awungekhe uthi umntu unentsholongwane kaGawulayo ngokumjonga nje.

Iimpawu zokuba umntu unentsholongwane kaGawulayo zibonakala emva

kweminyaka emininzi. Ziye zibonakale xa umntu egula zezinye izifo.

In the fourth sentence of paragraph four (**Brochure A**) *luya kukunceda* is the proper Xhosa orthography. The auxiliary verb *ya* is written disjunctively from the verb *nceda*. “HIV” has been translated as *intsholongwane kaGawulayo*. Sometimes errors like these emanate from not editing the final documents, and sometimes from the fact that the translator lacks professional training. Language errors hinder smooth reading of the text. The researcher shares Nord’s concern (1997:60) that the structural differences in vocabulary, syntax and suprasegmental features of two languages give rise to translation problems.

It is imperative to insert the auxiliary verb *ube* between the conjunction *okanye* and the word *orenji* in the last bullet of part two (p 5, **Brochure C**), for the sake of clarity and to avoid ambiguity.

3.2.1.4.4 Concordial agreement

This section will investigate whether concords have been linked correctly with verbs in sentences.

There should be concordial agreement between the verb *ngokwenza* and the verbs in the bullets; therefore *ngokubambana ngezandla*, *ngokuwolana*, *ngokuthimla*, *ngokusebenzisa isitya*, *amacephe amanye njalo-njalo* should be used instead of the abbreviation *njl njl*, for the sake of understanding and user-friendliness (**Brochure B**, part 3, par 1). One should remember one's TTR when translating. It has been mentioned previously that most South African citizens have little education (this is supported by the statement in the National Assembly by the former Minister of Education, Professor Kader Asmal, on the international literacy day, 8 September 1999. He said that in South Africa 3,5 million adults over the age of sixteen never attended school, and at least another 2,5 million have stayed a few years in school, but through lack of practice can no longer remember how to read or write effectively); therefore abbreviations will confuse them. The concordial agreement *ngo* should be used for all the verbs in the bullets. The concordial agreement *ngo* literally means "by" or "through". The translator has here adhered to the linguistic theory of word-for-word translation, and that hampers understanding of the message. Grammatical errors such as these contribute to communication barriers.

All the words with *ukulalana* were changed to the phrase *ukwabelana ngesondo*. However, the correct grammatical structure of the Xhosa language should be considered, for example *ngokwabelana ngesondo*.

The translator should have included the phrase *Le ntsholongwane* before the negative *Ayinakho* in the introductory phrase of part three (**Brochure B**). Translators should always think of their TTR as well as of the function of the TT. It will be difficult for TTR to link the previous phrase with the present one, unless everything is clearly defined; hence, even if the phrase *Le ntsholongwane* appeared in the previous paragraph, it should be repeated in this paragraph for the type of readers the brochure is aimed at. Concordial agreement should be considered. The concordial agreement should be *nge/nga*, which means "by" and/or "through". The action of mosquitoes and dogs should be clearly defined.

3.2.1.4.5 Locatives

This section will investigate whether locatives have been used properly and certain changes will be made, where nouns are supposed to be in the locative form.

In **Brochure B** (bullet 1, 2nd section, part 4) the noun *incindi* was changed to the locative *kwincindi*, because the virus is located there and for clarity of meaning. Another vowel *i* was added to the locative *akwindawo*, because this word should be in the plural form. The double *i* indicates the plural form.

3.2.2 *Macrostructure*

In this section issues relevant to the macrostructure will be discussed, such as the text layout, information density, use of address, use of colours and illustrations.

3.2.2.1 *Layout*

This section will investigate the layout of the brochures. The researcher will try to determine whether the layout is appropriate for the target readers. Layout comprises title, font, colours and form.

3.2.2.1.1 Title

The title of a document and/or text is always written in bold capital letters. Only the English version of **Brochure A** has a title in bold letters and a larger font. The titles in the other languages are in very small font.

The title of **Brochure B** is quite inspiring because it is in bold letters and it is straightforward. The researcher feels that it should be at the top of the page in the same colour background as it is, so that the letters can be visible.

The title of **Brochure C** is attractive and inspiring. The words are in big, bold letters, making them easy to read. They are also printed in different colours, which are bright and enhance the visibility of the words. However, the non-translation of the words “HIV/AIDS”, “II-STDs” and “TB” is a problem. As already mentioned, these ST words have Xhosa equivalents. The colour of the background complements the colour used for the words.

3.2.2.1.2 Font

The cover page or front page of **Brochure A** is uninspiring to people who are not competent in the English language. Xhosa, Afrikaans and Setswana should also be in bold letters, as is always the case with titles in texts.

For lay people a bigger font is preferable. In **Brochure A** the concern is space, as different languages have been condensed into one brochure. The intention of the brochure has seemingly not been taken into consideration; otherwise this brochure would have been split in four, taking each language into account. Thus this brochure is not user-friendly at all. Only the educated elite will be interested in reading it.

The font used in **Brochure B** is the right one for the type of audience. One can easily read the words without squinting.

The font used in **Brochure C** is suitable for the type of readership. Its effectiveness has been enhanced by the colours used for the words.

3.2.2.1.3 Use of colours

In **Brochure A** different colours indicate the different languages used in the document. This is unacceptable in a situation where most intended readers are semi-literate. They will be confused by this structure and may struggle to get to the next part. The various sections are far apart because of the other languages in between. The coherence and

cohesion of the text suffer because of this. It will definitely contribute to misunderstanding of the text. The exercise is also time-consuming, and will result in readers not having an urge to progress to the next part. Thus they may end up not reading most of the text. There is no point in producing texts that are not read.

It is the opinion of the researcher that each brochure should be written in one language only. It is well known that the Department of Health functions according to a strict budget, but this endeavour is a waste of money, as the information is not easily accessible to its intended readers. What the Department of Health is not taking cognisance of is that these glossy brochures are expensive and the cost of colour printing is high. Another salient factor that the Department of Health is not considering is that the government spends a great deal on the escalating AIDS deaths in our country. The distribution of these brochures was aimed at decreasing AIDS deaths by informing and educating people about ways to protect themselves against being infected with the disease. If the public are not well informed about these issues because of the way the brochures have been written, there is hardly any use in producing them. A solution may be that the Department of Health should use cheaper paper and that each brochure should use different language.

Yellow has been used for the words and pictures in **Brochure C**. Some words that are printed in yellow are partly shaded in white. The colouring of this brochure is quite attractive.

Brochure C makes use of a number of different colours. This makes the brochure more attractive than the other brochures. Words in different sections are printed in different colours. Pictures are also in different colours. Because of its attractive colouring, this brochure has the potential to attract more readers.

3.2.2.1.4 Form

The zig-zag form of both **Brochures A** and **B** is problematic for the type of readership. The way they are folded is time-consuming, as the readers are probably not acquainted

with this kind of brochure. It would be preferable if the brochures were in a kind of book, where one could just turn to the next page and/or pages. The form of **Brochure C** is suitable for its readership. It is known that these brochures are meant for well educated as well as for semi-literate people, who constitute a large part of the readership. This brochure is in book form and therefore it is user-friendly.

3.2.2.2 *High information density*

This section explores whether the text has too much information, which may eventually confuse the readers. It is always advisable to think about the kind of readership the text is meant for. High information density may lead to communication barriers; therefore it is advisable to choose only the information that is deemed necessary for the readers.

Documents produced for the National Department of Health and those produced for the Planned Parenthood Association of South Africa have a high information density.

For the brochure produced by the City of Cape Town Administration Health Department the researcher suggests that the information should be distributed among three brochures, as three different issues are communicated. Though the researcher is aware that these three issues are intertwined, she strongly feels that it would be better to separate them so as to avoid a brochure with high information density. It is not good to have too much information in one document for the kind of society we have in our country. The information should rather be distributed in the form of various pamphlets or flyers, as texts should preferably be short and simple.

Different colours have been used for different languages in **Brochure A**, but that is problematic as well, because these languages follow upon each other in each section of the document. It might have been better if the entire version for each language had appeared in one section. But the researcher recommends that each brochure should be written in one language.

3.2.2.3 *Illustrations*

This section will focus on illustrations used in the brochures, whether they are relevant to the texts or not, taking into consideration the readership of the brochures.

Illustrations have been used to assist in the interpretation of the text in **Brochure A**. This is quite impressive. The pictures correspond with the text. In **Brochure B** the illustrations appear only on the cover page and on the last page. They are quite impressive, meaningful and interesting. The inner pages of the text should have had illustrations corresponding with the text, so as to enhance the desire to read the text, and help with the understanding. **Brochure C** excels as far as illustrations are concerned. These are quite relevant and are in compliance with the texts. They are very brightly coloured and visible, and they enhance the understanding of the text.

3 Positive evaluation

This section will comment on positive aspects regarding the overall translation of the brochures.

The translator did a very good job when translating the parts marked with dashes in **Brochure A**. All the utterances are well known among amaXhosa.

In **Brochure C** the translation of the last bullet in part one (**C:1**) is good. The second bullet has been translated correctly and is simple and easy to understand. The third bullet has been effectively translated as well, except for the noun *khondom*, which should be *ikhondom*.

The fourth bullet in part two (**C:2**) is a good translation and is easy to understand. The fifth bullet has also been translated very well, as has the seventh bullet. There are no apparent communication barriers.

The section marked with dashes in part one (C:2) has been translated well. It is clear and understandable. The translator is to be commended for the good work.

The translation in all other sections marked with dashes is very good. There is no sign of any obstacle as far as communication is concerned. The translator converses well with the readers. In the retranslation the researcher changed the word *i-HIV/AIDS* (bullet 2, part 2) into *intshlongwane kaGawulayo noGawulayo ngokwakhe*. The third and last bullet has been translated well and there are no semantic barriers.

In the opinion of the researcher the translation of **Brochure B** is better than that of **Brochure A**, because it has fewer translation errors than the former brochure.

A problem identified in the first bullet of part two (**Brochure C:5**) is the non-translation of the acronyms “TB” and “HIV”. In the retranslation they were changed to *Isifo sephepha* and *intsholongwane kaGawulayo*, respectively. Otherwise, the translator did a very good job by translating this part so clearly.

The fourth bullet in part one (C:2) has been translated well. No misunderstandings by TTR are foreseen.

The translator did a very good job in the translation of **Brochure C**. Few translation errors were identified. The translation was much better than that of the other brochures, particularly **Brochure A**.

3.4 Conclusion

In conclusion, the researcher wants to emphasise that translators should always consider their TTR. They should also be aware that every text has a function to fulfil for its TTR. This means that translators have to analyse the ST extensively before translating and should even go the extra mile by consulting experts or ST authors when engaged in the

analysis of the ST. In support of the above view, Nord (1991:1) states that a model of translation-oriented text should enable the translator to understand the function of the elements or features observed in the content and structure of the ST. She further states that on the basis of this functional concept translators can choose the translation strategies suitable for the intended purpose of the particular translation they are working on. For various reasons, such as translating just for commercial gain, time pressure and/or not being properly trained as translators, most translators seemingly do not take cognisance of this view.

Some translations are not edited at all. Editing of translations is crucial in order to ensure that proper translations are produced. Non-editing results in poorly translated texts and such texts impede smooth reading and comprehension.

It is also crucial that translation norms should be exercised when translating. As mentioned before, translation is not just an exchange of words and structures, but a communicative process which takes into account the reader of the translation within a particular situation within a specific culture. This means that factual knowledge, i.e. knowledge of special fields, special terminology and foreign languages is undoubtedly an essential requirement for translators (Kusmaul, 1995:1). Procedural knowledge, i.e. methods of translation which are concerned with the actual process of translation, is the key to successful translation activity.

4. A READER-FOCUSED EVALUATION OF TRANSLATED HIV/AIDS BROCHURES

4.1 Introduction

In this chapter a reader-focused evaluation of the material will be conducted, i.e. the brochures will be checked to determine whether the text communicates effectively with the target readers or not. The readers' understanding of the brochures will be evaluated and problems they may have encountered while reading the brochures will be identified. The researcher will also identify what readers would like to see: research will be undertaken to test whether pictures, font size, layout, colours and the format of the brochures had any effect on readers' understanding. Based on the participants' responses, the researcher will evaluate whether her criticisms in the previous chapter were relevant.

4.2 Methodology (See Addenda A and B)

A qualitative research design will be used in this study which, according to Patton (1990), allows researchers to use a holistic approach where the researcher has direct contact with the subjects of the study in natural surroundings. The holistic approach enables the researcher to collect data on a number of aspects of this study. Gathering information from various sources allows the researcher to put together a complete picture of the social dynamics of a particular situation under investigation (Patton, 1990). Cresswell (1994:148) states that "the idea of qualitative research is to purposefully select the informants". According to this statement, the informants are not selected randomly but for their ability to contribute to the understanding of the issues at hand.

The informants in this study were purposefully selected from three different hospitals that have programmes dealing with HIV/AIDS infected patients. The use of interviews and discussions allowed the researcher to get a more complete picture of the issues under investigation. Reason's view (1994) is that the ecological, political, social and personal

crises we confront require research methods which can go deeper into the problem by involving the stakeholders in the identification and the solution of the problem. The use of the discussion method made the respondents feel confident and part of society building. They felt that they were contributing to issues involving policy making, as the researcher pointed out that their concerns would be made known to the public, as well as the government and various non-governmental organisations and companies.

Empirical testing was done on a group of patients in Langa Day Hospital and Gugulethu Day Hospital, respectively. Both groups consisted of fifteen members each. The ages of patients ranged between twenty and forty. Their level of education ranged from Sub A (Grade 1) to Standard 6 (Grade 8). They lacked communication skills because of their social background, and they were also economically deprived in the sense that they were jobless and/or ad hoc workers. Another factor that needs to be pointed out is that the participants had low concentration levels because of hunger. They had little knowledge about HIV/AIDS.

Empirical testing was also done on a group of patients at the Red Cross Children's Hospital. Although this is a children's hospital, the patients interviewed were not children. Many projects take place at this hospital and the AIDS programme is one of those projects. This group comprised fifteen members as well. Their ages ranged between sixteen and twenty-nine. Most of the group members still attend school or tertiary institutions. This group was more knowledgeable about HIV/AIDS than the other two groups.

All three groups expressed concern and had problems with the translated brochures. However, until they were told, they had been unaware that the Xhosa brochures were translations.

4.3 Problems and concerns regarding the translation of Brochure A

First the original translation was supplied to patients in order to determine whether they mastered the message or not. After their response to the original translation had been noted, they were supplied with the retranslation, also with the intention of noting their response.

4.3.1 Langa Day Hospital

A visit to Langa Day Hospital took place on 19 March 2003. Mrs Yoliswa Mngomeni, one of the nurses in charge of assisting with counselling HIV positive patients, facilitated the visit.

A group of HIV positive patients visits the hospital on a weekly basis for counselling. They are advised on how to follow a lifestyle which will make them live longer. The researcher found this an opportunity not to be missed, as the research was in need of a stable group that had to be visited more than once.

The patients were issued with the translated Xhosa HIV/AIDS brochure (**Brochure A: original translation**). This brochure was developed for the Department of Health: HIV/AIDS and STD Directorate, as part of the *Beyond Awareness* campaign of 1997/1998. The patients were asked to read the brochure thoroughly as the researcher wanted feedback from them. They were given enough time to ensure that even the slow readers would finish reading the brochure. As the brochure contained four different languages printed in different colours, they were told to read only the Xhosa parts, which were coloured blue.

Langa Township includes people from the old Langa location, from “zones” which used to be compounds for migrant labourers from rural areas. People living in zones are from different townships in Cape Town, including Langa Township itself and old Langa zones, i.e. the compounds for migrant labourers. Some Langa residents are from Joe Slovo

squatter camp. This social structure means that many people in Langa have limited literacy, and because of that, prompt understanding is limited. This means that communication with them needs to take place in a very simple and understandable manner.

Thirty respondents felt that the translation was difficult to understand. They indicated that they had to read it time and again in order to understand it. Some indicated that it was just difficult – they could not understand certain parts of the translation – and others indicated that they understood it with difficulty. Their general feeling was that the translation was not very clear.

About thirty-five respondents had a problem with the words “HIV” and “AIDS” as far as reading and reception were concerned. It needs to be stressed that HIV is a virus that causes AIDS. The proper translation, *intsholongwane kagawulayo* means that AIDS emanates from the virus called HIV. Some had a problem with the word *ivayirasi*, since the word is new in the Xhosa lexicon, and only well-educated people would understand the term. These words are actually medical jargon, which lay people do not use regularly or do not use at all. Some were not even sure of the meaning of the word *iimiliyoni* until it was explained to them. It should be remembered that these people had a low level of schooling; (see page 94) some could not even read, although the focus was on those who could read.

All the respondents complained that the brochure was difficult to read because they had to spend time looking for the Xhosa version among the other languages. They indicated that because of having to struggle to find the next Xhosa part in the text, they tended to forget the previous part that they had read. This affected their reception of the text and contributed to its lack of cohesion. They were dissatisfied because four languages had been used in one brochure. They did not consider the colours that indicate different languages to have helped them at all.

Some felt that the pictures that were used to enhance understanding were helpful, though others were of the opinion that the pictures did not make any difference to them as their concentration was mainly on the written text.

All the respondents also complained about the font size, saying that it was too small and made the text unattractive, so that they were not eager to read it. They did read the brochure, however, as they knew they would be expected to respond to it.

Forty-five of the respondents felt that having synonyms in brackets was confusing, because it affected their concentration on the main body of the text. **Brochure A**, par 1 contained such a bracketed word as well as **Brochure B**, part 2, par 3. The aim of these brochures is to educate and inform people about HIV/AIDS, and not to increase their vocabulary. Having synonyms in brackets would be proper in a school situation where the aim was to teach language.

All respondents also pointed out that the brochure was too long so that they felt reluctant to read it. It was only the presence of the researcher and the fact that they had been told that feedback about the brochure was expected from them that convinced them to read it. They stated clearly that if the researcher had not been present, they would just have thrown the pamphlet away or ignored it. This indicates that the public find long texts unattractive and uninspiring. This should be an eye-opener to the government, proving that a lot of money is being wasted on pamphlets that end up being useless to the people they were intended for. It is no wonder that the number of HIV infected people is escalating instead of diminishing, despite the fact that so much is written about the spread of the virus.

The format of the brochure was also a problem to the respondents. They complained that they were not sure which were the first and the last pages of the brochure as there were no page numbers. They found it problematic to unfold the brochure. Lay people are not familiar with brochures. It is preferable to use flyers, booklets or pamphlets for such people.

4.3.2 *Gugulethu Day Hospital*

A visit was undertaken to Gugulethu Day Hospital and Mrs Nothemba Dinga, a social worker in charge of counselling HIV/AIDS patients and those affected by the disease, facilitated the visit. These patients also visit the hospital on a weekly basis for counselling sessions.

Gugulethu Day Hospital caters for residents of Gugulethu, New Crossroads, KTC squatter camp, Nyanga and Old Crossroads. These residential areas also house people with a low level of schooling. The same age group as that of Langa Day Hospital was targeted, namely the age group ranging from twenty to forty.

Their response was exactly the same as that of the Langa Day Hospital respondents. They emphasised the difficulty of understanding the text because of the jargon used, the long sentences, the ambiguity of the text and the use of different languages in one brochure. The length of the brochure was also a problem.

The researcher asked them if it was the first time they had come across pamphlets on HIV/AIDS. They indicated that they had come across such brochures and pamphlets before, but they had never taken the time to read them. They said that the reason for that was the length of the brochures or pamphlets. Some indicated that they had tried to read some of them but had been unable to understand the texts. They were not sure whether it was because of their low level of education. The researcher suspected that it was because of the poor translations. Some even said that it was difficult to read isiXhosa. The respondents also indicated that the brochure was too exhausting because of the long sentences with many commas, which contributed to their being reluctant to read the text.

4.3.3 *Comments on the retranslation of Brochure A*

During a second visit to these two hospitals the researcher handed the patients her **retranslation of Brochure A**.

The respondents were adamant that the retranslation was more understandable and readable than the original one. They indicated that they were better informed and also felt more relaxed when reading the retranslation. They were, however, concerned about the length of the brochure, which was more or less the same as that of the original translation. They noticed the absence of the jargon that had been used in the original translation, for example *HIV*, *AIDS* and *ivayirasi*. The researcher explained that HIV is a virus that causes AIDS and that AIDS is a full-blown disease that leads to death. The Xhosa retranslation puts that information into perspective. Some respondents could not even pronounce “HIV” and “AIDS”. They felt that the Xhosa words were appropriate for them.

It is suggested that the use of pamphlets should be investigated to convey messages of this nature. In this brochure, for instance, each part of the Xhosa text merited a pamphlet of its own.

About twenty-five of the respondents felt that having synonyms in brackets was confusing, because they tended to forget what had been said before and started to concentrate on the bracketed word. Translators should try to be as accurate and clear as possible when translating. The researcher feels that bracketed words might be used depending on the level of education of target readers, as well as on the intention of the text.

4.4 Problems and concerns regarding the translation of Brochure B

The respondents in both hospitals were asked if the researcher might leave other brochures for them to read. It was pointed out to them that reading is essential for gaining knowledge. They were prepared to read both **Brochures A and B**, but only one brochure at a time was left.

Respondents from both hospitals indicated that, although **Brochure B** (in the **original translation**) was long, it was not as long as **Brochure A**. They were satisfied that this brochure was mainly in Xhosa. Their concern was the cover page, which exhibited the English words “acquired”, “immune”, “deficiency” and “syndrome”. They indicated that they were confused and that they could not figure out the meanings of the words. They had tried to read them in isiXhosa and found them meaningless. In the previous chapter it was mentioned that translators should always take cognisance of their target readers and the intention of the text. The reaction of the respondents clearly proved this point. They praised the illustration on the cover page and the question related to the illustration, although they had considered the word “HIV” problematic in **Brochure A**. This time they knew that the word meant *intsholongwane kaGawulayo*.

About thirty-five respondents pointed out that there were certain parts of the text that they could not understand, like part one and the last section of part two (p 1). Their main concerns were the inclusion of English, which they could not understand, and the ambiguity of the text.

About forty respondents commented on the bullets used in the brochure. They were unable to discover the correct meaning, as they saw single words listed one after the other. The researcher found that it was difficult for them to link the introductory phrase with the bullets; hence the researcher is of the opinion that the use of bullets should be avoided for this target audience. (See parts 2 and 3.)

Almost all respondents were concerned about the use of impolite words and phrases, like *ukulalana*. They felt that in their culture certain words, although of Xhosa origin, are not uttered in public. This concern was discussed in part 2, par 1.

The length of the brochure was another matter of concern. Respondents felt that the brochure was too long, so that they tended to forget the contents of the previous parts. The brochure should have been divided into four pamphlets. It had a high information density. However, they indicated that, although there were some flaws in this brochure, it was more understandable than **Brochure A**. This corresponds with the findings of the researcher during an analysis of the brochures.

The researcher asked the permission of the respondents to leave another brochure, the retranslation of **Brochure B**. The respondents were quite willing after the reason for the research had been explained to them.

4.4.1 Comments on the retranslation of Brochure B

Both hospitals were visited once more in order to get the patients' response to the **retranslation of Brochure B**.

The respondents indicated their satisfaction with the retranslation. They said that it was easier to understand. They felt satisfied that the aim of the brochure was to inform them on how to protect themselves from HIV/AIDS. They remarked that if they had received such brochures from the onset they might not have been in the situation in which they were. It should be remembered that these respondents were already infected with HIV. They even suggested that it would have been good for the research to include people who are HIV negative, particularly the youth.

The respondents were very impressed with the cover page, which displays an illustration of two good-looking young people, a lady and a man, standing close to each other. The

wording corresponds with the illustration. They indicated that it was more meaningful than the original translation since the wording was in isiXhosa.

They commented on the yellow colour used for the brochure. They felt that it was too bright and affected their eyesight adversely. They were satisfied with the size of the font and the illustrations, particularly those that gave instructions on how to use a condom. Some felt that it would not be enough just to see the instructions; they would have preferred a live demonstration.

4.5 Problems and concerns regarding the translation of Brochure C

It was decided to use another test group for this brochure. On 14 January 2003 the researcher visited the Red Cross Hospital in Rondebosch. Ms Nombeko Kula, a social worker at the hospital, facilitated this visit. She works with a group of patients who visits the hospital on a weekly basis for counselling. This group comprises youths between 16 and 29. Most of them still attend school, while others are enrolled at tertiary institutions.

The respondents were given the **original translation of Brochure C** and the researcher explained to them the aim of her research. She asked them to read the brochure thoroughly. She told them that she would return the following week for their comments on the translation. They were asked politely to write everything down so that they would be able to remember.

Most of the respondents felt that the medical jargon "HIV/AIDS" should have been in Xhosa. Some indicated that they had no problem with the jargon as they understood it, but they pointed out that their main concern was people with little education that might have problems with the interpretation of the jargon.

All the respondents also expressed their concern about the use of impolite words and/or phrases like *ukulalana* and words like *incanca*. They felt that *ukwabelana ngesondo* is a more polite phrase for sexual involvement and *ubhuti* or *ubudoda* is a suitable translation

for the noun “penis”. They were also concerned about the orthography of words such as *ikliniki* and *ibranti*. They felt that the letter *h* should be inserted before the last *k* of the noun *ikliniki* as well as after the letter *b* of the noun *ibranti*. They complained about certain parts that were not clear because of the choice of words and the wrong spelling.

Since there were some English words in the brochure, particularly in the second sentence of part one (p 4), the respondents were concerned about people who are not well educated and who may not be able to read English.

They indicated that they found the brochure impressive because of its form. They also praised the font size and the colouring. However, they complained about the length. They felt that it was too long and should have been divided into different brochures or pamphlets because in reality it contained different subjects. They also praised the illustrations and their relevance to the text.

About half of the respondents felt that part three (p 1) was problematic because of the use of dashes. They indicated that it was easy to forget the introductory phrase and that they had difficulty in connecting it with the word and/or phrases between dashes. They felt that it would have been appropriate if that part had been rephrased, for example *Ukuba ndinerhashalala kufuneka ndiye eklinikhi*. Otherwise they indicated that they did not encounter many comprehension problems in this brochure. The researcher had also considered the translation of this brochure to be much better than that of the other two brochures.

The retranslation of **Brochure C** was left for the respondents to study and comment on. They were urged to write down their comments.

4.5.1 Comments on the retranslation of Brochure C

The researcher returned the following week to collect the comments on the **retranslation of Brochure C**. The reaction of the respondents was that the retranslation was clearer and

easier to understand. They praised the translation of the English words that had not been translated in the original translation.

The respondents were impressed with the form of the brochure, the colouring and the font. They also commented that the illustrations were relevant to the text and that they enhanced their understanding of the text.

4.6 Conclusion

The reaction of respondents indicates that poorly translated texts hamper understanding, which contributes to inaccessibility of information. If the message is not clear, the person who is supposed to receive the message is deprived of it. It is true that a lot has been written and said about HIV/AIDS, but because of poor transmission of knowledge, many of those endeavours have been proven worthless.

Translators are the ones whom people rely on at grassroot level; therefore they should be faithful to the people they serve by communicating with them at their own level. This means that when they translate they should always think about their target readers, as proposed by the skopos or functionalist theory.

5. REMEDY AND CONCLUSIONS

This section will highlight some theories or assumptions which may be beneficial in avoiding certain translation problems, as suggested by translation scholars. First, text analysis strategies for trying to remedy translation problems will be investigated, whereafter the skopos theory will be examined through addressing issues related to translation problems.

5.1 Text analysis strategies

This section will mainly revisit comments and suggestions on text analysis strategies by selected translation scholars.

5.1.1 *The linguists and text-linguists*

Catford (1965:21) sees translation as an operation performed on languages, a process of substituting a text in one language for a text in another. According to him, we do not transfer meaning between languages but we merely replace a SL meaning by a TL meaning that can function in the same way in the situation at hand. Catford's view illustrates that when translating we should not overlook the meaning of the ST but should retain it and transfer it in a manner that is conducive to the TTR.

Catford (1965) emphasises that translation is simply a matter of replacing each SL item with the most suitable TL equivalent. By "most suitable" item it is assumed that Catford means that one does not have to follow the structure of the ST and that one can make adaptations and amendments to the ST in order to come up with the same meaning as that of the ST, and also that the text should be functional for the TTR. This seems to be compatible with Nida's notion of dynamic equivalence (Nida 1964:159)

Nida's model of translation has come to be inextricably linked with the notion of dynamic equivalence. Equivalence of this type refers to the set of procedures by means of which the message of the original text will be so transported into the receptor language that the response of the receptor is essentially like that of the original receptors (Nida & Taber, 1969:200). Nida emphasises the importance of retaining the meaning of the ST when translating. This may be compared with what Nida calls formal equivalence: an orientation to translation which focuses attention on the message itself, in both form and content (1964:15). Other translation scholars like Hatim supported the notion of dynamic equivalence.

Hatim (2001:19) claims that dynamic equivalence procedures include:

- ❖ Substituting more appropriate TL cultural material for less accessible SL items. The acronym "HIV", for example, is a less accessible SL item and *intsholongwane kaGawulayo/yesifo uGawulayo* represents more appropriate TL cultural material.
- ❖ Making references, which are implicit in the ST linguistically, explicit in the TL. An example: "Most people who are infected with HIV ..." (ST) *Abantu abaninzi abanentsholongwane kaGawulayo ...* (retranslation). Original translation: *Abantu abaninzi abosuleleke yiHIV ...*
- ❖ Regulating redundancy in order to facilitate comprehension. An example: "HIV" (ST) – redundant to target readers as it is meaningless to them; *intsholongwane kaGawulayo* – this illustrates the sociocultural aspect of this translation method at work.

As Nida (1964:59) puts it, translators working within the framework of dynamic equivalence will be interested in trying to relate the receptor to modes of behaviour relevant within the context of his/her own culture. That is why they will be much concerned with matching the receptor language message with the SL message, a procedure typical of formal equivalence. Nida and Taber (1969:201) claim that formal equivalence often distorts the grammatical and stylistic patterns of the receptor language.

This accentuates the fact that dynamic equivalence is the more appropriate method to consider when translating.

Adjustment to translation is recommended. The equivalence relations involved are described in terms of adjustment, which implies “free versus literal translation”(Nida & Taber 1969:202). Formal equivalence represents the ST on its own terms, with little or no adjustment by way of bringing the text nearer to the TL linguistically or culturally. However, because of numerous incompatibilities that inevitably exist between source and target cultures, this method of translation can be a cause for concern. In certain parts of the brochures, for instance, the translator ignored the TC in the sense that formal equivalence was used without paying heed to cultural aspects in the translation.

Hatim (2001:20) is of the opinion that adjustments include a set of modification techniques aimed at upholding TE and in the process ensuring that the TL version is accessible. He further states that adjustment may involve ironing out structural differences, establishing semantic harmony, achieving stylistic appropriateness and taking care of problems associated with what Nida (1964) calls “the information load”.

In dynamically equivalent translations, recourse may also be made to certain adjustment techniques, such as:

- ❖ Adding or taking away information
- ❖ Altering the material
- ❖ Providing footnotes
- ❖ Generally modifying the ST by removing any element likely to be perceived as alien, if not totally incomprehensible to the target audience (Hatim: 2001:20).

This merely means that when translating, the main concern should be the TTR.

One should also consider the functionality of the text to target readers. This should be done by not overlooking the meaning of the ST. In order to achieve good results the translator should think of incorporating the above suggestions by Hatim.

Nida (1964:156) states in no uncertain terms that there can be no absolute correspondence between languages. He further recommends the following process of translation: Analysis – Transfer – Restructuring. Analysis, according to Nida and Taber (1969), begins with a set of procedures which are employed to discover the kernels underlying the ST and the clearest understanding of the meaning, in preparation for the transfer. They refer to kernels as the basic structural elements to which syntactically more elaborate surface structures of a language can be reduced. These are:

- ❖ object words (nouns referring to physical objects, including human beings). Examples are *emlonjeni* (**Brochure B**), *ikhondom* (**Brochures B and C**) and *oogqirha* (**Brochures A and C**).
- ❖ event words (including actions represented by verbs). Examples are *ukwabelana ngesondo* (**Brochures A, B and C**), *ukosulela* (**Brochure B**) and *igqithiseleka* (**Brochure A**).
- ❖ abstracts (words relaying features of objects, events, other abstracts). Examples are *kaGawulayo/yesifo uGawulayo* (**Brochures A, B and C**) and *esosulela ngokwabelana ngesondo* (**Brochure C**).
- ❖ relationals (linguistic items functioning as linking devices, such as concordial agreements and syntactical links).

Transfer is the stage during which the analysed material is transferred in the mind of the translator from language A to language B (Nida & Taber, 1969:33). The translator has the kernels to work with and in the light of his or her knowledge of TL structure these are modified until a form is settled on which will be optimal for transfer into the receptor language (Nida & Taber, 1969:51). That is why it is advisable that translators should be well versed in the TL in order to be able to make the necessary modifications when translating.

It should be taken into cognisance that kernel elements do not occur in a conceptual vacuum. They will somehow be marked temporally, spatially and logically. Transfer imbues initial kernel analysis with context and dictates the necessary adjustments. The transfer stage is a meaningful act of reworking a text and not simply an exercise in

mixing and matching. What is involved is more than the straightforward replacement of SL elements with their most literal TL equivalents.

In harness with analysis and transfer, the third and final stage in the process of translation is restructuring the transferred material, which until now existed only in the form of kernel sentences. What is needed is a mechanism by which the input that has accrued so far may be transformed into a stylistic form appropriate to the receptor language and to the intended receptors (Nida & Taber, 1969:206).

Nida and Taber further claim that another important aim of the restructuring process is to ensure that the impact of the translation on its intended receptors is what the ST producer intended. Any message which does not communicate is useless. Thus it is only when a translation produces in the receiver a response which is essentially the same as that of the original audience, that the translation can be considered dynamically equivalent to its ST.

Emphasised features in the restructuring stage are the following:

- ❖ The choice of oral or written mode
- ❖ The role of sociolinguistic and situational factors
- ❖ The selection of appropriate genre and type of discourse
- ❖ Appropriate language varieties or styles
- ❖ The choice of formal features and lexical items

These elements should be borne in mind and assessed in terms of whether or not they were intended to produce a special effect.

The above arguments validate the fact that a translation has to stand in some kind of equivalence relation to the original and that the TT should be meaningful in order to be understood by TTR. It should be noted that equivalence in translation is not an isolated, quasi-objective quality. It is a functional concept that can be attributed to a particular translational situation. This leads to the belief that there is a purpose for any communication in any given situation.

One theory/approach of translation which seems to have its emphasis on the TT without ignoring the ST (what dynamic equivalence is about) is the skopos theory.

5.1.2 *The skopos theory*

In this section suggestions will be given on how to translate effectively. This will be done by quoting various functionalist scholars that support the skopos theory, as it is imperative to look at the purpose or aim of communication in any given situation.

Vermeer (1989:174) is of the opinion that the translator is an expert. Thus it is up to him/her to decide, for instance, what role a ST should play in his translation action. He claims that the decisive factor in this instance is the purpose, the skopos, of the communication in a given situation.

Functionalism is an influential trend in translation studies. This new focus on translation purpose emerged in Germany. Skopos is a Greek word meaning purpose or goal. The theory holds that the way the TT eventually shapes up is determined to a great extent by the function, or skopos, intended for it in the target context.

The idea of skopos relies on key concepts in pragmatics, such as intention and action. The first rule of skopos is that interaction is determined by purpose. It is therefore crucial to translate while keeping in mind the purpose of the text. The second rule of skopos is that purpose varies according to the text receiver. In the case of the brochures that were analysed, the text receivers were both educated and poorly educated members of the South African society, therefore these brochures should be simple in order to accommodate the large number of South Africans who have little education. This means that the audience should be taken cognisance of when translating, because in the true sense translation is an act of communication.

The framework for translation decisions is governed by factors both textual and contextual. One such factor is audience design, which accounts for the way a TT is intended to be received. This largely determines which translation strategy is most appropriate. Different purposes may be served by different translation strategies, and translation proper, paraphrase or re-editing may attend to different communication needs.

Mainstream skopos theory insists that the TT must be produced with a given purpose in mind and that translation functions well when shaped by a particular purpose. This means that one has to translate in a way that enables one's translation to function in the situation in which it is used, for the people who want to use it and precisely in the way they want it to function (Vermeer, 1989, cited in Nord, 1997:29).

Three major kinds of purpose in translation are recognised within the skopos framework:

- ❖ The communicative purpose aimed at by the TT
- ❖ The strategic purpose aimed at in using a particular translation procedure (e.g. the option of a fluent, simple translation)
- ❖ The general purpose aimed at by the translator (i.e. whatever motivates that person)

Such purposes cannot all be equally important and must be prioritised. According to the skopos theory, the success or failure of a translation is ultimately decided by whether it can be interpreted successfully by the target recipient in a manner that is consistent with what is expected of it. Failing this, the translation will lead to what is referred to as “protest” (Nord 1997). The term “protest” can be explained by saying that the translation does not serve its purpose and function. It is therefore imperative to ask whether translations can be interpreted successfully by the target recipients, failing which, it means that translation strategies have to be devised that will serve the intended purpose. In this regard, translators should investigate the skopos theory.

Hatim (2001:75) is of the opinion that skopos theory subscribes to a view which posits “feedback” (i.e. response by the text receiver) as an essential part of any interaction. The

reaction to the message once it is delivered indicates the extent of its success. The statistics of HIV infected people in South Africa show that the message about prevention of HIV/AIDS has been unsuccessful, although a lot has been written about the subject.

A message is deemed successful if in the target situation it elicits no “protest” to indicate that the message has not been received in the manner intended and/or expected. Intention is thus closely bound up with function, the latter being the use (or interpretation) assigned by the receiver to the incoming message in the light of his or her expectations, needs, and prior knowledge (Nord, 1997, cited in Hatim, 2001:75). In some cases these HIV/AIDS brochures seem not to be serving their purpose and fulfilling their function, as is evident from the escalating numbers of HIV/AIDS patients and deaths, but at the same time the function of the brochure could be 100% correct but there is still the choice of the individual.

As judged by the receiver, success is measured in terms of the coherence of content and intention (the latter encompassing “use” or “interpretation”). A protest will ensue if coherence is impaired as a result of either the content of the message or the intention of the text producer/translator being below par for whatever reason. This seems to be the case in certain parts of HIV/AIDS brochures. Some respondents, for instance, pointed out that they could not understand certain parts of the brochures. Analysis of the translation showed that this was due to non-coherence of the text in terms of content and intention.

It is evident that some translators lack the proficiency to put across the message in an explicit manner. Hence the researcher is of the opinion that the remedies above are worthwhile considering in order to improve translation activities.

5.2 Further advice and concerns about HIV/AIDS

It is worth mentioning further advice and concerns about HIV/AIDS, as expressed by various people.

On April 12, 2003 the researcher watched a programme on SABC 1 called *Asikhulume*, presented by Xolani Gwala. The topic was HIV and AIDS and the title was “Is South Africa taking the AIDS pandemic seriously?”

One member of the panel indicated that the spread of HIV/AIDS could be attributed to behavioural tendencies of the youth. He pointed out that the youth is the sector that is most often infected with HIV. They attend “bashes” and drink more liquor than necessary. As a result they end up getting involved in sexual activities without using condoms. Gilian Nuri Samuels of *AIDS Today* felt strongly that there should be a change in behavioural tendencies. Parents need to talk to their children.

The most important aspects that were emphasised were prevention, and education about HIV/AIDS. It was stressed that parents should instil the moral values and norms expected by society in their children. Dr Zweli Mkhize strongly felt that the youth have to be taught the correct manner of behaviour in order to alleviate the spread of the HIV/AIDS pandemic. He further said that there should be guidelines for telling people how to behave to prolong their lives, and that people should be well versed in good behaviour and morals. There was a strong feeling that parents should use traditional methods of disciplining.

The panelists indicated that it is the responsibility of society at large to give people knowledge that will encourage them to behave in an acceptable manner. They indicated that *Love Life* messages are not understandable and that they are confusing. The panel mentioned a particular message which they felt was confusing: “Let’s love them enough to talk about sex”. They indicated that as far as HIV/AIDS is concerned, prevention should be the key message.

One of the panelists claimed that the immigration system also contributes to the escalation of HIV/AIDS. It was stressed that the government should play a role as far as this problem is concerned.

It was also pointed out that the government should address the issue of poverty, because if people are poor it becomes difficult for them to make informed decisions. People may end up doing something immoral just to still their hunger.

Some panelists indicated that *Life Skills* programmes in schools should convey a consistent message. There is also a need for consistent messages from the government about this pandemic. It was felt that “the ABC message”, which stands for “Abstinence, Be faithful, Condomise”, is effective.

Mr Vuyani Jacobs of the Treatment Action Campaign (TAC) mentioned that about 600 people die daily because of AIDS-related illnesses. He maintained that the means of fighting this epidemic should be cross-sectoral and multisectoral; that is, the government should work collaboratively with organisations and companies.

5.3 Conclusion

Judging from the reaction of respondents, it is evident that a large number of South Africans are deprived of access to information. The government, non-governmental organisations and companies think that they have done their best to inform people about the prevention of HIV/AIDS, not knowing that the people they hire to make such information accessible are not doing their job well because of the way they translate documents pertaining to this subject.

In South Africa people think that factual knowledge is the only requirement for translators. Both procedural knowledge and native-speaker competence are essential requirements for translation. Kussmaul (1995:1) supports this notion when he distinguishes as follows between factual and procedural knowledge:

We often come across texts involving experts sharing the same language which are hard to understand, even by other experts, because these texts lack for instance a coherent logical structure or fail to rouse and hold the reader's interest. The people who were writing these texts knew what they were writing about, but they did not sufficiently know how to write. In the same way translators must know how to translate. Translation, to put

it briefly, is not just an exchange of words and structures, but a communicative process that takes into consideration the reader of the translation within a particular situation within a specific culture. People engaged in translation studies are trying to describe just how this process works.

This quotation states explicitly that translation cannot be done by just anyone. There is a need for people who are professionals in the job if there are to be better results in the end.

In keeping with the initial hypothesis, the findings of this researcher reveal that most people in South Africa do not have access to information about the endemic HIV/AIDS, owing to the fact that most brochures aimed at educating people about the disease have been poorly translated; therefore they are neither read nor understood by target readers. What translators seem to ignore is that translation is goal-oriented, and as such it should achieve its goal fully, not partially.

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ADDENDUM A

A.1 Questionnaire on original translations

You are kindly requested to fill in this questionnaire, which pertains to Xhosa translated HIV/AIDS brochures. This is a deliberation to do my research on “Reader-centredness of HIV/AIDS brochures written in isiXhosa”. I want to thank you in advance for your valuable information, which will facilitate this research. **Ngongazenziyiyo wona umbulelo. Nangomso!!**

Name:

Address:

.....

.....

Gender:

Age:

Place of birth:

1. Did you understand the isiXhosa HIV/AIDS brochure that I requested you to read?
.....

2. If not, what was the problem? Elaborate.
.....
.....
.....

3. Are there any words in the text that you do not know and/or understand?
.....

4. If yes, which are these words?
.....

5. Is there anything in the text that you feel it does not comply with the norms and values of isiXhosa tradition/culture?

.....

6. If yes, which are these?

.....
.....

7. What would be the relevant equivalents for these things and/or words or statements?

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

8. Since the brochure is written in three languages, one after the other, do you find it user-friendly or not? (For brochure "A")

.....

9. If not, why? Elaborate.

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

10. Do you have any problems as far as the layout of the brochure is concerned or not?

.....

11. If yes, which problems do you have?

.....
.....

12. Do you have any problems pertaining to the font of the brochure?

.....

13. If you find the font problematic, what is it exactly that does not satisfy you?

.....
.....

14. Did you find the illustrations corresponding with the text?

A. 2 Questionnaire on Retranslations

You are again kindly requested to fill in this questionnaire, which also pertains to reader-centredness of isiXhosa translated HIV/AIDS brochures. Thanks again for your contribution.

1. Did you understand the second brochure I requested you to read?

.....

2. If yes, or no, why? Please elaborate.

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

3. When comparing the two brochures, which one is more understandable and why?

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

ADDENDUM B

Interview Questions

1. Did you ever come across HIV/AIDS brochures/pamphlets written in isiXhosa?
.....
2. If yes, did you read them?
.....
3. Was the message clear to you or did you understand the content of the brochure/pamphlet?
.....
4. If not, what was the problem?
.....
5. Did you ever read HIV/AIDS brochures written in English?
.....
6. If yes, did you understand the content of the brochure?
.....
7. If not, what was the problem?
.....
8. Would you prefer to read HIV/AIDS brochures/pamphlets written in isiXhosa or written in English?
.....
9. Give reasons for your answer.
.....

ADDENDUM C / ISIHLOMELO C

Original Translation of Brochure A / Uguqulo lokuqala lwencwadana A

LANGUAGE GROUPS • W CAPE, E CAPE, N CAPE, N W PROVINCE

Key points about HIV/AIDS

| | | |
|------------------|---|----------|
| AFRIKAANS | Sleutelpunte oor HIV/VIGS | A |
| ISIXHOSA | Imiba engundoqo nge-HIV/AIDS | X |
| SETSWANA | Dintlha tse di botlhokwa ka ga AIDS/HIV | T |



AIDS HELPLINE
☎ 0800-012-322

AIDS is a disease that affects millions of South Africans. It is caused by a virus called HIV that slowly weakens a person's ability to fight off other diseases.

VIGS is 'n siekte wat miljoene Suid-Afrikanners raak. Dit word veroorsaak deur 'n virus wat as HIV bekendstaan, wat stadigaan 'n mens se vermoë om ander siektes te beveg, afbreek.

AIDS sisifo esichaphazela iimilioni zabantu baseMzantsi Afrika. Ibangelewa yintsholongwane (yivayirasi) ebizwa ngokuba yi-HIV, yona evikiva neqoba amandla omntu okulwa ezinye izifo.

AIDS ke bolwetse jo bo amang dimillione tsa batho ba Aferika Borwa. E bakiwa ke virase ya HIV e e koafatsang mmele wa motho mme e dire gore mmele o seka wa kgona go lwantsha malwetse a mangwe.

HIV is spread from one person to another.

- by having unprotected sex with an infected person
- through contact with infected blood
- from an infected mother to her unborn or newborn baby (but only some babies born to infected mothers become infected with HIV).



You cannot be infected with HIV in other ways. For example, if a person with HIV coughs, he/she cannot pass on the virus. If you hug or touch a person with HIV you cannot get HIV.



HIV word van mens tot mens versprei deur

- onbeskermdde seks met iemand wat die infeksie het
- kontak met besmette bloed
- oordrag van 'n moeder met die infeksie aan haar ongebore of pasgebore baba (maar net sommige baba's van besmette moeders word gebore met die infeksie)

Jy kan nie op ander maniere besmet word met HIV nie. As iemand met HIV hoë, kan jy of sy byvoorbeeld nie die infeksie oordra nie. As jy iemand met HIV omhels of aanraak, kan jy nie met HIV besmet word nie.

HIV igqithiseleka komnye umntu iye komnye.

- ngokulafana (ngokwabelana ngesondo) okungakhuselekanga nomntu owosuleleke sesi sifo
- ngokudibana negazi abosulelekileyo
- ngumama owosulelekileyo kusana olungekaziwa okanye kusana olusandulokuzalwa (kodwa ke zintsana ezithile ezizelwe ngoomama abosulelekileyo ezithi zosuleleke yi-HIV).

Awunakosuleleka yi-HIV ngezinye indlela. Umzekelo, ukuba umntu one-HIV uyakhohlela, akanakuyigqithisa le vayirasi. Ukuba wonga okanye ubamba umntu one-HIV awunakosuleleka yi-HIV.

HIV e fetelela go tloga go motho mongwe go ya go yo mongwe:

- ka go dira thobalano e e sa sirelediwang
- ka go kopana le madi a a tshwaeditsweng ke HIV
- go tloga go mme go ya go ngwana yo o fa mpeng kana yo moswa (fela ga se bana botlhe ba ba belegileng ke bomme ba ba tshwaeditsweng ba ba tshwaetsegang ke HIV).

O ka se tshwaetse ke HIV ka ditsela tse dingwe. Go nea sekao, fa motho yo a nang le HIV a othola, a ka se go tsenye virase e. Fa o ka kgoma kgotsa wa aka motho yo a nang le HIV o ka se tshwaetsege.

Most people who are infected with HIV do not know they are infected, and you cannot tell if a person is infected just by looking at them.

It takes many years for the signs of HIV infection to show up. This is usually when a person becomes ill from other diseases.



Die meeste mense wat na HIV besmet is, weet dit nie, en jy kan nie op die oog af sien of iemand besmet is nie. Dit vat baie jare voordat die tekens van HIV infeksie na vore tree. Dis gewoonlik as iemand siek word van iets anders as nie gou kan gesond word nie.

3. Abantu abaninzi abosuleleke yi-HIV abazazi ukuba bosulelekile, kwaye awungeki utsho ukuba umntu one-HIV ngokumjonga nie. Iimpawu zokosuleleka yi-HIV zithatha iminyaka emininzi ukubonakala. Oku kudla ngokwenzeka xa umntu egula zezinye izifo kwaye engabingcono lula.

Batho ba le bantsi ba ba nang le HIV ga ba tse fa ba tshwaetsegile, mme o ka se ka wa kgona go bona gore motho o nale yona ka go mo leba. Go tsaa mengwaga e le mentsi gore ditshupo tsa HIV di bonagale. Se, gantsi se direga fa motho yo a iwala a tshwere ke malwetse mangwe mme a sa nne botoka ka bonako.

An HIV blood test can be done at some clinics, or by a doctor, or at an AIDS Training, Information and Counselling Centre (ATICC) in most cities.

You cannot be forced to have an HIV test. It is your choice. The results are confidential and only told to you.

Having the test will help you to better plan your future and to prevent the spread of HIV.



’n HIV bloedoets kan by sommige klinieke of deur ’n dokter gedoen word, of by VIGS Opvoeding, Inligting en Berading Sentrums (ATICCs) in die meeste stede.

Jy kan nie gedwing word om ’n HIV toets te ondergaan nie. Dis jou keuse. Die resultate is vertroulik en word slegs aan jou bekendgemaak. As jy die toets ondergaan, sal dit jou help om jou toekomstige lewens te beplan en die verspreiding van HIV te keer.

Uvavanyo lwe-HIV egazini lungenziwa kwezinye iikliniki okanye ngugqirha okanye kuMaziko oQeqesho, INKcazelo noLuleko nge-AIDS (Aids Training, Information and Counselling Centres okanye ATICCs) akhoyo kwizixeko ezininzi.

Awunakunyanzeliswa ukuba wenze uvavanyo lwe-HIV. Uzithandela ngokwakho. Iziphumo zolu vavanyo ziyimihlo kwaye zixelelwa wena kuphela. Uvavanyo luyakukunceda ucwangcise kakuhle ikamva lakho kwaye ukhusele ukusasazeka kwe-HIV.

Teko ya madi ya HIV e ka diriwa kwa dikliniking dingwe kana ya dirwa ke ngaka, kana kwa di AIDS Training, Information and Counselling Centres (ATICCs) tse di bonwang kwa bontsi ba ditoropo.

O ka se gapelediwe go dira teko ya HIV. Ke boithhopelo jwa gago. Dipholo tsa teng ke sephiri mme di bolelelwa wena fela. Go dira teko ya HIV go tla go thusa go rulaganyetsa bokamoso jwa gago le go sireletsa ishwaetso ya HIV.

HIV infection can be prevented by:

- saying "no" to sex
- staying faithful to your sexual partner
- using a condom every time you have sex
- asking your health worker about HIV-risks when you are pregnant
- preventing direct contact with blood by using gloves, plastic bags or other barriers.



There is no cure for AIDS, but many people infected with HIV live long healthy lives.

They do this by taking care of their health, keeping fit, getting treatment when they are sick, eating correct foods, reducing stress and practicing safer sex.



If you have any questions about HIV/AIDS you can phone this free 24-hour AIDS Helpline at 0800-012-322.



HIV Infeksi kaon yabegh'voni deuf
 1. ng'be se'ni sa'ni
 2. g'atome'ni y'ani'ni sa'ni
 3. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 4. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 5. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 6. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni

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6. Akukho y'ani'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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Asi'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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7. Ukuba unayon'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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 2. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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8. Ushwabe'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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There are a number of other leaflets in this series that give more information about AIDS.



Deaf is g'atome'ni y'ani'ni sa'ni ng'be'ni ng'be'ni ng'be'ni
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 2. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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8. Ukuba unayon'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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 2. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 3. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 4. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 5. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni

Ushwabe'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 1. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 2. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
 3. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni
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 5. ng'be'ni ng'be'ni ng'be'ni ng'be'ni ng'be'ni

ADDENDUM D / ISIHLOMELO D
RETRANSLATION OF BROCHURE A / UGUQULO KWAKHONA
LWENCWADANA A

/Paragraph 1 / Umhlathi 1

UGawulayo sisifo esichaphazela izigidi zabantu baseMzantsi Afrika. Ubangelwa yintsholongwane kaGawulayo. Le ntsholongwane ivikiva ize iqobe amandla omntu okulwa nezinye izifo

Paragraph 2 / Umhlathi 2

Part 1 / Icandelo 1

Intsholongwane kaGawulayo yosulela ngezi ndlela zilandelayo:

- ❖ Ngokungasebenzisi ikhondom xa usabelana ngesondo nomntu onale ntsholongwane
- ❖ Ngokudibana negazi elosulelwe yile ntsholongwane
- ❖ Ngokuba umama onale ntsholongwane osulele usana lwakhe olungekazalwa okanye olusanda kuzalwa (kodwa ke ziintsana ezithile ezizelwe ngoomama abanale ntsholongwane eziye zosuleleke).

Part 2 / Icandelo 2

Umntu akanako ukosulelwa yintsholongwane kaGawulayo ngokukhohlela komntu onale ntshaolongwane, nangokubamba umntu onale ntsholongwane.

Paragraph 3 / Umhlathi 3

Part 1 / Icandelo 1

Abantu abaninzi abanentsholongwane kaGawulayo abazazi ukuba banayo. Awungekhe uthi umntu unentsholongwane kaGawulayo ngokumjonga nje.

Part 2 / Icandelo 2

Iimpawu zokuba umntu unentsholongwane kaGawulayo zibonakala emva kweminyaka emininzi. Ziyi zibonakale xa umntu egula zezinye izifo.

Paragraph 4 / Umhlathi 4

Part 1/ Icandelo 1

Uvavanyo lwentsholongwane kaGawulayo lungenziwa kwezinye iilkinikhi, kwagqirha, kumaZiko oQeqesho, oLwazi neNgcebiso ngoGawulayo afumaneka kwizixeko ezininzi.

Part 2 / Icandelo 2

Umntu akanyanzeliswa ukuba enze uvavanyo lwentsholongwane kaGawulayo, uyazithandela ukuba alwenze. Iziphumo zolu vavanyo ziyimfihlo, kwaye zixelelwa wena kuphela. Uvavanyo luya kukunceda ukuba ucwangcise kakuhle ikamva lakho, kwaye ukhusele nokusasazeka kwentsholongwane kaGawulayo.

Paragraph 5 / Umhlathi 5

Ukosulelwa yintsholongwane kaGawulayo kungakhuselwa ngezi ndlela zilandelayo:

- ❖ Ngokwala ukwabelana ngesondo
- ❖ Ngokuthembeka kwiqabane lakho owabelana nalo ngesondo
- ❖ Ngokusebenzisa ikhondom ngalo lonke ixesha nisabelana ngesondo
- ❖ Ngokubuza unompilo ngemingcipheko yentsholongwane kaGawulayo xa ukhulelwe
- ❖ Ngokukhusela ukudibana ngqo negazi ngokusebenzisa iiglavu, iingxowa zeplastiki okanye ezinye izinto ezithintela ukuba udibane negazi.

Paragraph 6 / Umhlathi 6

Part 1 / Icandelo 1

Alikho iyeza lokunyanga uGawulayo, nangona abantu abanentsholongwane kaGawulayo bephila ubomi obunempilo nobude.

Part 2 / Icandelo 2

Oku bakwenza ngokukhathalela impilo yabo ngolu hlobo lulandelayo:

- ❖ Ngokuzigcina bephile qete emzimbeni
- ❖ Ngokufumana unyango xa begula

- ❖ Ngokutya ukutya okulungileyo
- ❖ Ngokunciphisa unxunguphalo
- ❖ Nangokusebenzisa ikhondom xa besabelana ngesondo

Paragraph 7 / Umhlathi 7

Ukuba unemibuzo ngentsholongwane kaGawulayo nangoGawulayo buqu, ungafowunela inombolo yasimahla yoNcedo efumaneka iiyure ezingama – 24 ethi: **0800 – 012 – 322**.

Paragraph 8 / Umhlathi 8

Kukho nezinye iincwadana ezininzi kolu luhlu ezinika ulwazi olubanzi ngemibandela ephathelelene noGawulayo.

ngokukhulisa yihiv (Human Immunodeficiency Virus). Yakube ikumisinga wegazi emzimbeni iqalisa ukutshabalalisa amajoni omzimba ngokungangxamanga. Umntu uqalisa ukugula zizifo ezosulelayo ezingaqhelekanga kwaye eziza ngamandla. Ekugqibeleni, amajoni omzimba ayatshabala de umntu angabinako ukulwa izifo ezosulelayo aze agule zezi zifo zide zimbulale.

indlela eyosulela ngayo

Le ntsholongwane ingangena ngeendlela ezintathu emzimbeni:

- ngokulalana ngendlela engakhuselekanga nomntu onayo
- ngokuthi umama okhulelweyo ayisulele kusana lwakhe olungekazalwa
- ngegazi elosulelekileyo elikwinalthi, isarenji okanye nakwisiphi na isixhobo

ntsholongwane esuka kumntu owosulelekileyo angena kumsinga wegazi lomnye umntu ukuze kwazi ukuphila.

langona le ntsholongwane lifumaneka kwezinye incinci zomzimba, yosulela kuphela kwigazi, imbewu yobudoda (semen) neencindi eziphuma kumlomo esibekeko. Ngako oko ke ingangena kuphela omzimba xa ezi ncinci zomzimba zidibana ngegazi okanye nenwebu yangaphakathi (emlonyeni, umlomo wesibekeko nakumngxunya weempundu).

1 niphanda isondo, le ntsholongwane ingangena emzimbeni ngezi ndlela:

incinci usesichengeni kakhulu ukuba inesifo esosulelayo okanye inxeba umlomo wesibekeko usesichengeni kakhulu xa usexsheni okanye unesifo esosulelayo kumlomo wesibekeko

- Emngxunyeneni weStellenbosch University http://www.stellenbosch.ac.za/... kakhulu kunazo zonke ezinye, kuba inwebu yangaphakathi iceketheke kakhulu ngoko ke ingakrazuka ngokulula

Amampunge malunga nendlela yokosuleka

Le ntsholongwane AYINAKO ukungena emzimbeni ngokwenza oku kulandelayo

- ukubambana ngezandla
- ukuwolana
- ukuthimla
- ukusebenzisa isitya, amacephe amanye njl njl.
- ukuphuzana
- ukuphisa ngegazi
- ukujaylwa
- ukuphefumla
- ukuhlala kunye
- ukuphulula
- ukukhohlela
- ukuhlamba kunye
- ezemidlalo
- ukuchyukumisa
- ukutshica

AYINAKO ukosulela ngezi ndlela zilandelayo:

- lingcongconi
- iimpukane
- amanxeba okulunywa yinja
- ilkhompyutha
- amabala ezemidlalo
- izichopho zangasese
- iifoni ifowuni
- iimpahla
- ukufya
- ukucheba linwele

Ungayinene malunga nokulalana ngendlela ekhuselekileyo

Abantu ababini abangosulelekanga bangenza kunye nasiphi na isenzo sokulalana bangabikho sesichengeni sokosuleleka.

Abantu ababini abosulelekileyo okanye abasenokuba bosulelekile bangazonwabisa, bathandane nangayiphi na indlela koko nje kungekho zicindi zomzimba, zomnye zingena komnye, nje ngegazi, imbewu yobudoda okanye incindi yomlomo wesibekeko. Kuba bembalwa abaritu abayaziyo ukuba bona okanye izithandwa zabo zosulelekile kusini na, kungcono ukuba uthathe ukuba nasiphi na isithandwa sakho olalana naso sineHIV.

UKULALANA NGENDLELA EKHUSELEKILEYO

- Ilkhondom ngumqobo onokunqanda le ntsholongwane ikwimbewu yobudoda okanye incindi ekumlomo wesibekeko ingadibana nenwebu yangaphakathi.
- Musa ukulalana ngendlela ebangela lintlungu okanye ukopha.
- Musa ukulalana xa usexsheni okanye usandula ukubeleka de umzimba ube ubuyele kwimeko yawo ngokupheleleyo.
- Wanyange ngokukhawuleza amanxeba akwindawo zangasese (umlomo wesibekeko okanye incinci) okanye emiphakathweni, ukurhawuzela, izilonda kwakunye neencindi eziphumayo. Khawume ngokulalana de unyangeke.
- Musa ukufaka isibulala-ntsholongwane kumlomo wesibekeko okanye encaneni, Asizukuyibulala le ntsholongwane kwaye sizakwenzakalisa lindawo zangasese okanye sityhefe lo mntu usisebenzisayo.

Original Translation of Brochure B / Uguqulo lokugala lwencwadana B

APPENDUM E / ISIHLOMELO E

UKULALANA KUMNGXUMA WEEMPUNDO

- Abanye abantu basebenzisa le ndlela yokulalana kuba benqanda ukungakhulelwa.
- Kunzima ukulalana kumngxuma weempundo kuba lkhondom zivame ukukrazuka kolu hlobo lokulalana.
- Eyona ndlela ikhuselekileyo kukuyiphepha le ndlela yokulalana.

UKULALANA EMLONYENI

- Kukhuselekile ukuba indoda ayichitheli imbewu yayo emlonyeni wesithandwa sayo
- Kukhuselekile xa lintsini zenu zingophi okanye ningenamanxeba emlonyeni.

Isetyenziswa njani ikhondom?



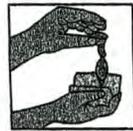
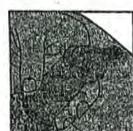
1. Yikhuphe ngobunono lkhondom kwipakeithi yayo, ukunqanda ukuba ingonakali. Qinisekisa ukuba eli cala lkhondom ilwululekayo llingaphandle.



2. Ikhondom yiwululele encanceni phambi kokuba nilalane, phambi kokuba zidlbane incanca kunye nomlomo wesibekeko. Cudisa incam yekhondom khonukuze ingabi namoya uze uyiwululele encanceni, emileyo.



3. Emva kokuba indoda ichithe imbewu kufuneka lkhawuleze ngoko nangoko lbambe lkhondom esikhondweni, lkhuphe incanca kumlomo wesibekeko. Ukuba awukwenzi oku ngoko nangoko, imbewu ingavuzi.



4. Yiqhine lkhondom ukunqanda ukuba imbewu ingavuzeli ngaphandle. Ysongele lkhondom uze uyilahle emgqomeni, apho abantwana bangenakufikelela khona. Musa ukuylungxulela ethoyillethi kuba ingabhlokisa lthoyillethi.

Ngokukhutshwa yiPPASA (Planned Parenthood Association of South Africa)

- | | |
|--|------------------------|
| National Office PO Box 1023, Saxonworld, Johannesburg, 2132 | Tel.: 011 - 880 1162 |
| Gauteng Office PO Box 32023, Braamfontein, 2017 | Tel.: 011 - 403 7740/1 |
| Western Cape Office 12 Anson Street, Observatory, 7925 | Tel.: 021 - 448 7312 |
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| Eastern Cape Office PO Box 2655, North End, Port Elizabeth, 6056 | Tel.: 041 - 487 2672 |
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| Limpopo Office PO Box 951, Pietersburg, 0700 | Tel.: 015 - 295 2131 |
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Ngokuphuhlisa nguMedia Resource Centre 1999
Yilwe yiVAMP (Tel.: 021- 671 5900) Yashicilelwa: yiMegaprint

Le phamfletli iyafumaneka ngeAfrikaans, isiNgesi, isiFrench, isiPortuguese, isiSomali nangesiSwahili.



Aquired Umntu usulelwa yintsholongwane ethi ingene kumsinga wegazi lomzimba iqalise

Immune

Deficiency yenze buthathaka amajoni omzimba

Sndrome Ingqokelela yezifo emzimbeni

Ukuthandana ngendlela ekhusekileyo

ADDENDUM F / ISIHLOMELO F

RETRANSLATION OF BROCHURE B / UGUQULO KWAKHONA LWENCWADANA B

Cover Page / Iphepha elingaphandle

Ingaba akanantsholongwane kaGawulayo na?

Ukuthandana ngendlela ekhuselekileyo.

Part 1 / Icandelo 1

Intsholongwane kaGawulayo yenza buthathaka amajoni omzimba angakwazi ukulwa ezinye izifo ezosulelayo. Yakuba isemzimbeni, iqalisa ukutshabalalisa amajoni omzimba ngokucotha. Umntu uqalisa ukugula zizifo ezosulelayo ezingaqhelekanga nezixhalabisayo. Ekugqibeleni amajoni omzimba ayatshabalala ade umntu angabi nako ukulwa izifo ezosulelayo, aze agule zezi zifo, zide zimbulale.

Part 2 / Icandelo 2

Paragraph 1 / Umhlathi 1

Indlela eyosulela ngayo

Le ntsholongwane ingangena ngeendlela ezintathu emzimbeni:

- ❖ Ngokwabelana ngesondo ngendlela engakhuselekanga nomntu onayo
- ❖ Ngokuba umama okhulelweyo osulele usana lwakhe olungekagalwa
- ❖ Ngegazi elosulelekileyo elikwinaliti, isarenji okanye nakwisiphi na isixhobo

Intsholongwane esuka kumntu owosulelekileyo ingena egazini lomnye umntu ukuze ikwazi ukuphila

Paragraph 2 / Umhlathi 2

Nangona le ntsholongwane ifumaneka kwezinye iincindi zomzimba, yosulela kuphela kwigazi, imbewu yobudoda nakwiincindi eziphuma kumlomo wesibekeko. Ngako oko ke ingangena kuphela kumzimba xa ezincindi zomzimba zidibana negazi okanye nenwebu yangaphakathi kumlomo wesibekeko nakumngxuma weempundu.

Paragraph 3 / Umhlathi 3

Xa nisabelana ngesondo, le ntsholongwane ingangena emzimbeni ngezi ndlela zilandelayo:

- ❖ Ngobudoda: Usesichengeni kakhulu ukuba unesifo esosulelayo okanye inxeba.
- ❖ Ngomlomo wesibekeko: Usesichengeni kakhulu xa usexesheni okanye unesifo esosulelayo kumlomo wesibekeko.
- ❖ Ngomlomo: Usesichengeni kakhulu xa iintsini zisopha okanye unesilonda.
- ❖ Ngomngxuma weempundu: Usesichengeni kakhulu kunazo zonke ezinye, kuba inwebu yangaphakathi iceketheke kakhulu, ngoko ke ingakrazuka lula.

Part 3 / Icandelo 3

Paragraph 1 / Umhlathi 1

Amampunge malunga neendlela zokosuleleka

Le ntsholongwane AYINAKO ukungena emzimbeni ngokwenza oku kulandelayo:

- ❖ Ngokubambana ngezandla
- ❖ Ngokuwolana
- ❖ Ngokuthimla
- ❖ Ngokusebenzisa isitya, amacephe amanye, njalo njalo
- ❖ Ngokuphuzana
- ❖ Ngokuphisa ngegazi
- ❖ Ngokujayiva
- ❖ Ngokuphefumla
- ❖ Ngokuhlala kunye
- ❖ Ngokuphulula
- ❖ Ngokukhohlela

- ❖ Ngokuhlamba kunye
- ❖ Ngezemidlalo
- ❖ Ngokuchukumisa
- ❖ Ngokutshica

Paragraph 2 / Umhlathi 2

AYINAKO ukosulela ngezi ndlela zilandelayo:

- ❖ Ngeengcongconi
- ❖ Ngeempukane
- ❖ Ngamanxeba okulunywa yinja
- ❖ Ngeekhompyutha
- ❖ Ngamabala ezemidlalo
- ❖ Ngezichopho zangasese
- ❖ Ngeefowuni
- ❖ Ngeempahla
- ❖ Ngokutya
- ❖ Ngokuchetywa kweenwele

Part 4 / Icandelo 4

Paragraph 1 / Umhlathi 1

Okuyinene malunga nokwabelana ngesondo okukhuselekileyo

Abantu ababini abangosulelekanga bangenza kunye naluphi na uhlobo lokwabelana ngesondo bangabikho sesichengeni sokosuleleka.

Abantu ababini abosulelekileyo okanye abasenokuba bosulelekile bangazonwabisa, bathandane nangayiphi na indlela koko nje kungekho zincindi zomzimba zomnye zingena komnye, nje ngegazi, imbewu yobudoda okanye incindi yomlomo wesibeleko. Kuba bembalwa abantu abayaziyo ukuba bona okanye izithandwa zabo zosulelekile kusini na, kungcono ukuba uthathe ukuba nasiphi na isithandwa sakho owabelana naso ngesondo sinentsholongwane kaGawulayo.

Paragraph 2 / Umhlathi 2

Ukwabelana ngesondo ngendlela eqhelekileyo

- ❖ Ikhondom ngumqobo onokunqanda le ntsholongwane ikwimbewu yobudoda okanye ikwincindi yomlomo wesibekeko ingadibani nenwebu yangaphakathi.
- ❖ Musa ukwabelana ngesondo ngendlela ebangela iintlungu okanye ukopha.
- ❖ Musa ukwabelana ngesondo xa usexesheni okanye usandula ukubeleka ude umzimba ubuyele kwimeko yawo ngokupheleleyo.
- ❖ Wanyange ngokukhawuleza amanxeba akwiindawo zangasese okanye emiphakathweni, ukurhawuzela, izilonda kwakunye neencindi eziphumayo. Khawume ngokwabelana ngesondo ude unyangeke.
- ❖ Musa ukufaka isibulala-ntsholongwane kumlomo wesibekeko okanye ebudodeni. Asisayi kuyibulala le ntsholongwane, kwaye siza kwenzakalisa iindawo zangasese okanye sityhefe lo mntu usisebenzisayo.

Paragraph 3 / Umhlathi 3

Ukwabelana ngesondo kumngxuma weempundu

- ❖ Abanye abantu basebenzisa le ndlela yokwabelana ngesondo kuba benqanda ukungakhulelwa.
- ❖ Kunzima ukwabelana ngesondo kumngxuma weempundu, kuba iikhondom ziqhele ukukrazuka kolu hlobo lokwabelana ngesondo.
- ❖ Eyona ndlela ikhuselekileyo kukuyiphepha le ndlela yokwabelana ngesondo.

Paragraph 4 / Umhlathi 4

Ukwabelana ngesondo emlonyeni

- ❖ Kukhuselekile kuba indoda ayichitheli imbewu yayo emlonyeni wesithandwa sayo.
- ❖ Kukhuselekile xa iintsini zenu zingophi okanye ningenamanxeba emlonyeni.

Part 5 / Icandelo 5

Isetyenziswa njani ikhondom?

1. Yikhuphe ngobunono ikhondom kwipakethe yayo, ukunqanda ukuba ingonakali. Qinisekisa ukuba eli cala lekhondom liwululekayo lingaphandle.
2. Ikhondom yiwululele ebudodeni phambi kokuba nabelane ngesondo, phambi kokuba kudibane ubudoda kunye nomlomo wesibekeko. Cudisa incam yekhondom khon'ukuze ingabi namoya, uze uyiwululele ebudodeni obumileyo.
3. Emva kokuba indoda ichithe imbewu, kufuneka ikhawuleze ngoko nangoko ibambe ikhondom esikhondweni, ikhuphe ubudoda kumlomo wesibekeko. Ukuba awukwenzi oku ngoko nangoko, imbewu ingavuza.
4. Yiqhine ikhondom ukunqanda ukuba imbewu ingavuzeli ngaphandle. Yisongele ikhondom, uze uyilahle emgqomeni, apho abantwana bengenakufikelela khona. Musa ukuyigungxulela ethoyilethi kuba ingabhlokisa ithoyilethi.

Part 6 / Icandelo 6

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Ngokuphuhliswa yiMedia Resource Centre 1999

Iyilwe yiVamp (Inombolo yefowuni: 021 – 671 5900) Yashicilelwa yiMega Print

Part 7 / Icandelo 7

Le phamflethi iyafumaneka ngesiBhulu, isiNgesi, isiFrentshi, isiPhuthukesi
isiSomali nangesiSwahili

ADDENDUM G / ISIHLOMELO G

Original Translation of Brochure C / Uguqulo lokuqala lwencwadana C

**AMANQAKU ABALULEKILEYO
MALUNGA NE-**

II-STDs

KUNYE NE-

**CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD**

MANQAKU BALULEKI- LEYO LUNGA NE- HIV/ AIDS, EKUFUNKA

UMSEBENZI

- Ndingasebenza.
- Emsebenzini akunyanzelekanga ukuba ndichaze ubume bam be-HIV.



IIKHONDOM

- Kufuneka ndiyisebenzise rhoqo ikhondom kuba ndiza kuyidlulisa le ntsholongwane.
- Ukuba isithandwa sam simentsholongwane ye-HIV, kusafuneka ndizisebenzise iikhondom.
- Okungona ndilalana nabantu abaninzi ngaphandle kwekhondom, okungona ndiza kosulela abantu abaninzi.



IKLINIKI

- Kufuneka ndiphononongwe (check-up) rhoqo.
- Ukuba kwenzeka nayiphi na into kwezi zilandelayo kufuneka ndiye ekliniki:
 - ihashalala
 - ukhohlukhohlo
 - ukuhla ubunzima bomzimba nokubila ebusuku
 - ubhobhozo olungaqhelekanga oluphuma ebudodeni/ebufazini
 - iintlungu nakweyiphi na indawo emzimbeni wam
 - iindawo ezimhlophe emlonyeni wam
 - Amaghakuvana anoluchwe elwimini
 - isisu esihambisayo
 - nasiphi na esinye isifo



- Kufuneka ndicele ubonelelo lwam lwenyanga lweevithamini.
- Ukuba andicacelwanga malunga namayeza athile, kufuneka ndibuze.
- Ukuba ndinikwe amayeza, kufuneka ndiwasebenzise de aphela.
- Ndingabonana nonotlalontle ekliniki ukundinceda malunga noncedo oluvunyiweyo.
- Iwabakhubazekileyo, indawo yokuhlala, inkxaso kwakunywe namagela enkxaso.
- Ndingathetha noggirha/usista/umcebisi malunga neengxaki ezahlukeneyo.
- Kufuneka ndiphononongwe rhoqo amazinyo.

anyangwa iHIV/AIDS.
longwane iyakuhlala
gazi lam.
longwane ndakuyi-
kwabanye abantu
disebenzisi khondom.
ndisebenzise iikho-
lalana ngokukhuse-
kuze ndizikhusele
e nesithandwa
thandwa zam.
eleka lula zintsho
kuba umzimba wam
ukuzilwa.
a ubomi obuqhele-
gona ndinetsholo-
HIV.
eeka emva kwe-
dinayo le ntsho-
e.

TB kunye neHIV/AIDS

Ukuba ndinentsholongwane i-HIV oko akuthethi ukuba ndizakufumana i-TB, kodwa ndingayifumana lula i-TB kunabanye abantu.

Nokuba ndinentsholongwane i-HIV, i-TB yam inganyangwa.

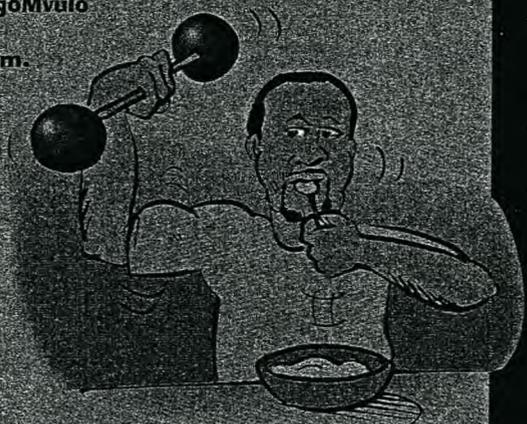
Kufuneka ndiwaye yonke imihla amayeza am e-TB, oko kukuthi ngoMvulo ukuya kuma ngoLwesihlanu.

Kusenokufuneka ndiwaye ngaphezu kweenyanga ezi-6 amayeza am.

Ukuba ndinazo naziphi na iimpawu ze-TB kufuneka ndiye kuvavanyo ngoko nangoko.

Zezi ezi mpawu:

- ukukhohlela
- ukungabi namdla wokutya
- ukuhla kobunzima bomzimba
- ukubila ebusuku
- ukuba buhlungu kwesifuba
- ukudumba amadlala
- ukudinwa



ONI ENDINOKUYENZA?

Kufuneka:

- ndilondoloze impilo yam nomzimba wam
- ndiyokuphonononga rhogo ekliniki
- nditye iivithamini zam yonke imihla okanye amanye amayeza endimiselwe wona
- ndizame ukutya okusempilweni kangangoko ndinako
- ndenze imichambo rhogo
- ndilale ngokwaneleyo
- ndisebenzise iikhondom

Ndingabuza ngesi sifo ukuze ndiqonde ukuba yintoni na i-HIV/AIDS.

Ndingacela izinto zokufunda malunga nesi sifo.



AMANQAKU ALULEKILEYO UNGA NEZIFO ZOSULELA OKULALANA (STDs)

NDINOLUNYE LWEZI
ZILANDELAYO,
kuba NDINESIFO
LELA NGOKU-

ntsiza okanye ubho-
luphuma ebudodeni
ozo okanye ivumba
helekanga eliphuma
ni bam,
vuzela okanye uku-
kusebufazini okanye
ni bam,
uhlungu ngaphakathi
i xa ndilalana,
ngudyungu, iintsumpa
zilonda ngasebudo-
nye ebudodeni/ebu-
mngxuma weempu-
ye emlonyeni,
a okanye iintlu-
dichamayo.

NDINGENZA NTONI?

- Kufuneka ndiyokuphlononongwa kwaye ndiyokufumana amayeza ekliniki ngokukhawuleza.
- Kufuneka ndizitye ziphele ipilisi zam.
- Kufuneka ndiphindele ekliniki xa kufuneka ndihlatywe inaliliti, okanye ndiyakosuleleka ngaphzulu.
- Kufuneka ndisebenzise iikhondom okanye ndingalalani logama ndisebenzisa amayeza.
- Isithandwa sam okanye izithandwa zam kufuneka zixelelwe kwaye zisiwe ekliniki.
- Kufuneka ndingalalani nezithandwa zam de zibe zisebenzisa amayeza.



I-HIV/AIDS

Ngokuba nezifo ezosulela ngokulalana (STDs) ezininzi usesichengeni esingaphezulu sokufumana i-HIV/AIDS.
Ngokuba nezithandwa ezininzi, usesichengeni esingaphezulu sokufumana i-HIV/AIDS.

ONDOM

Kufuneka ndisebenzise iikhondom rhoqo ukulalana ngokukhuselekileyo nokuthintela ukukhulelwa nezifo ezosulela ngokulalana kunye neHIV/AIDS.

Ndingasebenzisa iKY jelly, iyoghurt, iglycerine, amathe ne-aqueous cream njengesithambisi; hayi ivaseline okanye i-oyile njengokuba ezi zinto ziyenza ethe-ethe iikhondom zibangele ukuba igqabhuke.

Ukuba andiyazi ukuba zisetyenziswa njani iikhondom, kufuneka ndibuze ugqirha/usista/umcebisi ukuba andibonise ukuba zisetyenziswa njani.

Iikhondom ziyafumaneka ngalo lonke ixesha ekliniki kwaye zisimahla.



ENZA NTONI?

- A - Ukuzila ukulalana
- B - Ukunyaniseka kwiqabane (kwisithandwa) lam
- C - Ukusebenzisa iikhondom ukuba andenzi uA noB
- D - Musa ukulibazisa unyango ukuba kukho iimpawu zezifo ezosulela ngokulalana

Ikugqiba unyango lwam.

Idixelele isithandwa okanye izithandwa zam ukuba ndinesifo esosulela ngokulalana kwaye kufuneka bafumane unyango. Idiyazi kakuhle into yokuba ukuba ndilalana ngaphandle wekhondom ndisenokufumana isifo esosulela ngokulalana ubandakanya neHIV/AIDS

IKHUSELA NGOKUSEBENZISA IKHONDOM NGALO LONKE IXESHA



**AMANQAKU
ALULEKILEYO
ALUNGA NE-
TB**

I NA ANGAYIFUMANA

NYANGEKA.

na iinyanga ezintanda-
ngaphezulu.
ka nditye amayeza am
ela ngoMvulo ukuya
ngoLwesihlanu.
ka ndisoloko ndiliphe-
n ikhadi lam eliluhlaza.
ndiye kwenye ikloniki,
baza kundinika
a am apho, ukuba ndi-
adi lam eliluhlaza.
ndiyayeka ukutya iipi-
esi sifo singamelana
yeza (Aziyi kundinya-
pilisi).

ndiwayanga amayeza
uku ezintathu kufune-
indele ekloniki.
difumana iziphumo
melekanga kwezi pili-
eka ndibuyele kugqi-

pilisi ziya kuwutshi-
bala womchamo wam
u okanye orenji.

UMSEBENZI

Ndisenako ukusebenza ndine-TB. Akunyanzeleka ukuba ndiyeke ukusebenza okanye ndidendwe.
Unyango lwam lungalungiselelwa emsebenzini.
Kuya kufuneka ukuba ndiyokuthatha iipilisi zam ekloniki kwinyanga nganye.
Umntu ondjongayo ukuba ndiyazitya iipilisi zam kufuneka asayine ikhadi lam eliluhlaza ukusuka ngoMvulo ukuya kuma ngoLwesihlanu.



UKUHAMBA IKLINIKI

Ugqirha/usista uya kundinika umhla wokuphindela ekloniki, ukuba akunjalo, kufuneka ndimkhumbuze.
Kufuneka ndibuyele ekloniki emva kweenyanga ezi-2, kweenyanga ezi-5, kanti mhlawumbi emva kweenyanga ezisi-7 ekuya kuthi kuthathwe isikhohlala sam kwaye ndisenokufakwa nakugesi (X-ray).

IFEMELI/ABANTU OHLALA NABO EKHAYA

Nawuphi na umntwana ohlala kwikhaya lam ongaphantsi kweminyaka emi 5 ubudala kufuneka aye ekloniki afumane uvavanyo nonyango lokuthintela ukuba angafumani TB.
Ukuba kukho abantu abadala okanye abantwana abangaphezulu kweminyaka emi-5 ubudala abahlala ekhaya, nabo kufuneka bavavanywe ukuba banazo iimpawu ze-TB.
Ukuba kukho abantu abadala abanentsholongwane i-HIV kufuneka baye ekloniki bayokufumana unyango.
Zezi ezi mpawu:

- ukukhohlala
- ukungabi namdla wokutya
- ukuhla kobunzima bomzimba
- ukubila ebusuku
- ukuba buhlungu kwesifuba
- ukudumba amadlala
- ukudinwa



Ndingasela iipilisi zam yonke imihla kuMxhasi woNyango lwe-TB osekuhlaleni ukuba ikloniki indithumele kumxhasi.

B Asinguye wonke umntu one-TB onayo iHIV/AIDS kwaye ingenguye wonke umntu one-HIV/AIDS onayo i-TB. Ndingagula kakhulu okanye ndide ndisweleke ukuba ngaba ndinentsholongwane iHIV kwaye andiyinyangi i-TB. Ukuba ndinentsholongwane iHIV, ndisesichengeni sokufumana i-TB. Ukuba ndinentsholongwane iHIV, i-TB yam isenako ukunyangeka.

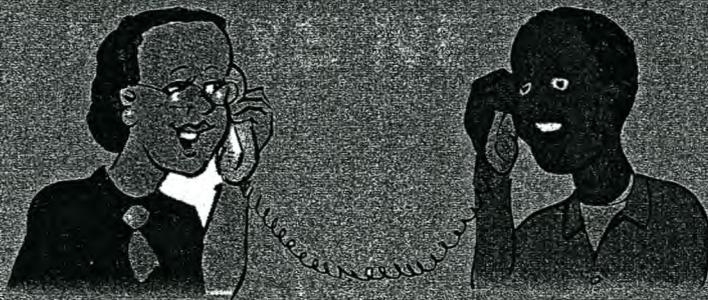
NGANA NESIQU SAM

Kufuneka ndijongane naso isiqu sam. Kufuneka nditye ukutya okuza kwakha umzimba wam, umzekelo, iziqhamo, inyama, inkukhu kunye nentlanzi. Kufuneka ndizame ukungaseli utywala, ukutsho oko, iwayini, i-bhiya okanye ibranti kuba ipilisi kunye notywala azisebenzi kunye - lo nto iya kundenza ndizive ndigula kwaye ipilisi e-TB zisenokungasebenzi.



ANGCONO UKUBA NDIZITYA ZONKE IPILISI ENDIZIMISELWEYO.

ANDIQHAGAMSHELANE NEKLINIKI EKUFUTSHANE KUM UKUBA NDIFUNA ICEBO OKANYE INKXASO ZULU.



ADDENDUM H / ISIHLOMELO H
RETRANSLATION OF BROCHURE C / UGUQULO KWAKHONA
LWENCWADANA C

Cover page / Iphepha elingaphandle

AMANQAKU ABALULEKILEYO MALUNGA NENTSHOLONGWANE
KAGAWULAYO NOGAWULAYO BUQU, IZIFO EZOSULELA NGOKWABELANA
NGESONDO KUNYE NESIFO SEPHEPHA

Page 1 / Iphepha 1

Part 1 / Icandelo 1

AMANQAKU ABALULEKILEYO MALUNGA NENTSHOLONGWANE
KAGAWULAYO NOGAWULAYO BUQU

YINTONI EKUFUNEKA NDIYAZI?

- ❖ Intsholongwane kaGawulayo noGawulayo buqu azinyangeki.
- ❖ Le ntsholongwane iya kuhlala ihleli kwigazi lam.
- ❖ Le ntsholongwane ndakuyidlulisela kwabanye abantu ukuba andisebenzisi ikhondom.
- ❖ Kufuneka ndisebenzise iikhondom xa ndisabelana ngesondo ukuze ndizikhusele, mna kunye nesithandwa sam okanye izithandwa zam.
- ❖ Ndingosuleleka lula ziintsholongwane kuba umzimba wam awukwazi ukuzilwa.
- ❖ Ndingaphila ubomi obuqhelekileyo nangona ndinentsholongwane kaGawulayo.
- ❖ UGawulayo uvela emva kwexesha ndinayo le ntsholongwane

Part 2 / Icandelo 2

MALUNGA NOMSEBENZI

- ❖ Ndingasebenza

- ❖ Akunyanzelekanga ukuba ndichaze ubume bam bentsholongwane kaGawulayo emsebenzini.

Part 3 / Icandelo 3

MALUNGA NEEKHONDOM

- ❖ Kufuneka ndizisebenzise rhoqo iikhondom ukuze ndingayidlulisi le ntsholongwane.
- ❖ Ukuba isithandwa sam sinentsholongwane kaGawulayo, kusafuneka ndizisebenzise iikhondom.
- ❖ Okungona ndisabelana ngesondo nabantu abaninzi ngaphandle kwekhondom, kokungona ndiza kosulela abantu abaninzi.

Part 4 / Icandelo 4

MALUNGA NEKLINIKHI

- ❖ Kufuneka ndiphononongwe rhoqo.
- ❖ Ukuba kwenzeke nayiphi na into kwezi zilandelayo kufuneka ndiye eklinikhi:
 - irhashalala
 - ukukhohlela
 - ukuhla ubunzima bomzimba nokubila ebusuku
 - ubhobhozo olungaqhelekanga oluphuma ebudodeni/ebufazini
 - iintlungu nakweyiphi na indawo emzimbeni wam
 - iindawo ezimhlophe emlonyeni wam
 - amaqhakuvana anoluchwe elwimini
 - isisu esihambisayo
 - nasiphi na esinye isifo
- ❖ Kufuneka ndicele ubonelelo lwenyanga lweevithamini.
- ❖ Ukuba andicacelwanga malunga namayeza athile, kufuneka ndibuze.
- ❖ Ukuba ndinikwe amayeza, kufuneka ndiwasebenzise ade aphele.

- ❖ Ndingabonana nonontlalontle eklinikhi ukuze andincede malunga noncedo oluvunyiweyo lwabakhubazekileyo, indawo yokuhlala, inkxaso kwakunye namaqela enkxaso.
- ❖ Ndingathetha nogqirha/usista/umcebisi malunga neengxaki ezahlukeneyo.
- ❖ Kufuneka ndiphononongwe amazinyo rhoqo.

Page 2 / Iphepha 2

Part 1 / Icandelo 1

ISIFO SEPHEPHA KUNYE NENTSHOLONGWANE KAGAWULAYO NOGAWULAYO BUQU

- ❖ Ukuba ndinentsholongwane kaGawulayo, oko akuthethi ukuba ndiza kufumana isifo sephepha, kodwa ndingasifumana lula isifo sephepha kunabanye abantu.
- ❖ Nokuba ndinentsholongwane kaGawulayo, isifo sam sephepha singanyangwa.
- ❖ Kufuneka ndiwaye yonke imihla amayeza am esifo sephepha, oko kukuthi ngoMvulo ukuya kuma ngoLwesihlanu.
- ❖ Kusenokufuneka ndiwaye ngaphezu kweenyanga ezi-6 amayeza am.
- ❖ Ukuba ndinazo naziphi na iimpawu zesifo sephepha, kufuneka ndiye kuvavanyo ngoko nangoko.

Zezi ezi mpawu:

- ukukhohlela
- ukungabi namdla wokutya
- ukuhla kubunzima bomzimba
- ukubila ebusuku
- ukuba buhlungu kwesifuba
- ukudumba amadlala
- ukudinwa

Part 2 / Icandelo 2

YINTONI ENDINOKUYENZA?

- ❖ Kufuneka:

- ndilondoloze impilo yam nomzimba wam
- ndiyokuphononongwa rhoqo eklinikhi
- nditye iivithamini zam yonke imihla okanye amanye amayeza endimiselwe wona
- ndizame ukutya okusempilweni kangangoko ndinako
- ndenze imithambo rhoqo
- ndilale ngokwaneleyo
- ndisebenzise ikhondom

- ❖ Ndingabuza ngesi sifo ukuze ndiqonde ukuba yintoni na intsholongwane kaGawulayo noGawulayo buqu.
- ❖ Ndingacela izinto zokufunda malunga nesi sifo.

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Part 1 / Icandelo 1

AMANQAKU ABALULEKILEYO MALUNGA NEZIFO EZOSULELA
NGOKWABELANA NGESONDO

UKUBA NDINOLUNYE LWEZI MPAWU ZILANDELAYO, NDISENOKUBA
NDINESIFO ESOSULELA NGOKWABELANA NGESONDO:

- ❖ Ukuthontsiza okanye ukubhobhoza okuphuma ebudodeni bam,
- ❖ Ubhobhozo okanye ivumba elingaqhelekanga eliphuma ebufazini bam,
- ❖ Ukurhawuzela okanye ukutshisa okusebufazini okanye ebudodeni bam,
- ❖ Ukuba buhlungu ngaphakathi ebufazini xa ndisabelana ngesondo,
- ❖ Amadyungudyungu, iintsumpa okanye izilonda ngasebudodeni okanye ebudodeni/ebufazini, kumngxuma weempundu okanye emlonyeni,
- ❖ Ukutshisa okanye iintlungu xa ndichama.

Part 2 / Icandelo 2

NDINGENZA NTONI?

- ❖ Kufuneka ndiyokuphononongwa kwaye ndiyokufumana amayeza eklinikhi ngokukhawuleza.
- ❖ Kufuneka ndizitye ziphele iipilisi zam.
- ❖ Kufuneka ndiphindele eklinikhi xa kufuneka ndihlatywe inaliti okanye ndiya kosuleleka ngaphezulu.
- ❖ Kufuneka ndisebenzise ikhondom, okanye ndingabelani ngesondo lo gama ndisebenzisa amayeza.
- ❖ Isithandwa sam okanye izithandwa zam kufuneka zixelelwe kwaye zisiwe eklinikhi.
- ❖ Kufuneka ndingabelani ngesondo nezithandwa zam zide zibe zisebenzisa amayeza.

Part 3 / Icandelo 3

INTSHOLONGWANE KAGAWULAYO NOGAWULAYO BUQU

Ngokuba nezifo ezosulela ngokwabelana ngesondo ezininzi, usesichengeni esingaphezulu sokufumana intsholongwane kaGawulayo noGawulayo buqu.

Ngokuba nezithandwa ezininzi, usesichengeni esingaphezulu sokufumana intsholongwane kaGawulayo noGawulayo buqu.

Page 4 / Iphepha 4

Part 1 / Icandelo 1

IKHONDOM

Kufuneka ndisebenzise iikhondom rhoqo ukwabelana nesondo ngokukhuselekileyo nokuthintela ukukhulelwa nezifo ezosulela ngokwabelana ngesondo kwakunye nentsholongwane kaGawulayo noGawulayo buqu.

Ndingasebenzisa ijeli iKY, iyogathi, igliserina, amathe kunye nesithambiso i-akhweyasi njengesithambisi; hayi ivaselina okanye i-oyile njengokuba ezi zinto ziyenza ethe-ethe ikhondom zize zibangele ukuba igqabhuke.

Ukuba andiyazi ukuba zisetyenziswa njani na iikhondom, kufuneka ndibuze ugqirha, usista okanye umcebisi ukuba andibonise ukuba zisetyenziswa njani na.

Iikhondom ziya fumaneka ngalo lonke ixesha eklinikhi, kwaye zisimahla.

Part 2 / Icandelo 2

NDINGENZA NTONI?

- ❖ A- Ndingazila ukwabelana ngesondo
- ❖ B- Ndinganyaniseka kwiqabane (kwisithandwa) lam
- ❖ C- Ndingasebenzisa iikhondom ukuba andenzi u-A no-B
- ❖ D- Andisayi kulibazisa unyango ukuba kukho iimpawu zezifo ezosulela ngokwabelana ngesondo
- ❖ Ndingagqiba unyango lwam.
- ❖ Ndingaxelela isithandwa okanye izithandwa zam ukuba ndinesifo esosulela ngokwabelana ngesondo kwanokuba kufuneka bafumane unyango.
- ❖ Ndiyazi kakuhle into yokuba, ukuba ndabelana ngesondo ngaphandle kwekhondom, ndisenokufumana isifo esosulela ngokwabelana ngesondo kubandakanya nentsholongwane kaGawulayo noGawulayo buqu.

NDINGAZIKHUSELA NGOKUSEBENZISA IKHONDOM NGALO LONKE IXESHA.

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Part 1 / Icandelo 1

AMANQAKU ABALULEKILEYO MALUNGA NESIFO SEPHEPHA.

ISIFO SEPHEPHA SIYANYANGEKA.

UNYANGO

- ❖ Luthatha iinyanga ezintandathu nangaphezulu.
- ❖ Kufuneka nditye amayeza am ukusukela ngoMvulo ukuya kuma ngoLwesihlanu.
- ❖ Kufuneka ndisoloko ndiliphethe kum ikhadi eliluhlaza.
- ❖ Ukuba ndiye kwenye iklinihi, oosista baza kundinika amayeza am apho, ukuba ndiveza ikhadi lam eliluhlaza.
- ❖ Ukuba ndiyayeka ukutya iipilisi zam, esi sifo singamelana nala mayeza (Aziyi kundinyanga ezi pilisi).
- ❖ Ukuba andiwayanga amayeza am iintsuku ezintathu, kufuneka ndiphindele eklinikhi.
- ❖ Ukuba ndifumana iziphumo ezingafanelekanga kwezi pilisi, kufuneka ndibuyele kugqirha okanye kusista.
- ❖ Ezinye iipilisi ziya kuwutshintsha umbala womchamo wam ube bomvu okanye ube orenji.

Part 2 / Icandelo 2

UMSEBENZI

- ❖ Ndisenako ukusebenza ndinesifo sephepha. Akunyanzelekanga ukuba ndiyeke ukusebenza okanye ndidendwe.
- ❖ Unyango lwam lungalungiselelwa emsebenzini.
- ❖ Kuya kufuneka ukuba ndiye kuthatha iipilisi zam eklinikhi kwinyanga nganye.
- ❖ Umntu ondjongayo ukuba ndiyazitya na iipilisi zam kufuneka asayine ikhadi lam eliluhlaza, ukusuka ngoMvulo ukuya kuma mgoLwesihlanu.

Part 3 / Icandelo 3

UKUHAMBA IKLINIKHI

- ❖ Ugqirha okanye usista uya kundinika umhla wokuphindela eklinikhi, ukuba akunjalo kufuneka ndimkhumbuze.
- ❖ Kufuneka ndibuyele eklinikhi emva kweenyanga ezi-2, ezi-5, kanti mhlawumbi emva kweenyanga ezisi-7 ekuya kuthathwa isikhohlela sam, kwaye ndisenokufakwa nakugesi.

Part 4 / Icandelo 4

IFEMELI OKANYE ABANTU OHLALA NABO EKHAYA

- ❖ Nawuphi na umntwana ohlala kwikhaya lam ongaphantsi kweminyaka emi-5 ubudala, kufuneka aye eklinikhi afumane uvavanyo nonyango lokuthintela ukuba angafumani isifo sephepha.
- ❖ Ukuba kukho abantu abadala okanye abantwana abangaphezulu kweminyaka emi-5 ubudala abahlala ekhaya, nabo kufuneka bavavanywe ukuze kuqondwe ukuba abanazo na iimpawu zesifo sephepha.
- ❖ Ukuba kukho abantu abadala abanentsholongwane kaGawulayo, kufuneka baye eklinikhi baye kufumana unyango.

Zezi ezi mpawu:

- ukukhohlela
- ukungabi namdla wokutya
- ukuhla ubunzima bomzimba
- ukubila ebusuku
- ukuba buhlungu kwesifuba
- ukudumba amadlala
- ukudinwa

Ndingasela iipilisi zam yonke imihla kuMxhasi woNyango lweSifo sephepha osekuhlaleni, ukuba iklinikhi indithumele kuye.

**INTSHOLONGWANE KAGAWULAYO NOGAWULAYO BUQU KWAKUNYE
NESIFO SEPHEPHA**

- ❖ Asinguye wonke umntu onesifo sephepha onentsholongwane kaGawulayo noGawulayo buqu, kwaye ingenguye wonke umntu onentsholongwane kaGawulayo noGawulayo buqu onesifo sephepha.
- ❖ Ndingagula kakhulu okanye ndide ndisweleke ukuba ndinentsholongwane kaGawulayo kwaye andisinyangi isifo sephepha.
- ❖ Ukuba ndinentsholongwane kaGawulayo ndisesichengeni sokufumana isifo sephepha.
- ❖ Ukuba ndinentsholongwane kaGawulayo, isifo sephepha endinaso sisenako ukunyangeka.

Part 2 / Icandelo 2

UKUJONGANA NESIQU SAM

- ❖ Kufuneka ndijongane nesiqu sam.
- ❖ Kufuneka nditye ukutya okuza kwakha umzimba wam, umzekelo, iziqhamo, inyama, inkukhu kunye nentlanzi.
- ❖ Kufuneka ndizame ukungaseli utywala, ukutsho oko, iwayini, ibhiya okanye ibhranti, kuba iipilisi kunye notywala azisebenzi kunye – lo nto iya kundenza ndizive ndigula, kwaye iipilisi zesifo sephepha zisenokungasebenzi.

Part 3 / Icandelo 3

NDINGABA NGCONO UKUBA NDIZITYA ZONKE IIPILISI ENDIZIMISELWEYO.

**KUFUNEKA NDIQHAGAMSHELANE NEKLINIKHI EKUFUTSHANE KUM
UKUBA NDIFUNA ICEBO OKANYE INKXASO ENGAPHEZULU.**