THE QUALITY OF TRANSLATION REGARDING MEDICAL RESEARCH QUESTIONNAIRES

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DECLARATION

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

ABSTRACT

Little scholarly reflection has been published on the subject of medical research and translation. The aim of this study is to contribute to such literature by investigating the quality of original and retranslated medical questionnaires. The various steps medical researchers follow when translating their questionnaires are considered and discussed. Particular attention is given to questionnaires on AIDS-related topics in South Africa, as well as to the role of translation in ensuring the collection of valid data in medical research.

Different translation approaches, which are followed when translating medical texts, and the impact they have on the quality of the research, are discussed. These approaches are the linguistic, text-linguistic and functional approaches. Attention is given to translators as communicators and mediators, as well as to the more general role of the translator.

This study hypothesises that the quality of translations of medical research questions is largely inadequate in communicating effectively with the target culture for which they are intended. The retranslation hypothesis stating that retranslations are closer to the source text (ST) than original translations is supported.

Afrikaans- and Xhosa-speaking adolescents from two secondary schools in the Cape Peninsula participated in a before-after study. These learners received self-administered medical questions on the two occasions. The first set comprised original translations, while the second set contained retranslations of the ST questions. Evaluation questions were included to assess the quality of these translations.

The design, translation approach and quality of the original translations are explained, as is the development of the retranslation and evaluation questionnaires. Translations that do not consider their target audience lead to communication gaps, which have an adverse effect on the validity of data derived from questionnaires that are used in medical research.

The results of most of these questions are compared for the two target cultures and are analysed qualitatively and quantitatively. The data are further explored to establish whether and how the translational quality of medical questionnaires can be improved.

These aspects and the suggested translation process are discussed while bearing in mind the limitations of a study of this kind. Recommendations are made for possible improvement to the quality of translations of medical questionnaires. Projections for further studies in this direction complete this empirical investigation into translation and medical research.

OPSOMMING

Relatief min akademiese nadenke is gepubliseer oor die onderwerp mediese navorsing en vertaling. Hierdie studie wil 'n bydrae maak tot sodanige literatuur deur 'n ondersoek na die kwaliteit van oorspronklik vertaalde en hervertaalde mediese vraelyste. Die onderskeie stappe wat mediese navorsers ten opsigte van die vertaling van hulle vraelyste volg, word bespreek. Aandag word spesifiek gerig op vraelyste oor vigsverwante temas in Suid-Afrika, asook op die rol van vertaling in die versekering dat geldige data in mediese navorsing ingesamel word.

Verskeie benaderings wat gevolg word in die vertaling van mediese tekste en die impak wat hulle het op die kwaliteit van die navorsing word bespreek. Hierdie benaderings is die linguistiese, tekslinguistiese en funksionalistiese benaderings. Aandag word geskenk aan vertalers as kommunikeerders en tussengangers, asook die meer algemene rol van die vertaler.

Hierdie studie veronderstel dat die kwaliteit van vertalings van mediese navorsingsvraelyste grootliks onvoldoende is om effektief met die betrokke teikengehoor te kommunikeer. Die hervertalingshipotese wat sê dat hervertalings nader aan die brontaal (BT) as oorspronklike vertalings is, word ondersteun.

Afrikaans- en Xhosa-sprekende adolessente van twee sekondêre skole in die Skiereiland het deelgeneem aan 'n voor- en agternastudie. Hierdie leerders het op beide geleenthede die vraelyste self voltooi. Die eerste stel het oorspronklike vertalings bevat terwyl die tweede stel hervertalings van die BT bevat het. Evalueringsvrae is ingesluit om die kwaliteit van hierdie vertalings te help bepaal.

Die ontwerp, vertalingsbenadering en kwaliteit van die oorspronklike vertalings word verduidelik, so ook die ontwikkeling van die hervertaling- en evalueringsvraelyste. Vertalings wat nie die teikengehoor in ag neem nie, lei tot kommunikasiegapings wat die geldigheid van data afkomstig van vraelyste in mediese navorsing nadelig kan raak.

Die resultate van die meeste van hierdie vrae word vir die twee teikenkulture vergelyk, en dit word kwalitatief en kwantitatief ontleed. Die data word verder ondersoek om vas te stel of en hoe die kwaliteit van die vertaling van mediese vraelyste verbeter sou kon word.

Bogenoemde aspekte en die voorgestelde vertalingsproses word bespreek met inagneming van die beperkings van 'n studie van hierdie aard. Voorstelle word gemaak vir die moontlike verbetering van die vertaling van mediese vraelyste. Vooruitskattings vir verdere studie in hierdie rigting voltooi hierdie empiriese ondersoek na vertaling en mediese navorsing.

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INDEX

Chapter 1   Introduction

Chapter 2   Literature Study

Chapter 3 Experimental Design and Methodology

Chapter 4   Results of the Empirical Study

Chapter 5   Discussion of the translation of medical questions

LIST OF TABLES AND FIGURES

Tables

Figures

ABBREVIATIONS

E1	:	first evaluation questions/questionnaires
E2	:	follow-up evaluation questions/questionnaires
HIV/AIDS	:	human immunodeficiency virus/acquired immunity deficiency syndrome
M1	:	original translated medical questions/questionnaires
M2	:	retranslated medical questions/questionnaires
MIV/vigs	:	*menslike immuniteitsgebrekvirus/verworwe immuniteitsgebreksindroom*
MOT	:	Medical Outcomes Trust
Q	:	question
SAC	:	Scientific Advisory Committee
SADHS	:	South African Demographic and Health survey
SC	:	source culture
SL	:	source language
ST	:	source text
TC	:	target culture
TL	:	target language
TT	:	target text
TT1	:	original target text
TT2	:	follow-up target text

FOOTNOTES

ᛉ   General information or comments

1,2,3 Translation and technical information

Chapter 1

INTRODUCTION

AIDS isn't something we're going to cure, it's going to cure us

1.1 MEDICAL RESEARCH AND TRANSLATION

Medical research creates a platform for the collection of information regarding various aspects of disease, such as risk factors, incidence, prevalence, symptoms and/or causes, as well as the behaviour related to a disease. To determine the behaviour that is related to a disease, questionnaires specially designed for that particular disease are developed and translated into the appropriate target language (TL). Biochemical procedures also form part of this research, depending on their interrelationship with the disease. These could be, among others, blood sampling, collection of urine or sputum samples, or the taking of blood pressure measurements. Interviews by questionnaire along with the biochemical measurements will contribute to the development of intervention campaigns, which in turn should help to prevent the disease. This type of research is also one of the more important routes in combating and preventing disease (Medical Outcomes Trust (MOT), 1997a).

In a country like South Africa with its multilingual cultures, it is of vital importance that the medical questionnaires used in medical research are made available in the language of the particular group or community under investigation. To obtain accurate and valid data on various health and disease aspects among the different cultural groups in the country, translation plays an important role in medical research. However, very little information is available on medical research questionnaires and translation (see paragraph 2.1).

National and Provincial Departments of Health, the Medical Research Council, universities with medical or medically related faculties, such as Schools of Public Health, and Non-Governmental Organisations, generally carry out medical research in South Africa. At these institutions, ethical committees approve (or reject) research proposals, for research that,

among other things, is directed at various communities or clinical settings. Most of the proposals include questionnaires that are drawn up in English as the source language (SL), and require translation into the TL. Translation of these questionnaires, particularly by qualified professional translators, is becoming a prerequisite at the above-mentioned institutions. However, this is a costly procedure and seldom, if ever, included in the budgets of medical research proposals.

On the other hand, professional translators are not always familiar with the terminology, colloquial language or literacy level of the target audiences. Translations of medical questionnaires that do not consider the target audience can lead to communication gaps, which pose a problem to medical researchers. This is particularly true of translations into the African languages, such as isiXhosa,[*] or the colloquial Afrikaans spoken by the Cape coloureds (people of mixed ancestry through exogenous union or intermarriage, and/or belonging to the Cape Muslims) (Tiflin, 1984:1; Ponelis, 1993:7-14). In the Western Cape, for example, receivers of the target text (TT) could be either Afrikaans- or Xhosa-speaking persons, with Afrikaans being the major language spoken in this province (Giliomee, Schlemmer, Alexander, Du Plessis & Loubser, 2001:90).

In this thesis, three of the country's languages will be addressed in respect of medical questionnaires: the SL, English and the two target languages, Afrikaans and Xhosa (see paragraph 2.5).

During 1998, a large Demographic and Health survey (SADHS) was conducted with almost 52 000 participants from about 13 000 households in South Africa (Department of Health, 2002:5, 8). Questionnaires on demographic information, women's information, and adult health included translations into Afrikaans, isiXhosa, isiZulu, Sesotho, Setswana, Sepedi, Siswati, Tshivenda, Xitsonga and isiNdebele. Although professional translators were responsible for the translations into the TT, it is not known how well the questions were always understood by the various target audiences. It is quite possible that if interviewers were forced to make their own interpretations, the likelihood is created for misinterpretation and/or the collection of invalid data (personal observations). However, this Report did not describe any translational aspects of these questionnaires or what translation approaches were followed.

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[*] Correct way of referring to the Xhosa language, however, "Xhosa" is in common use and with a few exceptions will be the preferred word choice in this thesis.

The translation approaches that are used in medical research texts will have an impact on the quality of the research. A word-for-word translation does not necessarily imply or guarantee that the correct meaning is transferred from the source text (ST) to the TT. Translations that do not communicate appropriately with the TT readers or at a level that the target culture understands could lead to the collection of incorrect data. Often source texts have their weaknesses too, which complicate the translational process.

The different translational approaches, which have been described by various theorists and are used by translators of medical questionnaires, will be discussed in Chapter 2. The particular approaches are the linguistic, text-linguistic and functional approaches. Socio-linguistic features, which are endorsed by text-linguists and the role of equivalence, a controversial phenomenon, in relation to medical research will also receive attention.

The functional approach, *Skopostheorie*, which I will investigate, ensures that communicative interaction takes place, and as a result, improves the quality of translated medical questionnaires. This I will discuss in more detail in Chapter 2. Attention will be given to translators as communicators (Hatim & Mason, 1997) and mediators, as well as the role of the translator, since these aspects also play a significant role in medical research. The SL and two target languages will also be described in this chapter.

In a recent publication, Nord (2001:185) discusses the responsibility translators have towards the various people involved in the translation process in relation to the quality of translated texts. Although this article is dedicated to Bible translation as the sub-title suggests, much of what she says about loyalty and intercultural communication can be applied to the translation of medical questionnaires. This study endeavours to shed more light on whether medical questionnaires are appropriately translated.

1.2 AIDS-RELATED RESEARCH

It is well known that data on HIV/AIDS[*] are scarce and unreliable. One of the reasons for this is possibly because of the promiscuous behaviour related to contracting AIDS and its accompanying stigmatisation. Other reasons are underreporting and misclassification of causes of death. In a recent Technical Report Dr Malegapuru Makgoba, the then President

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[*] Human immunodeficiency virus/acquired immunity deficiency syndrome

of the Medical Research Council, called for an end to this when he asked for the silence to be broken (Dorrington, Bourne, Bradshaw, Laubscher & Timæus, 2001:3-7). Since the rapid spread of this disease from less than 10% in 1995/96 to 40% in 2000/01 (Dorrington *et al.*, 2001:30) it has become a matter of urgency to prevent the spread of HIV/AIDS, medical researchers are looking desperately for a cure for this devastating disease. However, until the HI-virus causing AIDS can be eradicated, one of the options left is the promotion of preventive measures. It is, therefore, important that all people both individually and collectively should take responsibility for the prevention of the spread of the disease (*MIV/vigs – Sit hand by en bou aan hoop*, 2002).

In his videotaped message at the 14th international AIDS conference in Barcelona in 2002 Zackie Achmat, Head of the Treatment Action Campaign said, "When it comes to HIV/AIDS, prevention and treatment cannot be separated". By 2010 AIDS will account for 3.4 - 4.5 million deaths in South Africa alone. Treatment for AIDS-related diseases is already costing South Africa R3.6 billion that does not include AIDS treatment. However, more important are the lives of the mothers, children and men who are infected. If HIV is not treated, health systems in many of the poor countries will be wiped out. For this reason Achmat insists treatment <u>and</u> prevention should become the focus against such a devastating disease as AIDS. (Swanepoel, 2002a:10.)

At the same conference, Dr Helene Gayle mentioned that 29 million of an expected 45 million AIDS cases could be prevented within the next decade if existing preventive methods are improved worldwide. These would include providing young people and schools with information and voluntary testing and counselling, treatment of sexually transmitted diseases not previously treated, and the promotion of the use of barrier methods, such as the female condom or diaphragm. (Swanepoel, 2002b:10.)

Presenting information at international conferences also creates awareness of the disease, and is useful if measures to prevent or combat it are implemented worldwide, particularly in those countries most seriously affected by the disease. Developing countries with limited resources to prevent or cure a disease such as AIDS, face the biggest threat. However, with the support and financial assistance of First World countries through various collaborative initiatives this type of disease could be combated and maybe eventually eradicated, as smallpox in the 20th century according to Prof Estrelita van Rensburg (Albrecht, 1999:18).

The San Francisco AIDS Office is also of the opinion that everyone should participate in preventing HIV. According to its campaign, preventive measures should be sensitive to ethnic and cultural differences, since each group or community has its own values and customs. For instance, these researchers found that a "non-judgemental and non-confrontational tone" was needed when addressing groups of colour. Information that seemed relevant for some groups did not necessarily apply to all groups. (Swartz, 2002:2.) People from different cultural and ethnic backgrounds will also experience the effects of such a devastating disease as HIV/AIDS in different ways.

AIDS-related research identifies two levels of HIV prevention. The first level is primary prevention, which is directed at those persons who are HIV-negative (Swartz, 2002:2). Adolescents and young adults, or those running the highest risk of contracting the virus, are the most targeted groups. Even at primary-school level, Life-Skills education on HIV/AIDS is being introduced from Grade 1 to Grade 7 as part of the curricula in the Western Cape, and elsewhere in the country (Department of Health, 2000). Thus, emphasis is placed on the urgent need to increase preventive measures for combating the disease and for the maintenance of this negative status. At the second level, those people should be targeted who are HIV-positive, in order to create awareness and to stop further contamination through secondary prevention (Swartz, 2002:2).

To implement these preventive measures, we need to know more about the type of behaviour that is associated with the disease. This information is collected through medical questionnaires or in-depth interviews with individuals or with focus groups, in their appropriate languages.

1.3 AIM OF THE STUDY

The aim of this study is to investigate the quality of original and retranslated medical questionnaires to ensure the collection of valid data in medical research. Emphasis is placed on the development of texts that will be understood by the respective target audiences.

1.4 THE RESEARCH QUESTIONS, HYPOTHESES AND METHODOLOGY

Data on the quality of translations of medical questionnaires are not only scarce, but have not actually been investigated previously. Therefore, I will be exploring these translations, in relation to their communicative qualities. The questions that I expect to answer are:

- How successful are medical questionnaires translated into Afrikaans and Xhosa as the target languages?
- Do respondents who have to provide meaningful answers understand the context of these translated medical questions?
- Can the translational quality of medical questionnaires be improved?
- How can the translator ensure that the communication is successful?

In the past, translators focused more on equivalence between the ST and TT than on whether the target readers understood the meaning of the text as far as the quality of the translations was concerned (Jang, 2000). It is probable that original (or first) translations of medical questions are not fully comprehended by the target audiences and, consequently, lack communicative interaction with these target cultures. Data collected are often biased and misleading, causing the quality of these translations to be questionable. When communication via a questionnaire is successful, respondents will have a clear and unambiguous understanding of the questions and, therefore, be able to provide the researcher with answers that will lead to valid and reliable data.

Consequently, the hypothesis in this particular study is that the quality of translations of medical research questions, particularly AIDS-related questions, is inadequate to communicate effectively with the target culture for which they are intended. At the same time the retranslation hypothesis, described in Williams and Chesterman (2002:78) and which claims that a retranslation is closer to the ST than the original translation, will be investigated.

According to Moriarty (1997:4, 10), the scientific method provides demonstrated evidence in a systematic and logical way to find answers to the research questions above, while the hypothesis is developed as a possible explanation to answer these questions. The

methodology to support or oppose the hypotheses in this study is that of an empirical study with a before and after design.

The researchers[x] will select learners from two secondary schools in the Cape Peninsula. These learners will consist of a cohort of Afrikaans- and Xhosa-speaking adolescents between 15 and 20 years old. They will receive self-administered medical questions, on two occasions. The first set of questions will be original translations, while the second set will be retranslations of the same ST questions. The researchers will be available to explain and assist learners with the questionnaires where necessary.

Before-after studies, like this one, are also known as quasi-experimental since no randomisation is made. Experimental studies that make use of before and after measurements, preferably on the same cohort, usually have an intervention component (Katzenellenbogen, Joubert & Abdool Karim, 1999:71). Data collected in this study will be compared and described, although no formal intervention will take place, the retranslation of the questions can be considered as the intervention component. The hypotheses in this study will be based on deductive reasoning which accepts a general principle, rule, or law and applies this to a particular case or situation (Bailey, 2001:1; Brynard & Hanekom, 1997:20; Mesher, 1999). When a general statement is widely accepted, or if there is strong evidence to support it, deductive reasoning is more effective (Mesher, 1999). Information that is true for a group can also be true for an individual when using deductive reasoning (Turney & Robb, 1971:5). The results obtained from the data in this study either will support or oppose the existing assumptions (hypotheses).

On the other hand, inductive reasoning is based on observations or experience that formulates a hypothesis (Brynard & Hanekom, 1997:19; Mesher, 1999). Turney and Robb (1971:4) described inductive reasoning as a "method of discovery". They mention that this method justifies observations more thoroughly and complements deductive reasoning. Information obtained from a smaller sample is generalized onto a larger group.

In this empirical study, evaluation questions to explore respondents' perceptions and their level of understanding the medical questions are included alongside the original translations to test the hypotheses. After a six-month interval, retranslations of the ST questions was

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[x] The author and translator of the Afrikaans retranslation, and the translator of the retranslation into Xhosa.

tested on the same cohort in an attempt to assess whether these were better understood and, consequently, whether communication was more effective than that of the original translations.

The retranslation of the Afrikaans version will include another set of evaluation questions alongside the medical questions as before. However, for the retranslation into Xhosa, the evaluation questions are included mostly at the end of a section or between the medical questions. This is done because Xhosa has a rich vocabulary and direct word-for-word translation of the SL, English, is not always possible (Pahl, 1989:xxxii). For the same reason qualitative research methods, which provide information on participants' understanding and experience of a subject, will be used to analyse the translations of the Xhosa medical questions along with the available quantitative data. Katzenellenbogen *et al.* (1999:176) confirm that qualitative research can be used with other research methods to provide meaning to statistical data.

Qualitative research can further be defined as being non-numerical and therefore the data cannot be quantified. Attitudes, values, or perceptions are usually measured using this method (Bailey, 2001:90). Quantitative research, on the other hand, involves the collection of unlimited data that allow for focused projects and testing of specified hypotheses. Most quantitative studies done in medical research are analytical, descriptive or experimental in nature. Analytical studies analyse and compare data collected in cross-sectional, case-control or cohort studies, while descriptive studies describe specific characteristics that quantify a problem. (Katzenellenbogen *et al.*, 1999:66, 181.) In Chapter 3, the methodology of this empirical study will be described in detail.

This methodology will include investigating the quality of original and retranslated texts that were used in a few other studies that were related to medical research using the same ST. A sample size of at least 50 learners per school will be required for adequate power in the statistical analyses. It is envisaged that the same learners will complete the original and retranslated versions. The two target audiences that will follow this before and after study will be assessed separately.

In Chapter 4, the results and statistical analyses of the empirical study will receive attention. While the discussion of these results in relation to the hypothesis that the quality of translations of AIDS-related medical research questions are inadequate for communicating

effectively with the target readers will be reported in Chapter 5. The acceptance or rejection of the retranslation hypothesis will also be discussed in this chapter.

Chapter 6 will cover the conclusions, which include translational aspects and the suggested translation process. The limitations of this study, the recommendations, and projections for further investigations with regard to the translation of medical questionnaires will also be discussed in this chapter.

The list of references will follow this final chapter, while the different questionnaires used in this study will be attached as Appendices. A list of the Tables and Figures with the results is included after the index pages.

Chapter 2

LITERATURE STUDY

In this chapter the steps followed by translators of medical questionnaires will be described, and particular attention will be given to AIDS-related aspects in South Africa. The main translation theories that will be looked at are the linguistic, text-linguistic and functional approaches, and which play or should play a role in the translation of medical research texts. The work of various translation theorists with respect to these different theories and translation concepts such as equivalence will also be reviewed. Many translation scholars have investigated assessing the quality of translations as well as the role of language in different cultures. These aspects will receive attention, as will the SL and two target-text languages.

2.1 TRANSLATION AND MEDICAL QUESTIONNAIRES

Limited information on translation and medical questionnaires is available either in published form or on the Internet. In spite of this shortage, what is available is very relevant and provides factual data. This paucity of information is one of the reasons why the quality of the translation of medical questionnaires is being investigated in this particular study. Because of the importance of AIDS research in the South African context, the translation of questions relevant to AIDS research, such as smoking, alcohol use and sexual behaviour will be studied.

In a report by Dorrington *et al.* (2001:30, 35), death rates for AIDS in South Africa were estimated to be 2.1% for adults aged 15 years and older in 1996. Four to five years later, this figure had risen to 17% among 15 - 49-year-olds and between 17% and 33% for all adults aged 15 years and older. According to the model, ASSA600, which was used for these estimates, it is certain that AIDS deaths have been underreported. The authors report that

since 1996 more young people have been dying from short-lived natural illnesses according to the Director of Cemeteries in Durban.

At the turn of the millennium AIDS had already been recognised as a devastating disease that knows no boundaries. One group in particular targeted by the disease, is the armed forces (Heinecken, 2000:12). These young males are prone to risk-taking behaviour that includes alcohol abuse and sexual activity, to the extent of transmitting this disease in poverty-stricken areas (Heinecken, 2000:14). Others who are affected by the disease are the economically active persons in all spheres of life.

The Department of Health in South Africa has launched a campaign, *Khomanani*, to prevent the spread of the HI-virus. *Khomanani* means caring for or supporting each other in Xitsonga (or Shangaan, one of South Africa's official languages). This research-based campaign consists of many sub-campaigns aimed at the youth. One survey revealed that almost two-thirds of 15 - 19-year-olds were sexually active. If activities such as HIV-testing, helping others and having safer sex were made more accessible and easier to understand, more than half of the respondents would consider these actions. It is encouraging that these campaigns are being implemented, but according to Ntsaluba the effect is barely noticeable when compared to the high incidence of the disease. (Sapa, 2002.)

The National AIDS Unit (NAU) of the Department of Health has also introduced various programmes to prevent and/or reduce the impact of AIDS, as well as care for those affected directly or indirectly (NAU, 2002). The South Africa Youth Programme was to be expanded to all the provinces by 2000, while the Life-Skills Programme that was made available in the official languages was expected to be established in almost two-thirds of primary schools by 2002. The translation, however, of the Afrikaans texts appears to have been done by someone who is only familiar with the language instead of a professional translator. Translations into the other official languages possibly have to contend with similar problems.

Very few research institutions make use of professional translators who are qualified and/or familiar with either the area of research or the target audience. A study in Australia was compared with one done in the Netherlands that investigated euthanasia and made use of what the authors refer to as "authoritative translation" (Kuhse, Singer, Baume, Clark & Rickard, 1997). Presumably, the Dutch researchers were responsible for the translation that was supposed to consider the questions in respect of terminology and meaning. They argue

that the diverse responses to the questions could possibly be explained by cultural differences between these two countries (Kuhse *et al.*, 1997). Unfortunately nothing is mentioned about the translation per se. It is possible that "authoritative translation" does not actually take the target audience or culture into consideration and would therefore be partly responsible for the differences.

One of the few sources available on the Internet provides detailed and very relevant information on the translation of medical instruments (questionnaires) (MOT, 1997b). In 1997 as health care began expanding, the Scientific Advisory Committee (SAC) of the MOT introduced translation criteria to obtain data across cultures. Since the translation of cross-cultural questionnaires is a complex process many factors had to be addressed. The authors discuss these issues in this particular issue of *The Bulletin* that is available on the Internet (MOT, 1997b).

According to the SAC, it is important that questionnaires are appropriately translated for the target culture (TC) concerned. The process can be very costly and time-consuming, which is also the case in South Africa. The translation criteria that the Committee developed were used to evaluate translated questionnaires that were submitted to the Trust on condition that the original (source) questionnaire had been approved in advance. Another requirement for approval is that the questionnaires meet the "Minimal Translation Criteria". These include the following five prerequisites:

1. [Prior approval] of the source instrument and its measurement properties.

2. Evidence of [at least] <u>two</u> independent forward translations.

3. Evidence of [at least] one back translation.

4. A detailed description of the translation process, including [that] of the population involved in the evaluation of the appropriateness of the instrument and, whenever possible, a description of the qualifications of the translators used to conduct the translations.

5. The final forward and backward translation document and documentation of modifications [must] have been provided.

(Medical Outcomes Trust, 1997b.)

When implemented by the MOT, these criteria are explained according to the four steps involved in translation.

A. The Forward step

Apparently, the forward step involves communicating with the author of the original text regarding permission and assistance in understanding the text to be translated. Several forward translations are recommended which are then compared to provide the best version for an appropriate TC (MOT, 1997b). In South Africa, however, medical researchers are usually the initiators who request the translation of their original questionnaires, and seldom (if ever) is more than one translation called for. They do, however, insist on back translation. The importance of assessing the validity of an instrument that has been developed elsewhere and used in other countries, such as South Africa needs to be noted, and has been confirmed by Jelsma, De Cock, De Weerdt, Mielke and Mhundwa (2002:9) in a Zimbabwean study.

Another southern African study by Jelsma, Mkoka, Amosun and Nieuwveldt (2003: in press) reported the scarcity of published data regarding instruments translated into Xhosa that narrows the choice of a standard instrument against which the validity of an international questionnaire can be tested. The fact that most participants' health was not optimal could possibly be an indication of a problem with the translation or understanding of this particular health-related Quality of Life measure.

B. Quality control

Quality control ensures that the best version is conceptually and linguistically equivalent to that of the source version. This is done through quality ratings or back translation. "Quality ratings are based upon conceptual equivalence with the original, clarity, and [the] use of a familiar or colloquial register". More than one reviewer has to rate these variables on a three-point scale that is re-evaluated if the evaluation of a variable is not acceptable. (MOT, 1997b.)

Back translation is a well-known concept in the translation of medical questionnaires and involves retranslation of the TT version into the SL version. A translator who is not familiar with the translation into the TL always does the retranslation. The objective of back translation according to the SAC is "to detect errors of meaning and concept nonequivalence" (MOT, 1997b). Almost 30 years ago Brislin (1976:9) described back translation as an enhancement to determine the quality of the translations. Back translation by the recipients can also test the accuracy of the content.

Nida (1976:61) reports that Alverson and Brislin suggested that various recipients should give an account of the text they had read to others in relation to form and content. If two or more recipients agreed with or stumbled over the same text this would confirm or contest the quality of the translation. Nida (1976:59, 61) also reported the increasing importance of the role of TT recipients in the translation process.

While back translation is recommended, particularly for medical questionnaires, it is not necessarily an indication of accurate translation into the TL. A translated text can often be detected when words or phrases are translated in the wrong order, or when incorrect translation equivalents are provided. Examples are plentiful, and one that stands out is the Afrikaans equivalent for "Pre-test Questionnaire", *Voor-toets Vraelys*. This is also a perfect example of a word-for-word translation, along with a hyphenated *voortoets*. Back translation of this incorrect equivalent would result in the correct original, "pre-test questionnaire", which also causes a problem regarding its appropriateness in the ST.

C. Pre-testing (locally known as a pilot study)

Pre-testing is necessary to "measure comprehensibility; to test translation alternatives; to highlight unexpected or undetected errors; and to reveal inappropriate items" (MOT, 1997b). Lay panels consisting of a variety of individuals are used for the pre-test. In addition to the qualifications of translators, validation reports are also required that indicate which items were difficult to translate or needed further cultural modification. Locally, pilot studies are done prior to a survey to test the questionnaire's appropriateness and how well respondents understand the questions. Although this has an indirect influence on the translation, it is not the principal aim of the pilot study to test the translation.

D. International harmonisation

When many languages are involved in the translation process, such as the SADHS in 1998 in South Africa (see paragraph 1.1), discussion meetings are suggested. Researchers, who were responsible for the translations into several languages at the MAPI Institute in Lyon, France, refer to these as International harmonisation meetings. These meetings should include professional translators for each TL to ensure that target versions are truly conceptually equivalent. (MOT, 1997b.)

Although the above translation method seems straightforward, it would appear that even original questionnaires have their weaknesses, and in some cases certain words or phrases are just not translatable. Another limitation is the fact that some things, which are important to the original culture, are of little or no significance in the TC. (MOT, 1997b.)

The Office of Minority Health in Chicago (2000) is another group that has set up standards for translated texts, such as consent forms. This office particularly focuses on research done at health institutions that cater for various cultural groups. One health centre, the Minnesota hospital, translated documents into seven different languages. However, a problem arose when certain groups were excluded from the research programme or the health-care service because of inappropriate translation and/or inadequate explanation. Therefore, the office now insists on documents being "culturally competent and linguistically appropriate" and states, "literal translations are not sufficient". (Office of Minority Health, 2000.)

Although these standards relate to texts other than medical questionnaires, the same translation criteria apply (Office of Minority Health, 2000). The Office of Minority Health believes it is important to evaluate the quality of the written texts, since it is not easy to fill the communication gap if the original document is poorly written. Accurate translation of these kinds of texts is often difficult. The literacy level of the TC should be known to enable appropriate translation of texts for different cultures, age groups or intellectual abilities, since unsuitable language can lead to misunderstanding or misinformation.

These phenomena have to be kept in mind when translating or retranslating texts, given that similar limitations and communication gaps exist in South Africa and other countries throughout the world. Furthermore, in South Africa, professional translators are seldom used to translate medical questionnaires or other medical texts, and only a single translation is usually provided. Even back translation that is regarded as imperative for the translation of medical questionnaires is not always provided. Under these circumstances, translated medical texts will hardly meet the required criteria described above.

Streiner and Norman (1996:24) provide a practical guide to the development of health measurement scales, which includes translation. They agree the translation process is complex, and that it is important for the translator to be fluent in the SL and TL, as well as familiar with the subject matter. This is necessary because different languages have different meanings attached to certain words or phrases, especially with regard to emotions and

abstract ideas. For instance, words such as "anxiety" and "depression" though easily translated into Xhosa, differ from Western cultures in their conceptual meanings. In the Xhosa culture, "depression" is regarded temporary and requires a cause. These same words were the most difficult to translate in the Shona study by Jelsma *et al.* (2002:9). Suggestions are therefore made for further investigation into this area of translating which involves different cultures (Jelsma *et al.*, 2003: in press).

2.2 TRANSLATION THEORIES OF IMPORTANCE TO MEDICAL QUESTIONNAIRES

2.2.1 Translation theory

Translation is a complex system that involves communication across a variety of cultural and linguistic levels (Hatim & Mason, 1997:1; Hermans, 1994:15; Schäffner & Wiesemann, 2001:1). Darwish (1989:3) understands translation theory as "[going] beyond the comparison of different textual and linguistic systems towards an understanding of how translation operates in totality of all communicative interaction". When the translation focuses primarily on the form and content of the SL, the translation belongs to the linguistic approach (see subparagraph 2.2.2). However, when evaluated for its communicative qualities, the translation approach becomes sociolinguistic within the text-linguistic theory (Nida, 1976:67). Hermans (1994:9) also describes the various translation theories that developed or expanded during the twentieth century with regard to the changes in emphasis. These include the linguistic theory along with equivalence,[1] which he regards as an important concept within this approach. A shift of focus in linguistics led to text-linguistics: "the realization that translation is not so much a matter of matching abstract language systems or isolated sentences occurring in a vacuum, but texts – and different cultures have different ways of organizing and structuring texts" (Hermans, 1994:11-13).

Another theory that will be discussed in relation to medical questionnaires is the functional theory, *Skopos* (a Greek word for purpose, aim or intention), introduced by Vermeer (1996:4-5). This theory developed as a result of ambiguous concepts, such as equivalence, and has a functional role in translation that is determined by the commissioner of the TT (Hermans,

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[1] Essentially, equivalence in translation is thought to create an equal TT unit as it appears in the source text (Pym, 2000a:1, 6). Koller was the first to legitimise the word or concept of equivalence based on language use or parole, a term used by the sociolinguists (Pym 1999:2).

1994:14-15; Nord, 1997a:43). By directing the emphasis away from the ST, the TC becomes the focal point.

These different approaches look at translation from different angles and focus on particular aspects. Newmark (1981:19) describes the various translation theories as methods of translating the widest range of text types and categories. Schäffner (1997:1) mentions two types of translation, one that is close to the linguistic structure of the ST and is a literal translation;[2] the other is modified according to the style of the TL and is known as free translation.[3] According to Hatim and Mason (1997:1, 11) translators must be sure of the type of translation required, whether literal or free, depending on the particular text type and purpose of the translation. When medical questionnaires are translated, the type of translation that is usually followed is that of a literal translation, which does not necessarily consider the cultural differences of the various audiences.

Hatim and Mason (1997:11) investigated various initiatives to establish terms that would appropriately describe what translators set out to achieve. They mention Nida's formal equivalence[4] and his dynamic equivalence, which Fawcett (1998:121) describes as "a sociolinguistics of translation", since it aims to achieve a similar effect on the TC audience as on the source-text readers. Newmark, (in Hatim & Mason, 1997:11) distinguishes between semantic translation, which is comparable to Nida's formal equivalence, and simulates the precise contextual meaning of the ST, and communicative translation which has an almost similar effect on the TT readers as on the original readers. Munday (2001:44) who also reports on Newmark, says he differs from Nida by suggesting different terminology for more or less the same notions, but places less emphasis on equivalence of effect. Hatim and Mason (1997:11) also discuss the disagreement with regard to these distinctions and skilfully suggest placing these on a continuum where the different strategies represent different translation situations.

Translation as an act of communication has to do with the production and reception of texts whether written or spoken (Hatim & Mason, 1997:1-2). Written texts always have an audience in mind, who according to Nord (2000:198) should be the most important standard

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2   Literal translation is a rendering, which preserves surface aspects of the message both semantically and syntactically, adhering closely to the ST mode of expression (Hatim & Mason, 1997:219).

3   Free translation modifies the surface expression and keeps intact only deeper levels of meaning (Hatim & Mason, 1997:219).

4   Formal equivalence aims to achieve equivalence with regard to the form of the ST and TT, i.e. closely match the language elements.

influencing the writer (producer). The audience is distinguished as the receivers of a translation and those persons who are the actual readers or listeners of the text. At the same time, this audience also belongs to a type or prototype – the persons to whom the text is addressed, and who are the addressees. Translators, who are genuine receivers of the source text, are normally not the addressees, yet should be members of the target culture. An example of the addressees of the medical questionnaires in this study is adolescent male and female learners at secondary schools, and who belong to two different cultural groups. The receivers of these texts could include the teachers and principals at the respective schools, as well as the research assistants and anyone who cares or happens to read these questionnaires.

As globalisation took place, the demand for translation theory became increasingly evident. Although suggestions to develop these theories were already introduced in the 19th century, it was only towards the latter part of the 20th century that serious consideration was given to this development (Schäffner & Wiesemann, 2001:4). Most of the mentioned approaches are used in the translation of medical questionnaires, or should be used, and will be described below.

2.2.2 The Linguistic Approach

Translators in the late 1960s and 1970s focused on linguistics as an appropriate method of translation (Schäffner, 1997:5). The linguistic approach is based on similar linguistic structures in the ST and TT, forming a relationship between languages (Hermans, 1994:11). This approach, which reproduces the ST in terms of equivalent lexical and grammatical elements in the TL, is probably the approach most often applied in the translation of medical questionnaires. In the "Dictionary of Translation Studies" (Shuttleworth & Cowie, 1997:94) linguistic translation is described as simply replacing the linguistic units of the ST with similar units in the TL disregarding any contextual aspects. Schäffner (1997:5) goes a step further by concluding that the communicative function is disregarded in the TL culture because of the limitations in the linguistic approach. Many translation theorists have defined the linguistic theory that intends to "give a precise description of the systematic relations between the signs and combinations of signs in the two languages, i.e. the [SL and TL]" (Schäffner & Wiesemann, 2001:7).

Equivalence also plays an important role in this approach, and depending on the level or type of equivalence, would actually define translation (Hermans, 1994:12). Equivalence could also be defined as the relationship between the ST and TT, which include any units of text, such as morphemes and words or phrases (Schäffner & Wiesemann, 2001:7). Different kinds of equivalence can be distinguished according to different situations and range from dynamic, communicative or functional to formal equivalence (Hermans, 1994:19-20). Kenny (1998:77) provides a description of the various types of equivalence, which were formulated by different theorists. Among these was Koller, who suggests five types of equivalence relations, which he refers to as "frameworks":

- denotative equivalence (based on extra-linguistic factors /state of affairs),
- connotative equivalence (verbalisation or lexical choices and style of the ST),
- text-normative equivalence (textual and linguistic norms),
- pragmatic equivalence (taking account of the TT reader), and
- formal equivalence (specific aesthetic and formal qualities of the ST).

                                               (Koller in Pym, 1999:2; Munday, 2001:47.)

Although these frameworks have not changed over the years, Koller overlooked the relation of equivalence itself that had just become a synonym for translation according to Pym (1999:2). However, Koller did make provision for a variety of equivalence notions, unfortunately without instructions on how to use them in the different translation situations.

Snell-Hornby was among the translation scholars who denounced equivalence (Pym, 2000a:5; Schäffner, 1997:4). She tried her utmost to rid translation studies from this "ill-defined, imprecise, symmetrical illusion" between languages. However, as far as Pym (1992a:39) and other translation scholars (Hermans, 1994:15, 23) are concerned, translation is uni-directional since equivalence is the end result of translation, and always asymmetrical. Some kind of equivalence will always be attached to the concept of source texts and technical texts will certainly sustain equivalence in the TT. Snell-Hornby admits to this (Pym, 2000a:8).

Translators who follow the linguistic approach aim for equivalence as the ideal, which they regard as crucial to translation studies (Pym, 1992a:37; Halverson, 1997:212). This implies that the cultural weights of languages will always be equal, which they certainly are not. They will also have difficulty in finding equivalents in the TL. As far as Schäffner (1997:4-5) is concerned, a TT should comply with various conditions of equivalence, but need not be

restricted to similar meaning at the linguistic unit level. She also refers to Koller's definition (above), which provides a broader concept of equivalence. Halverson (1997:214) on the other hand, views the different types of equivalence as "varying perspectives on a complex relationship".

In the 1970s translators preferred to produce close literal translations with explanations rather than trying to produce translations in the TT idiom (Nida, 1976:54). Today medical researchers still prefer translators to make use of a semantically equivalent approach, where the TT achieves a similar effect on TC as the ST does on the source culture (SC) and the same meaning is conveyed (Mkoka, Vaughan, Wylie, Yelland & Jelsma, 2003:266).

However, Vinay and Darbelnet (in Munday, 2001:57) object to literal translation, since according to them it could actually give a different or no meaning and linguistic features in the ST do not necessarily correspond to those of the TT.

The use of word-for-word translation in medical questions can perhaps be attributed to medical researchers who insist on back translation of their translated questionnaires. However, as mentioned, Pym (1992a:39) and others (Hermans, 1994:15, 23) see translation as being uni-directional since equivalence is the end result of translation, which is always asymmetrical. Yet medical researchers expect the back translation to produce an actual equivalent of the ST. Another reason why this approach is used could possibly be that the translators are people who are familiar with or competent in a second language. These people do not necessarily have any translating skills and may not even know their target audience. Therefore, they produce literal translations. Nida (1976:66) confirms that competence in more than one language is not an indication of the ability to translate. Recently Schäffner and Wiesemann (2001:4) also stated "knowledge of two languages is not enough for performing the task of translation up to a professional standard". Vermeer (1998:63) puts it much stronger by referring to "Toms, Dicks and Harrys who think they can translate, because they know two languages and have inherited a dictionary"!

Medical questionnaires are part of the scientific discourse that is more formal and, therefore, lends itself to the linguistic approach. However, not all the scientific research that is done is formal, particularly when school-going children are involved. Nida (1976:64-65) believes that if the translation fulfils its intended purpose it can be regarded as adequate, but says translation can never be exclusively linguistic, since many factors play a role in the process.

He warns that absolute equivalence without loss of information not only makes translation, but also communication, impossible. He also mentions that Reiss insists on subjective evaluation in translation, while Neubert, a text-linguist, emphasizes evaluating the appropriateness of a translation for the context of the situation (Nida, 1976:63, 65). Nida (1976:76) suggests a translation, which includes other aspects such as communication, where the recipients play a significant role. In essence this socio-linguistic theory elevates the linguistic structure to an acceptable level. Sociolinguistics will be discussed under the textlinguistic approach that follows.

2.2.3 The Text-linguistic Approach

Although the use of text-linguistics in medical questionnaires is not clearly described, this translation approach forms part of discourse analysis, which shifts the focus beyond that of the sentence and includes langue and parole[5] (Ulrych & Bosinelli, 1999:229). Attention is given to the character of the text and not only the meaning of the sentence. It involves among other things, a description of the way sentences link together forming coherent and cohesive texts (Hatim & Mason, 1990:243). Looking at the register,[6] the subject matter, and the tenor and mode are particular requirements for successful translation using this approach (Hatim, 1998:262-263). The **tenor** of discourse involves the relationship between a speaker/writer and the addressee(s) in a given situation, and is characterised by the level of formality. The **mode** of discourse, on the other hand, has to do with the effects of the medium, i.e. speech or written text in which the language is transmitted. (Hatim & Mason, 1997:20-24; Hatim, 1997:221.)

The text-linguistic approach was developed to accommodate differences between pure linguistics and culture (Naudé, 2000:4). This translation theory deals with choices and decisions rather than with the methods or mechanisms of the ST or the TT. It provides insight into the relationship between ideas, meanings and language, as well as into individual and cultural aspects of language and behaviour. Translation was no longer defined as transcoding linguistic signs, but as retextualising the SL text (Schäffner, 1997:5). Consequently, the focus changed from reproducing meanings, words and sentences to producing complete texts.

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[5]   Langue refers to the abstract linguistic system that underlies language use, while parole is the actual use of language by an individual (Hatim & Mason, 1997:219).

[6]   The register refers to a set of features that distinguishes one stretch of language from another according to the variation of context, tenor and mode (Hatim, 1997:221).

Text-linguists' translation operates on utterances, on language use rather than the language system. These utterances are produced and exchanged by individuals in particular environments and for specific purposes. Different languages organise and structure their texts in different ways giving this approach the practical purpose of transferring communicative values and functional equivalence. (Hermans, 1994:13.)

It is worth noting that Nida (1976:64) who investigated various translation approaches, referred to translations that successfully fulfilled the text-linguistic purpose for which they are intended. He goes on to explain the receiver's response to the TT and compares this with what the original author of the ST had intended it to be. According to him these responses could never be the same, since cultures differ in their value systems and beliefs.

Hatim (2001:31-34) refers to Beaugrande's framework, which is based on the following assumptions:

- The text, and not the individual word or single sentence, is the relevant unit for translating.

- Translating should be studied not only in terms of similarities and differences between a source and target text, but also as a process of interaction between author, translator, and reader of the translation.

- The underlying strategies of language use as manifested in text features must be seen in relation to the context of communication.

- The act of translating is guided by several sets of strategies signalled within the text.

Consequently, the word as a unit of translation is no longer sufficient in text-linguistics, while communicative texts set the parameters for adequate text transfer, yielding a range of possible meanings (Hatim 2001:33).

Hatim and Mason (1997:27-30) believe in the translation process and role of the translator as communicator where communicative systems are placed on a scale that represents language use as static on the left-hand side and dynamic on the right side of this continuum. Characteristics on the left are maximal stability, adherence to norms and uniformity of language use, as well as fulfilled expectations. On the dynamic side minimal stability with regards to textual activity, as well as "norm-flouting" and "expectation-defying" features are

purported, allowing more freedom or variety of expression. Translating from a static point of view would consequently create a more literal translation with less intervention from the translator.

In her essay on typological issues, Moody (2000) describes Hatim and Mason's model, which offers a more hierarchical approach to text types. The model integrates three major parallels of discourse variation, which allows for shifts of focus within a text. This was done to rectify shortcomings of previous attempts to classify texts. "The model is a conceptual framework that enables the classification of texts in terms of communicative intentions serving overall rhetorical purposes" (Moody, 2000). The three categories are those of exposition, argumentation and instruction. An **expositional** text type focuses on elements of given concepts, objects or events. These can be descriptive, narrative or conceptual exposition. An **argumentative** text type has an evaluative focus on concepts and/or beliefs (for example a post-graduate thesis). While an **instructional** text type focuses on the formation of future behaviour (such as a contract or an advertisement).

Medical questionnaires could possibly fall within the first category, but could equally fit the argumentative and instructional texts depending on the rhetorical purpose. Hatim and Mason claim that any real text cannot be put into any one of the above categories because it could be a combination of more than one text type. They believe in text multifunctionality where one rhetorical purpose will predominate in a text at one time and constantly shift between types (Hatim & Mason, 1997:129-132).

Another development within the text-linguistic theory that is devoted to social and behavioural science with the focus on language use is Sociolinguistics (Naudé, 2000:4). Features that form part of this approach are communication across cultures, dynamic equivalence, and recipients' response, all of which were introduced by Nida (Ulrych & Bosinelli, 1999:233). In his book, "The Sociolinguistics of Interlingual Communication", Nida addresses among others, sociological and psychological roles of language, as well as the close relation between language and culture (Pym, 1999:1). Sociolinguistics not only recognises but also respects the individual's use of language, and involves the ST and TT. According to Pym (1997:2) the importance of Nida's Sociolinguistics lies in its usefulness to provide practical insights, and demonstrates that linguistics still plays a key role in translation studies.

In the early 1980s these text-linguistic approaches that always deal with texts in a situation and in a culture were further developed to particularly focus on the purpose or function of the text in the TC (Schäffner, 1997:7). Naudé (2000:4) also refers to an obvious movement away from the prescriptive approaches to a more functional translation process.

2.2.4 The Functional Approach (Skopos)

In 1984 Vermeer, along with co-writer Reiss, offered a theory of translation called *Skopostheorie*. Skopos as mentioned is the Greek word for "purpose", and according to this theory the skopos[x] of a translation, is determined by the intended function of the TT. Nord (1997a:29) described Vermeer's Skopos theory as follows:

> Each text is produced for a given purpose and should serve this purpose.

This translation process can be considered functional when it fulfils its intended communicative purpose according to the client or commissioner/initiator (Nord, 1999:1). When a translation is commissioned, it should have a detailed translation **brief**, which states the purpose of translation in the TC. The information supplied by the client is what Vermeer calls *Übersetzungsauftrag* and has subsequently been translated as the translation commission, translation assignment, translating instructions or the translation brief (Moody, 2000).

A model that meets most of the requirements of Vermeer's *Skopostheorie* provides an alternative for equivalence with its many drawbacks and inconsistencies (Nord, 1997b:45-46). Nord developed this 7-point model, which includes:

1. a "pragmatic model" which accounts for communicative interaction and thus the needs and expectations of addressees

2. a "culture-oriented model" that considers culture-specific behaviour in translation

3. a "consistent model" to establish a theoretical and methodological framework that is coherent and provides guidelines to justify the translator's decisions regarding any type of translation

4. a "comprehensive model" that can be applied to all text types, as well as to translations into and out of the TT language

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[x] When referring to skopos (purpose) in general, it is done in lower case as here.

5. an "anti-universalist model" which allows for culture-specific differences

6. a "practical model" accounting for all transcultural communication that is needed in translation, and

7. an "expert model" that awards translators the prestige of being competent and responsible experts in their field.

This model within Skopos shifts the focus from the ST to the TT and its communicative functions. The TT audience sets the standard for the translation process, and in this respect differs from the linguistic approach. In Skopos theory the TT does not necessarily perform the same function in the TC as the ST does in the SC (Schäffner, 1998:236; Schäffner & Wiesemann, 2001:15; Vermeer, 1998:50), and according to Vermeer (1998:45) Skopos does not impose any restrictions on translation strategies. Yet, before one can actually start to translate, the skopos needs to be defined to adopt a prospective attitude towards translation, distinguishing it from prescriptive translation theories (Schäffner, 1998:235).

The main aim of functional approaches in translation is to produce target texts, which are "functionally appropriate and communicatively acceptable" (Schäffner & Wiesemann, 2001:23). Therefore, the skopos will determine the translation strategy independently of the purpose it has in the ST or its wording (Shuttleworth & Cowie, 1997:156; Vermeer, 1998:50, 56).

Skopostheorie, as described by Nord (in Pym, 1993:184) differs from that of Reiss and Vermeer in so far as she regards the translation brief as the skopos, making her approach more pragmatic. This would mean the initiator's instructions become the skopos. She also includes concepts such as loyalty and convention to this theory that tend to limit the variety of functions to be accorded to the translation (Naudé, 2000:7-8).

Munday (2001:82-83) gives a detailed report of Nord's translation-oriented text analysis and highlights three important aspects regarding the functionalist approach which she describes in her book, "Translating as a Purposeful Activity". These points are:

*   the importance of the translation brief

*   the role of the ST analysis, and

*   the functional hierarchy of translation problems

The <u>translation brief</u> according to Nord (in Munday, 2001:82) should provide information for the ST and the TT. This information is the intended text functions, addressees, time and place of text reception, the medium, and motive for the translation. This will give the translator an indication of what to include in the TT.

<u>Analysis of the ST</u> follows the ST-TT profile comparison and could include factors such as subject matter, content, composition, and other textual and nonverbal elements (Munday, 2001:83). Pym (1993:185), on the other hand, questions this by asking what use there is in analysing the previous function of the source text at all, "if the main factor determining a translation is the target-text function as fixed by the initiator". According to him it should be "enough to analyse the prospective target-text function and then take whatever elements are required from the source text, [particularly] if the two texts are to have different functions anyway". What is important about Nord's model (in Munday, 2001:83) is that no matter which model is used, the same one be used for comparison purposes for the ST and the translation brief.

The <u>functional hierarchy</u> is determined through decisions regarding the type of translation, intended function and other elements such as the analysis of the translation brief and ST (Munday, 2001:83).

The model described above incorporates various categories and checklists to produce a text profile and Nord can hardly be accused of having left much out according to Pym (1993:186). Although all practical and theoretical problems seem solved, translators in training should be taught to work quickly as well as efficiently, and including everything creates new problems. On the positive side, Pym agrees the model's main virtue is "that it can eventually lead to some kind of global awareness that texts carry out functions".

When Nord (2001:185) first introduced loyalty into *Skopostheorie*, it was to compensate for the unrestricted nature of translations within this approach. **Loyalty** relates to a responsibility translators have towards the various role players, such as the original ST author, the commissioner, and the TT readers, in translation. She agrees that translators who do not have formal training are guided by subjective theories, which are based on their individual experience (Nord, 2001:190). She also recognises two types of text transfer, which are described as documentary and instrumental translation (Hatim, 2001:89; Munday, 2001:81-82).

Documentary translation is a literal, word-for-word, and so-called *exoticising* translation. It is a reproduction of the ST. Lexical items can be retained in the TT and therefore the TT receiver is aware that this is a translation. Instrumental translation fulfils a communicative purpose without the recipient being aware that it is a translation. This type of translation is freer and could have a totally different function in the TT. However, Pym (in Hatim, 2001:90) holds the view that these methods are problematic, since departing from the ST is never straightforward and adaptations can eventually lead to non-translation.

Choosing one translation strategy over another involves a range of factors including receiver status (Hatim, 2001:91). Three receptor positions are identified:

- an *excluded* receiver

- a *participative* receiver, and

- an *observational* receiver

Pym (in Hatim, 2001:92) addresses these in relation to translation with the following assumptions:

- Texts are translated in order to overcome the exclusion of an implied receiver

- A translation can convert an excluded receiver into an observational receiver

- A translation can convert an excluded receiver into a participative receiver, "although there might be doubts about the commercial acceptability of the result".

Although these principles are specifically related to recipients of document types that include advertisements, they could also be applied to recipients of medical questionnaires. If it is assumed that all recipients of a medical questionnaire are not fluent in or familiar with the TL, e.g. Xhosa, these receivers will be excluded. Therefore, it is always useful if the SL or another TL, e.g. Afrikaans, of the same questionnaire is available. Researchers not familiar with the TL will be observational receivers of the secondary TL questionnaires, while respondents become participative receivers.

Functional approaches tend to be more communicative, creating new and original texts rather than recoding information literally in the TL (Shuttleworth & Cowie, 1997:156). However, if the translation brief insists on a more or less literal translation of the ST, such as

for scientific texts, the translator as the expert can decide to what extent the commissioner's instructions will be met (Vermeer, 1998:50-51). Vermeer (1998:43) also believes the function/purpose of the TT message is more important than a **faithful** reproduction of the ST. He and Nord (2001:185) warn that a faithful translation can actually lead to an "unfaithful" TT or betrayal of the "communicative intentions of the author". This is particularly true when dealing with differences between two cultural groups such as Europeans and Africans, and is explained by the following example in medical research:

> In a question about sources of informal income in a medical questionnaire in Xhosa the English equivalent "skippers" was provided for "jumpers" (or jerseys). "Skippers" a supposedly faithful translation for the Xhosa equivalent, *iskipa*, could hardly be regarded as "faithful" and consequently created a communication gap between Xhosa (ST) and the TT, English.

Functionalism and loyalty are the pillars of Nord's approach to translation. Functionalism is subjective to the "translation product" and loyalty is a "social relationship" of the translator towards ST authors and TT readers (Nord, 2001:191, 195). Her functional approach towards translation aims to have a communicative purpose, and although cultural gaps exist between two cultures, the translator should be able to minimize these (Nord, 2001:187).

Although a certain amount of freedom seems to be part of this approach, it is rather a matter of conveying information in the best possible way to fulfil the intended purpose in the TC. Translating, therefore, not only becomes the translators' responsibility, but they also have the final say as trans-cultural experts. Even though the commissioner plays the most important role in translation, s/he has to rely on this expertise of translators to provide the most optimal translation according to the translation brief, which also determines the skopos. Constant negotiation between the translator and commissioner to reach an agreement will ensure the production of a more adequate translation as far as the translator is concerned. (Vermeer, 1998:51, 54, 57.)

Occasionally when there is no brief, for instance in a technical document concerning AIDS which has been translated for use by the medical staff, this is probably because the brief is obvious. In this case, the importance of the ST is apparent, and confirms there is a relationship between source and target texts. Nord (1997b:53) refers to this type of translation as "equifunctional translation" since the function of the TT is the same as that of the ST. Without translation instructions, though, a thorough analysis of the equivalent types

of ST and TT is necessary according to Nord (in Moody, 2000). All types of translation, whether literal or free, communicative translation or adaptations and others, are valid within the functional approach as long as each step of the process is analysed (Schäffner, 1997:9).

Hatim (2001:80) mentions that the various theories, including Skopos, have all tried to dispose of equivalence. The Skopos theory has actually retained this concept and linked it to adequacy. The translation brief "is seen as dynamic and action-based, a goal-directed selection of signs that are considered appropriate for the communicative purpose defined in the translation assignment" (Reiss in Hatim, 2001:80). According to Hatim (2001:75), the success or failure of a translation within Skopos is decided by whether it can be interpreted successfully by the target audience in a way that is consistent with what is expected of it. These and other aspects of translation quality will feature next.

2.3 ASSESSING THE QUALITY OF TRANSLATIONS

2.3.1 Translation theorists' *raison d'être* to assess the quality of translations

Various translation theorists have commented or written about the quality of translations that covers a range of aspects. These include translator competency, efficacy, TT receivers, adequacy, and more. Jang (2000) and Botha (2001:6) make mention of House who revised her model for assessing translation quality, which she developed in 1977. She reasons to evaluate the quality of a translation there has to be a theory of translation. Since there are various theories, and thus different views, there will also be different ways of assessing the quality of translations. Some of these I will be discussing in this chapter.

Munday (2001:42) refers to the work of sociolinguist, Nida, whose requirements of a translation are based on:

- making sense

- conveying the spirit and manner of the original

- having a natural and easy form of expression, and

- producing a similar response.

The success of a translation thus relies on achieving equivalent responses. When House (1981:1-2) first investigated a model to evaluate the quality of translations it was based on different approaches to translation. Although criteria to assess the quality of translations were available, she mentions that theorists were not able to solve the problem of assessing the final translated product. House (1981:25-30) insists on a definition for translation before she can provide a model for assessing the quality.

There are three aspects of "meaning" that distinguishes translation, a semantic, a pragmatic and a textual aspect, which provide a definition of translation as "the replacement of a text in the [SL] by a semantically and pragmatically equivalent text in the [TL]" (House, 1981:29). She considers this type of translation to be an adequate translation, and for optimal translation quality, the ST and TT should be matched along functional and situational dimensions (House, 1981:49). She regards equivalence as a fundamental criterion for translation quality.

Hatim and Mason provide an integrated approach towards translation theory in their book, "The Translator as Communicator". They investigate the diversity in translation, i.e. the various fields and approaches of translation, that is apparent, and discuss how the structure and texture of texts relate to "contextually determined communication strategies" (Hatim & Mason, 1997:10-12).

One of the strategies they mention which a translator, as communicator, has to follow is the ensuring of coherence. Coherence creates a balance between effectiveness (achieving a communicative goal) and efficacy (using the least resources). Although questionnaires, and in this case medical questionnaires, belong to technical document types, this does not mean coherence and cohesion can be flouted. Developing translation competence can be meaningful if texts are analysed according to context-sensitive[7] strategies (Hatim & Mason, 1997:viii). For instance, if translators are not familiar with specialised terminologies or allusions and other features found in technical documents, they will not be able to deal with these, and it will show in their text productions.

Direct translation, particularly of sensitive texts such as AIDS-related questions, can create contextual problems for communicating successfully. Translators are concerned not only with <u>what</u> (content) but also <u>how</u> (style) messages are conveyed. Because languages vary a

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[7] **Context**, defined as the extra-textual environment to shape and be shaped by linguistic expression (Hatim, 1997:214).

lot in their formal means of expression, direct quotations are also difficult to understand when used in translations into foreign languages. (Hatim, 2001:101.) Although medical questions rarely contain direct quotes, a phrase or statement could be included which pertains to something said in a particular culture. The following are examples:

- Have you felt difficulties were <u>piling up so high</u> you couldn't overcome them?
- A high intake of <u>Amasi</u> (sour milk) raises blood pressure;
- Have you ever used other illegal drugs, like cocaine, crack, heroin, <u>uppers</u>, <u>downers</u>

In South Africa, Xhosa, with its rich vocabulary prevents direct word-for-word translation of the SL, English, especially with respect to abstract, transparent or translucent words or phrases as in the above example (Pahl, 1989:xxxii). Many Xhosa-speakers, especially from the rural areas, will not understand a quotation/statement in English or for that matter in French or any other foreign language. The same would apply to an English- or French-speaking audience concerning quotations in Xhosa.

A recent study in medical research (Mkoka *et al.*, 2003:265-266), on the translation of a quality-of-life questionnaire into Xhosa, revealed the importance of taking culture and language differences between the TT and the ST audiences into consideration. The validity of cross-cultural research projects will have a direct effect on the outcome of the research if the TC is neglected. Original questionnaires developed and validated in Europe or the United States need more than rigorous procedures to be transcoded for a different cultural and language group. This short questionnaire posed enormous problems for *everyday* English words, such as "male" and "mobility". After forward and backward translations and subsequent modifications the final version was tested in the field. Further alterations were made after the field-testing to reach a "semantically equivalent" translation.

Perhaps Reiss's (in Pym, 1992b) belief that a translator translates accurately when the ST and the TT belong to the same text type explains this equivalence. Pym, however, has a different view and says under such circumstances translation is not a text type or series of text types, and therefore, not a discourse. His solution to the problem with respect to the translation theory is, "(…) to regard translation as the active movement by which discourse may be extended from one cultural setting to another". The degree of difficulty and the ultimate success will depend on the extent to which the translation is transformed.

Newmark (in Schäffner, 1997:4) is one of the translation scholars who believed that a translation is good when it is as close as possible to the literal equivalent in the SL. In the late 1970s the translation scholars indeed thought the quality of a translation to be measured by the degree of difficulty with the translation (Nida, 1976:52). The more difficult the translation, the more reliable its quality should be. According to Nida, (1976:65) this quality cannot be validated solely according to its linguistic features, but also according to communication.

Campbell (1998:8) regards the reader and not the translator as the yardstick for measuring the quality of a translation, while the text is at the centre of the quality assessment. He too mentions the quality of a translation reflects the translator's competence. Quality assessment requires a blueprint that indicates which errors, such as spelling or too much literalness, are elements that make a translation good or bad. Weighting of these errors should have theoretical implications. For instance, by placing more emphasis on mistranslation than spelling errors, the translator's competence is linked to the assessment of the translation quality.

Recently, translation scholars confirmed that successful translation cannot "be achieved without a great deal of the target reader's support" (Jang, 2000). Interaction between the translator and ST and TT readers is necessary throughout the translation process to achieve an adequate translation. The TT audience, who has to understand, follow and respond to the text, will determine the adequacy of the translation. According to Hatim (2001:75) the reaction to the message once it is delivered indicates the extent of its success. With questionnaires there will always be a "reaction" that will be reflected in the responses to questions, and an indication of how successful the translation is.

Jang (2000), who did a study on "Translation Quality and the Reader's Response", says there is a general belief that a good translation is one that is close, accurate and as faithful as possible to the ST. In this study the TT is compared to the ST in order to see whether "the TT is an accurate, correct, faithful, or true reproduction of the ST with regard to the notions of referential or formal equivalence. In some modern approaches using these criteria for quality assessment, however, the comparison involves both quantitative and qualitative aspects, i.e. accurate in denotation and in connotation, referentially and pragmatically".

Campbell (in Brislin, 1976:7) suggests that each concept in a research questionnaire be phrased using two questions distinctly worded. Similar answers to these questions should indicate how close the translation is to the ST. It is interesting to note that redundancy tends to point out errors, particularly when repeated (Brislin, 1976:8). On the other hand, a translated word has a better chance of being regarded as adequate when it is part of a sentence or paragraph. The reason for this is that sentences and paragraphs provide context that a single word cannot do. This is particularly the case with translations into Xhosa. An example from a medical questionnaire is the word, "constipation". Since there is no equivalent in Xhosa the condition has to be explained in a sentence.

Professional translators as communicators are expected to produce appropriately translated texts as efficiently and effectively as possible (Hatim & Mason, 1997:12; Schäffner & Wiesemann, 2001:1). To fulfil these requirements and expectations of clients, they need to be highly qualified and competent. Translation being a complex social and cognitive process also includes translators to be proficient in linguistics, and cultural aspects, as well as having knowledge of the subject, or knowing where to find it (Schäffner & Wiesemann, 2001:1, 22). Since professional translators seldom translate medical questionnaires, it is debatable whether these texts are ever appropriately translated. This study endeavours to shed more light in this respect.

For target texts to meet acceptable translation standards it is important that translators comply with the qualities mentioned by Schäffner & Wiesemann (2001:1,16) above. Another requirement is to stay in touch with translation research to improve the quality of one's translated texts.

2.3.2 Procedures to assess the quality of translated medical questionnaires and related documents

There are a number of related issues that will influence the quality of the retranslated document. Some of these are discussed below. Rating scales, as used in this study, influence the quality of responses through the number and labelling of the categories (Bond & Fox, 2001:158-159). These authors debate on the number of categories that would provide optimal measurement of the response rate and mention that this number varies according to the reliability of the measured responses. A 7-point scale, offering more options, could lower the meaningfulness of the scores, but at the same time increase reliability. It also requires researchers and respondents to share the same understanding of

language, which is far from possible, when degrees of difference are involved. Category labelling can be ambiguous if labels are missing or presented as in the first questionnaire of this study:

DISAGREE				AGREE
1	2	3	4	5
Strongly	Somewhat	Neither	Somewhat	Strongly
		Agree nor disagree		

To determine which rating scale (more or less categories) communicates more effectively for a given construct, researchers are instructed/advised to determine this empirically (Bond & Fox, 2001:160).

The way in which documents are constructed, textually organised, as well as their linguistic register and layout, will depend on which particular audience will understand them (Atkinson & Coffey, 1998:49, 53). Medical questionnaires belong to a specific document type that is well understood by researchers, but not necessarily by the interviewers who have to administer them or the addressees who have to respond to them. In order to reach validated evidence about research, the authors, Atkinson and Coffey (1998:61), insist that questions on the form and function of texts are more important. They mention one reason for using distinctive language and rhetorical features in texts, is the persuasive effect these have on audiences. Therefore, these authors agree there has to be a relationship between a document and author, as well as the document and the reader.

Finding the right words and placing them in the right order is an important part of translation according to Pym. Quantity in translation, among other things, is about "the distribution of textual rhythms (...) that beat most deeply within cultural identity" says Pym. Though quantity creates editorial problems when trying to fit texts into pages. This is particularly a problem with translations of medical questions into Xhosa. Often quantity takes preference over qualitative representation *à la* Pym. A long sentence could be an exact "semantic translation of a five-word proposition", but it is not necessarily an acceptable or outstanding translation. (Pym, 1992a:1-4.) Apart from being acceptable or not, long sentences cause questioning in medical research to be very cumbersome, and also lead to misinterpretation that causes the collection of unreliable data.

Hatim (1997:14) explains the function of rhetoric as playing a significant role in language use that goes beyond-the-sentence linguistics. A basic assumption that is still valid today, he says, is that discourse can be communicated either effectively or ineffectively, and effective communication can be taught. One of the aims of rhetorical inquiry is actually to classify the categories of and criteria for effective communication. This process includes basic aspects such as the speaker/writer, the audience and the message and building on the cooperative principle, which defines quantity as giving as much information as possible and quality as speaking truthfully (Hatim, 1997:215).

Botha (2001) provides detailed information about measuring the quality of translations in South Africa, particularly with relation to government documents. Yet, the model she describes could also be applied to other document types. This assessment model includes looking at the translation brief, the text's function, textual principles such as coherence and cohesion, layout and format of the text, formulation, which includes appropriate language and word choices, and ultimately, spelling and punctuation. Like Jang (2000) she realises a good translation has to be as accurate and faithful as possible to the ST, with the main emphasis on equivalence. Although this model can be applied to the linguistic approaches, within functionalism it will not be a suitable method for quality assessment.

For these functional approaches, the measure of quality will depend on the text users and their criteria for assessing how appropriately and efficiently a text fulfils its intended function (Jang, 2000). It is important that quality assessment be implemented throughout the translation process and not only be applied towards the end of this process (Botha, 2001:171). According to Botha (2001:12) certain aspects of quality also lend themselves to qualitative evaluation, which is what this study intends doing, particularly regarding the Xhosa translation.

Another factor that also determines the adequacy of the translation depends on how accurately the translator as mediator transcodes the initiator's brief (Jang, 2000). Naudé (2000:8) also says a translation is adequate if the translated text is appropriate for the communicative purpose as defined in the translation brief, which Vermeer developed. Vermeer (1998:51, 56), however, states the translator determines what is considered

adequate, and that ideal translating proceeds top-down.[8] Translating has too often been done bottom-up instead of top-down and according to him the top is not the text but the culture. Vermeer (1998:42) understands culture to be a "system of rules ('conventions') and laws ('norms') which 'regulate' the behaviour of the members of a given society". He also mentions that behaviour differs in members of different cultures and he regards communication as an intercultural process. Culture-sensitive translating will be discussed further.

2.4 CULTURAL ASPECTS

Translation, according to Hatim (1997:xiii), "is an optimally appropriate framework within which the entire enterprise of languages in contrast may be usefully dealt with". Communication across linguistic and cultural boundaries ensures that we know exactly what happens to a text. Translation becomes particularly informative and worthwhile when distinctive languages are involved (Hatim, 1997:xiv). With the communication explosion, through globalisation, language use has become more flexible and creative (Hatim & Mason, 1997:viii).

"One should think of language in culture and not just of language and culture", says Naudé (2000:12). Speech as well as writing is a culturally constructed act that includes various aspects, such as socialisation and gender, while the linguistic system is part of all other systems of a culture. Translation is regarded as the reproduction of culture, since it transfers certain aspects of culture belonging to one group to those of another culture.

Cultural preservation in translation, according to Nida (1976:50), relies on "the extent to which the imperative function of the translation is in focus". The translator may change cultural features in the TT when certain behaviour relates to the particular TC. Many cultural groups, particularly those living in rural areas, will for instance have difficulty in understanding medical questions that are not suited to their educational level or background. These questions will need to be adjusted for the TC in question. A study in South Africa (SADHS), where the standard questionnaire recommended by the World Health Organization to monitor the global tobacco epidemic was used, provides evidence in this

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[8] Top-down analysis of language involves the reliance by the text user on contextual information in actually dealing with the information received (words, sentences ...), while bottom-up processing deals with utilising text-presented information as a point of departure towards the discovery of some contextual effect (Hatim & Mason, 1997:225).

respect (Steyn, Bradshaw, Norman, Laubscher & Saloojee, 2002:168). Many participants did not understand the questions on smoking, since these related to calculating amounts smoked and time span. The sequence of these questions also appeared to be inappropriate for people with low education levels. By the time the most important question on current smoking status was asked, the respondents had lost interest according to the interviewers.

Pym (2001:2), who is aware of the fact that translations have a cross-cultural influence, also maintains translators are members of intercultures. When he looks at the history of translation his main focus is towards translators and their social environment. This environment can be seen as today's target cultures, and are in turn the recipients of translated texts. An important principle in Pym's methodology is for a translator to have intercultural "abilities". These abilities will enable the translator to understand both the source and target culture differences. The two TCs in this particular study not only differ from the source culture but also from each other. It is however interesting that the problems experienced with the translation in both the Afrikaans and Xhosa questionnaires often concern the same questions (see Chapter 3, subparagraph 3.2.3.2).

Recently Pym (2001) debated that translation might not be necessary if English is to become the *lingua franca* in cross-cultural communication internationally. Though he adds the translation market is expanding simultaneously with "the rise of English as *la lingua franca*". Many institutions such as the United Nations and European Union have national language policies in place that influence cross-cultural communication. Language barriers in cross-cultural communication can be minimized through language learning and multilateral translation (translating all languages into all participants' mother tongues).

The skopos-oriented cultural process that determines the translation strategy, allows the translator freedom and responsibility in its execution (Vermeer, 1998:56). Where no equivalents are available in the TL, for instance culture-bound terms such as food, clothing and religion or even medical conditions or terminology, informative descriptions are required (Snell-Hornby & Pöhl, 1989:211). As far as Snell-Hornby and Pöhl (1989:211) are concerned, translators should not only be bilingual but also bicultural. If this cannot be the case, they have to rely on dictionaries. However, this could have an influence on the quality of the translation if the translator is not competent with the lexicon. These authors also consider translation to be an act of communication.

On how one should translate Pym (2000b:1) proposes the promotion of long-term cooperation between cultures. Cross-cultural communication ensures cooperation with people from various disciplines, which include translators who become experts in this area. However, because of the existence of mutual mistrust, cultural differences provide opportunities for misunderstanding when communicating. Pym reasons that repeated cross-cultural communication among the same people could eventually create an interculture with its own norms (Pym, 2000b:5).

In the African context Ndoleriire (2000:282-284) suggests two possible solutions to this problem. One is developing a *lingua franca*, which could be the ex-colonial language (English, French or Portuguese). In most of the African countries this language is already the official language. But this solution will not be appropriate for rural areas where these languages are of little use. A *lingua franca* could also bring an end to indigenous languages and favour only a selected few. The other option is multilingualism, which proposes that people be efficient in at least three languages. African languages will be promoted but will also need to be authorized by policy makers. Cross-cultural communication, which includes knowledge of cultural diversities and acknowledging these differences, should be implemented in school curricula according to Ndoleriire. South Africa is fortunate in having a wealth of languages spoken by the different cultural groups. This naturally creates numerous translation and communication opportunities across cultures, particularly with regard to medical research.

"Translation is not and has never been the solution to the problem of multilingualism" – it is rather a matter of being intercultural, bringing the different language systems and cultures together (Pym, 2000b:9). Since the new democratic dispensation came into effect in South Africa in 1994, cross-cultural cooperation has been responsible for the development of the so-called intercultural rainbow nation. In the Western Cape as in other parts of South Africa multilingualism is being promoted as Ndoleriire (2000:283) suggests. These particular languages (English, Afrikaans and Xhosa), are spoken among the different cultural groups in this province, and form the source and target texts in this study. They will be discussed briefly.

2.5 THE ST AND TT LANGUAGES IN THIS STUDY

The language people speak and write within a community, although closely knit, can be influenced by various internal and external factors (Botha & van Aardt, 1983:15-16). Internally, changes to grammar gradually take place or new words develop, as occurs with the explosion of information technology. One of the external factors influencing language is contact with other cultures through migration or intermarriage. South Africa is an excellent example for cross-cultural influences with regard to language and communication because of its diversity.

English, as the *lingua franca* (Giliomee *et al.*, 2001:3, 5), is usually also the SL where medical questionnaires are involved and needs no introduction here. However, as mentioned previously, this does not guarantee that English source texts are always accurate or without linguistic or communicative problems. A possible explanation is that the authors of these source texts are often not mother-tongue speakers of English. Of interest is that English and Afrikaans are both of Germanic origin which explains the equivalence of certain words, such as "drink" and "week" that appear in the questionnaires of this study (Botha & van Aardt, 1983:22). Other words borrowed from English that are transphonologised are *skool* (school), *graad* 11 (grade 11) previously known as *standerd nege* (standard nine) (Ponelis, 1993:113-118).

Afrikaans originates from the colloquial Dutch spoken by the Cape colonists, who lived in a multilingual[9] community, and differed from the formal written language in the early Cape (Ponelis, 1993:25). The development of the language dates back to the time of the Cape colonial slaves and indigenous Khoi people who met these Dutch-speaking colonists and tried to master their language (Van Rensburg, 1999). Ponelis also notes that Afrikaans became the first language of all members of the early Cape society.

The Cape Malays were responsible for the development of one of the most important Afrikaans dialects, which Ponelis (1993:43, 65) refers to as "southwestern Afrikaans" and is also known as Kaapse Afrikaans. This dialect extends from the Cape Town-Stellenbosch-Paarl area and includes the west coast area northwards, bordering on southern Namaqualand, and eastwards along the south coast as far as the Little Karoo. The most

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9 French, Khoi, German, Malay and Portuguese also influenced this Dutch-speaking community (Ponelis, 1993).

frequent users of southwestern or Kaapse Afrikaans are the coloured communities living in these areas who have taken this dialect further into the country as they migrate.

Borrowing particularly from Malay and Portuguese and to a certain extent from English, has contributed to this dialect. Examples are words such as *amper* (almost, [*h*]*ampir* in Malay) and *baie* (very/many, *veel/meer*, from the Malay *bannyak*). Malay also played a significant cultural role among those who had contact with the Malay peoples. Portuguese words include *baba* (baby), *nooi* or *nôi* (girl – from *nonya*), while English words, such as "affair", "madam" or "flirt" are often used in this variety of Afrikaans. (Ponelis, 1993:99-114.)

Kaaps	Standard Afrikaans
fles	bottel
motjie/motje	tante of vrou
selde, selle	selfde

Van Rensburg (1999) reports that Klopper, who studied social nuances of Kaapse Afrikaans, identified three groups of people who used this dialect, Malays, coloureds and whites. In each group he distinguished three social strata: an upper class, a middle class and a workers' class. This distinction was made by virtue of certain traits characteristic of each group that differed from each other.

A further distinction among users of Kaapse Afrikaans is made with respect to their religious background. Two groups can be identified: Christian speakers (coloureds and whites), and Muslims (coloureds and Malays). The Kaapse Afrikaans these two groups speak will for instance differ according to their use of /r/ and /k/, respectively. (Van Rensburg, 1999.)

The particular Afrikaans-speaking group, which formed part of this study, belongs to one or more of the abovementioned groups who speak southwestern or Kaapse Afrikaans. However, the respondents were not asked for information concerning their cultural backgrounds or for any demographic information other than age and school grade.

isiXhosa along with isiZulu and Siswati belongs to the group of Nguni languages and is the mother tongue of almost 8 million people. It differs from western languages such as English, in being a tonal language with the noun dominating the sentence (African Languages, 2003).

Nguni languages also influence Afrikaans with loan words, such as *aikôna* (no), *poetoe* [*pap*] (thick maize meal porridge) and *pasella* (gift) to mention a few (Ponelis, 1993:114).

Much of the development of Xhosa as a written language was due to the Glasgow Missionary Society in the 19th century (Du Plessis & Visser, 1992). However, not much has been published on the linguistic features such as syntactical structures of Xhosa. Du Plessis and Visser changed this position in 1992 with their book, "Xhosa syntax". Xhosa sentence construction is not only complex but also offers more than one way of communicating a single thought or idea. The vocabulary and richness of the Xhosa idiom therefore makes this language very expressive (Kirsch, Skorge & Matsiliza, 1996:iii).

Xhosa differs entirely from English and Afrikaans, and like Arabic is a highly explicative language (Hatim, 1997:xiv). One of the main differences is word lacing in Xhosa (Kirsch *et al.*, 1996:3). Although fewer words are thus used, they are much longer and occupy more line space, as seen in the example:

I am Dr Ngwenya (4 words)
ndingugqirha Ngwenya (2 words)

Each language has its own syntactical system of word order which is why word-for-word or direct translation is not recommended. Words such as "anxiety" and "depression" though easily translated into Xhosa, differ from Western cultures in their conceptual meanings. In the Xhosa culture, "depression" is temporary and requires a cause. Therefore, Jelsma and others (2003: in press), suggest further investigation into this area.

In the next chapter the study design and methodology of the empirical study is described. The particular translation strategies followed by each of the translations and retranslations of the medical questionnaires into Afrikaans and Xhosa will also be discussed.

Chapter 3

EXPERIMENTAL DESIGN
AND METHODOLOGY

We overcame apartheid, we'll overcome Aids –
Desmond Tutu

In this chapter the study design that was used to test the hypothesis is described. This states that the quality of original translations of AIDS-related medical research questions does not communicate effectively with the target audience for which the translations are intended. Simultaneously the retranslation hypothesis stating that retranslations are closer to the ST will be tested. The design, translation approach and quality of the original translations will be discussed along with the development of the target-oriented questionnaires (retranslations) and those used for evaluation purposes.

3.1 STUDY DESIGN, SAMPLE AND STATISTICAL ANALYSES

This quasi-experimental study is a follow-up study with a before-after design on a cohort of learners from two high schools. The target audience is accordingly defined as adolescent learners between the ages of 15 and 20 years, from two different cultural groups. The first group consists of Afrikaans-speaking learners from Atlantis, a coloured community living along the West Coast, approximately 50 km north of Cape Town. The second group is from the Khayelitsha area on the Cape Flats; their mother tongue is Xhosa. The first group involved 50 participants in Grade 11 at Robinvale High School, while 55 learners in Grades 9 and 11 participated at the Uxolo Secondary School in Mandela Park, Khayelitsha. To gain access to the schools and convince them of the importance of the study, emphasis was placed on language aspects, as well as on the medical information that would benefit the learners.

The before and after design, using two questionnaires on both occasions takes the format of a quasi-experimental design (Bailey, 2001:55). This design caters for groups that could not be selected randomly, and one that does not specifically require a control group (Turney & Robb, 1971:68; Katzenellenbogen *et al.*, 1999:71). On the first occasion, the original medical questions, hypothesized as communicating ineffectively, were put to the above-mentioned group of secondary learners. On the second occasion, the questions were retranslated by the researchers and put to the same group of learners after a six- to eight-month interval. The answers to the questions on the two occasions were then tabulated in a contingency Table. The marginal homogeneity in the contingency Table (McNemar Chi-squared test) indicates whether the learners interpreted the questions in the same way on both occasions. The agreement, or rather the disagreement of the answers between the first and second occasion was assessed using Cohen's kappa statistic or Fleiss' weighted kappa statistic. The kappa coefficient can be interpreted as a correlation coefficient for which an upper bound of 1 indicates perfect agreement (see Chapter 4). (Fleiss, 1981; Jordaan, 1999.)

An evaluation questionnaire, asking the learners about the communicating ability of the research questions, was also completed on both occasions. The answers to these questions were analysed using the likelihood ratio Chi-squared test. These results together with the previous agreement results indicate whether the second-occasion questions were superior to the first-occasion questions in terms of communicating more effectively.

3.2 STUDY QUESTIONNAIRES

As mentioned in the previous chapter, medical research questionnaires are usually developed in English, the SL. For this study, the selected questions in the SL (English) appear in Appendix A. These questions were originally translated into the two target languages, Afrikaans and Xhosa. The research topics included AIDS and AIDS-related questions, such as attitudes and behaviour towards alcohol, drug and cigarette use, and certain questions on sexual behaviour. The questions that were selected according to the translational and communicative incomprehensibility that appeared to be present, particularly in the Afrikaans text (Appendix B), appear under the following four headings:

- A. Behaviour and alcohol intake
- B. Lifestyle behaviour
- C. HIV/AIDS and related behaviour, and
- D. Smoking behaviour.

It was anticipated that the original translation (Appendix C) of the medical questions into Xhosa would present even greater communication problems. The retranslations of the Afrikaans and Xhosa questionnaires (Appendices D and E) were tested on the same cohorts of learners. This was done in order to ascertain whether the quality of these medical questions could be improved and, therefore, support the retranslation hypothesis and the hypothesis that states that the original questionnaires communicated inadequately with the target readers.

The medical questions used in this study comprise various types of questions. These are restricted or close-ended questions and unrestricted or open-ended questions (Turney & Robb, 1971:131; Katzenellenbogen *et al.*, 1999:83; Bailey, 2001:93). Close-ended questions restrict the respondent to set answers, such as "yes" or "no", while open-ended questions such as, "What words gave you problems?" or "What do you think HIV/AIDS is?" allow a free choice. In the ST and original translations some questions were measured on a 5-point rating scale described by Bailey (2001:95). In the retranslations of this study, a 4-point scale that investigated the quality of the rating scale replaced the 5-point rating scale. The outcome of this comparison is described under Section A of the analysis of the Afrikaans and Xhosa translations in subparagraph 4.2.1. Generally, an even-numbered category scale is recommended since it avoids over-selection of the centre value or the neutral category (Katzenellenbogen *et al.*, 1999:83).

The structuring of a questionnaire plays an important role in the communication process and entails following specific rules or procedures, such as clear and concisely written questions, as well as correct grammar and spelling (Turney & Robb, 1971:131-132). Adhering to these rules will produce acceptable results that in turn will influence the quality of the data.

To enable analyses of the responses of the Xhosa-speaking learners and the researcher's observations, data will be reported according to their qualitative value. Qualitative research follows a holistic approach that looks at relationships within systems and cultures. Furthermore, it focuses on understanding given social structures, which includes language such as texts, talk, and codes of behaviour and requires ongoing analyses of data. When using a qualitative technique in research, the meaning and perspectives of participants are taken into account, as these cannot be measured directly. The researcher's role in this type of analysis demands a presence of attention to detail, as well as the researcher doing his/her

own analysis and interpretation of the data and not another person. (Denzin & Lincoln, 2000:316, 385-390.)

To see if the original translations of the medical questions in this study comply with the mentioned criteria and other aspects, the quality of the translations will be discussed along with the translation approaches that were followed. The same procedure will be followed for the retranslations. For practical reasons the Afrikaans and Xhosa translations will be discussed under separate headings.

3.2.1 Translation approach and quality of the original Afrikaans medical questionnaire

The translation of the original medical questions (M1) into Afrikaans largely followed the linguistic approach. Translators, who were familiar with the TT language and who had no formal translation training, seemingly did this predominantly word-for-word translation. To assess these original translations, the types of error that occurred will be categorised below. To avoid repetition of questions an inaccuracy will be discussed under one specific category, along with other inaccuracies that may be present. When discussing the translation of the medical questions, the abbreviation TT1 will be used to refer to the target text in the original translation and TT2 for the target text in the retranslation.

3.2.1.1 *Inappropriate translation*

One particular question[x] (QB1C) in Section B of M1 was translated so that it actually says the opposite of what the ST intended:

> ST: If I don't like an order I have been given, <u>I may not do it</u>, or I may only do part of it.

> TT1: ***Wanneer*** *ek 'n opdrag gegee word waarvan ek nie hou nie, <u>sal ek dit moontlik doen</u>,*
> *of ek sal moontlik net 'n gedeelte daarvan doen......*

> TT2: ***As*** *ek nie van 'n opdrag hou nie, <u>sal ek dit miskien nie doen nie</u>, of dalk net 'n deel*
> *daarvan doen.*

It is doubtful whether the translator had kept the target audience in mind, since this question is a direct translation using inappropriate equivalents: *Wanneer* instead of *As* for "If" and *moontlik* for "may" where *miskien* would have been more suitable. *Moontlik* is closer to the English equivalent, "possible". One could argue the translator is familiar with the

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[x] When referring to the actual question numbers, "Q" will be used as the abbreviation for "question".

southwestern Afrikaans dialect, spoken by the coloured community in the Cape Peninsula, but this does not solve the problem with the syntactic structure of: *Wanneer ek 'n opdrag gegee word*. In Afrikaans a better formulation would be: *Wanneer 'n opdrag aan my gegee word*. Errors related to the punctuation and technical layout in this and other questions in M1 will be discussed under subparagraphs 3.2.1.4 and 3.2.1.5.

In this section, the instruction to answer QB1, "Here are some statements. Mark the choice which first strikes you as being closest to the truth" provides the option, "Mostly false but not completely false", which is directly translated as, *Meestal vals, maar* <u>*nie*</u> *heeltemal vals* <u>*nie*</u>. *Vals* is closer to the sense of being artificial, while *onwaar* is a more appropriate choice for false, in the sense of not being the truth. The correct application of the double negative was applied in this case (see subparagraph 3.2.1.3). Questions in this section were most certainly translated by a different translator. However, the points in this first question were also direct translations presenting grammatical errors as mentioned under subparagraph 3.2.1.3.

Another incorrect translation is seen in QB1A:

    ST: When I make a decision, I usually go by what my parents have taught me.

    TT1: *Wanneer ek 'n besluit neem* <u>*gaan*</u> *ek gewoonlik volgens wat my ouers my geleer het.*

    TT2: *Wanneer ek 'n besluit neem, volg ek gewoonlik die reëls wat my ouers my geleer het.*

Although *gaan* is the correct equivalent for "go", in context of this statement <u>*doen*</u> would have been the appropriate choice since *gaan* has to do with movement. Therefore, <u>*doen*</u> *ek gewoonlik wat my ouers my geleer het* would have been a better translation. However, in the retranslation a more idiomatic translation was provided. In this question the appropriate equivalent *wanneer* was used for "when" on both occasions.

Point B2A of this section is also an inappropriate translation:

    ST: To fake an excuse note from home.

    TT1: *Om 'n verskoningsbriefie van die huis na te maak.*

    TT2: *Om self 'n afwesigheidsbrief namens jou ouers/voogde aan die skool te skryf.*

This direct translation could pose a problem with understanding and is confirmed by results of the follow-up evaluation questionnaire (E2). Most learners probably understood this to be

an ordinary excuse note from home (see subparagraph 4.2.2.1 and Appendix D, QB2.1). On the other hand, the direct translation of point B2C, seemed appropriate for this TC and was retained in the retranslation:

ST: To smoke dagga (marijuana).

TT1 and TT2: *Om dagga (marijuana) te rook.*

Question B2D is a direct translation with an informal register that would suit this target audience:

ST: To put a hole in your condom without telling your partner.

TT1: *Om 'n gaatjie in jou kondoom te maak sonder om jou* <u>maat</u> *te sê....*

TT2: *Om 'n gaatjie in jou kondoom te maak sonder dat jou maat (met wie jy seksueel verkeer) daarvan weet.*

However, it is necessary to provide extra information about the particular partner since *maat* does not have the same meaning in Afrikaans as "partner" has in English (see TT2).

The instruction to answer QB5, <u>*Omring*</u> *asseblief 2 as hy/sy al ooit 'n dwelm gebruik het*, made use of an incorrect translation equivalent for "circle". *Omring* has the meaning of "surround" or "encircle". In Section A the correct equivalent, *omkring*, was used when giving a similar instruction (see Appendix B). The option, *Onwettige dwelms* <u>*anders as*</u> *dagga*, in this question is also a direct translation. The correct translation equivalent for "other than" is, *behalwe*.

The terms, HIV/AIDS and HIV/VIGS, which were used in the original TT, are not the correct acronyms for the human immunodeficiency virus/acquired immunity deficiency syndrome in Afrikaans. Although South Africans will understand either of these terms, it is a sign of carelessness since an Afrikaans acronym is available: *MIV/vigs*.

In QC1C direct translation also provided an incorrect translation equivalent for "Broken up":

ST: Broken up with a boyfriend or girlfriend.

TT1: *Opgebreek met 'n meisie/kêrel.............................…..*

TT2: *'n Outjie of meisie afgesê.*

In the context of a relationship, *opgebreek* is not a suitable equivalent. The way this phrase is used in the ST could also be questioned. In TT2 the correct idiomatic sense is applied to this question. Notice the length of the ellipse that is discussed under subparagraph 3.2.1.4.

The introduction to QC3 and QC4 in Section C is another example of direct translation, however, an equivalent for "some" was omitted:

> ST: Now let's move on to <u>some</u> other kinds of questions.
>
> TT1: *Laat ons nou aan beweeg na ander tipe vrae.*
>
> TT2: *Kom ons kyk nou na 'n paar vrae.*

Laat ons nou aan beweeg is not the correct use of the language. Therefore, this introductory line was amended in the retranslation to follow the idiomatic sense of the language (TT2).

Some questions in this section were ambiguous, such as QC4:

> ST: Do you keep a condom in your wallet, pocket, or handbag?
>
> TT1: *Hou jy 'n kondoom in jou beurs, sak, of handsak?*
>
> TT2: *Hou jy 'n kondoom in jou beursie, broek-, hemp- of roksak, of in jou handsak?*

In Afrikaans "pocket" and "handbag" share the same translation equivalent, *sak*. However, a distinction is made for "handbag" by adding the word, *hand* to *sak,* but "pocket" is not defined, and it is not clear which "bag" (*sak*) is meant. QC4 of the first evaluation questionnaire (E1) showed that most learners thought it to be a large carrier bag, while only two learners understood it to be a "pocket" (data not shown).

3.2.1.2 *Syntactical errors*

Incorrect use of the target language in medical questionnaires can cause misunderstanding among the target audience. However, it also causes the audience (particularly learners such as those in this study) to think it is correct. In TT1 the title of the questions in Section A is an example of a syntactical error because of direct translation:

> ST: STUDY ON ALCOHOL DRINKING BEHAVIOUR.
>
> TT1: *VRAELYS OOR <u>ALKOHOL INNAME</u> GEDRAG.*
>
> TT2: *GEDRAG EN ALKOHOLINNAME.*

If corrected, the underlined spelling error would not correct the translation error, which could mean the behaviour of alcohol intake. *Vraelys* is also not the correct translation equivalent for "Study". The correct equivalent would be *studie*, which is closer to the ST. Because this study was not only about behaviour related to alcohol intake, "Study" was omitted in the retranslation.

An example of a practically word-for-word translation that is also linguistically incorrect is QB6:

> ST: How many people have you shared needles with for using drugs?
>
> TT1: *Hoeveel mense het jy 'n naald mee gedeel om dwelms te gebruik?*
>
> TT2: *Met hoeveel van jou dwelm-buddies het jy al dieselfde naald gedeel vir dwelms?*

This direct translation has a number of syntactical errors, indicating that literal word-for-word translations lower the quality of texts. However, the translator must have noticed a problem with the original ST when translating, since (s)he chose the singular, "a needle" for transcoding "needles". The fact that the TT audience would have understood this question is not necessarily an indication that the quality is good. To be linguistically correct it is also necessary to ask, "With how many...", an error that also appears in the ST and is corrected in the retranslation.

Multiphase questions often cause incoherent sentences, as do long sentences which also create a sense of ambiguity. An example is QC5E that refers to protection against AIDS:

> ST: Avoiding sharing a needle (using the same needle as another person) to inject an illegal drug into your body.
>
> TT1: *Verhoed om 'n naald te deel (om dieselfde naald te gebruik as iemand anders) om 'n onwettige dwelm in liggaam in te spuit.*
>
> TT2: *om nie 'n naald met iemand anders te deel vir onwettige dwelmgebruik nie.*

Asking one question with multiple options to be answered could lead to incoherence, such as TT1 above, with its preceding question:

> *Wys asseblief of jy dink jy kan jouself teen HIV/VIGS beskerm deur: –*

This could be eliminated by inserting the word, "*te*" in front of *verhoed*, and would improve the structure of this sentence slightly. However, this option/clause seems to be a direct translation scattered with translational errors (e.g. omitting to translate "<u>your</u> body"). The

other options in this question are equally non-coherent, such as the last one: ...*deur: Bly weg van seks*, and is an indication of negligence and carelessness in the translation process.

QC2 is also a multiphase question that had difficulties with the syntax because of direct translation:

> ST: Aside from the news, the TV shows that you prefer to watch have ...
>
> TT1: *Behalwe die nuus, die TV programme wat jy verkies om te kyk, wys...*
>
> TT2: *Afgesien van die nuus, het die televisieprogramme wat jy verkies om na te kyk ...*

Although learners may understand what to answer, it will need rephrasing to make proper sense in Afrikaans, such as in the retranslation (TT2).

3.2.1.3 *Grammatical errors*

Most of the questions with grammatical errors also had other errors that included inappropriate translation equivalents and incorrect language use.

In Section A the questions and the <u>example</u> have the format of a 5-point rating scale. The category options in the <u>example</u>, "For me to drink 5 or more drinks on one occasion during the next two weeks would be..." range from "extremely boring" to "extremely fun" with the centre option, "neither boring nor fun". This was translated as *Nie Vervelig of Pret*, omitting the double negative for "neither ... nor". Although the translation equivalent, *nóg ... nóg*, would be the first choice, this particular TC would understand *nie ... nie* better. Omitting the double negative weakens the quality of target texts in Afrikaans.

Language use not only poses a problem in the TT, but also in the ST with the unnecessary repetition of words as shown in the example below:

> ST: Now <u>please</u> begin with Question 1a). <u>Please</u> answer the questions by circling the number which corresponds to your response.
>
> TT1: *Begin nou <u>asseblief</u> met Vraag 1a). Antwoord <u>asseblief</u> die vrae deur die nommer wat met jou antwoord ooreenstem, te omring.*

Repeating the word, "please" in the instructions is unnecessary and could be omitted entirely in medical questionnaires.

Grammatical errors in Section B were plentiful, such as QB1B:

ST: When rules and regulations get in my way, I sometimes ignore them

TT1: *Wanneer reëls en regulasies in my pad kom, dan ignoreer ek dit.*

TT2: *Wanneer reëls en regulasies in my pad kom, ignoreer ek hulle somtyds*

The singular *dit* refers to the plural *reëls en regulasies*, which is grammatically incorrect, and also not the correct equivalent for "them". A translation equivalent was not supplied for "sometimes".

QB1F is another example:

ST: If I don't feel like doing something I'm told to do, I often put it off or just don't do it at all.

TT1: *Indien ek nie voel om iets te doen nie wat my gesê **was** om te doen, stel ek dit gewoonlik af of doen dit glad nie.*

TT2: *As ek nie lus voel om iets te doen wat vir my gesê word nie, stel ek dit dikwels uit, of doen dit net glad nie.*

Translation equivalents (an adverb and a preposition) are missing before the underlined words; the double negative, *nie*, should be placed at the end of the first clause to correct this syntactical error; and the incorrect tense was provided for "I'm told". This should either be, *gesê is* or *gesê word* as in TT2.

In QB2 of this section tautology (unnecessary repetition) is noticed in TT1:

ST: For the following, please indicate how wrong you think each one is.

TT1: *Vir die volgende, merk asseblief hoe verkeerd jy dink die volgende is.*

TT2: *Hoe verkeerd (of reg) dink jy is die volgende?*

This is also a direct translation, however, the equivalents for "please indicate" and for "each one" became "please mark" and "following", respectively. It is likely that the translator thought the target audience would have a better understanding of "please mark", but using "following" twice in the same sentence is unnecessary repetition and linguistically incorrect. In this case the first clause, *Vir die volgende*, could be omitted. In the retranslation this instruction was changed to a question (TT2). However, *Dui aan hoe verkeerd (of reg) dink jy die volgende is*, would have been closer to the ST.

3.2.1.4 *Spelling and punctuation*

Limited spelling errors occurred in the original translation compared to the other errors in the translation. Although these errors weaken the quality of any text, including medical questionnaires, they do not influence the communication process in Afrikaans.

Examples of spelling errors in M1 are the underlined words that should be single in QC1D and the introduction to QC3:

    TT1: *Diep soene gegee (tong soene)*……………………………;

    TT1: *Die volgende vrae het betrekking op kondoom gebruik.*

In Sections B and C, all the questions with ellipses, as shown in QC1D above, could be reduced to a single ellipse (…) or be omitted. This would also improve the technical layout and eliminate inconsistency, belonging under subparagraph 3.2.1.5.

3.2.1.5 *Technical layout and format*

As mentioned in subparagraph 3.2.1.1 certain technical errors occur throughout the original translation. In Section A the layout of the questions on the 5-point scale created confusion among some learners who either selected more than one option per question or did not respond at all (see Appendix B).

The translation of QB5 also created confusion because of a layout error and incorrect use of language or inadequate word choices:

    ST: Has your boyfriend/girlfriend ever used any of the drugs listed below?

    TT1: *Het jou kêrel/meisie al ooit enige van die dwelms gebruik wat hieronder gelys is?*

    TT2: *Het jou huidige meisie of outjie of enige vorige meisie of outjie al ooit enige van die volgende dwelms of middels gebruik?*

The layout of this **list** (TT1) is confusing, since the drug options are placed horizontally and not below one another as one would expect in a list (see Appendix B). Language use in this question is also not correct. The direct translation, *hieronder gelys* could be improved to say *volgende*, as in TT2. In Afrikaans, *dwelms* refers to drugs or narcotics, and was adjusted to include cigarettes and alcohol as *middels* (see TT2 and Appendix D). Because this target audience more often uses the word *outjie* for a boyfriend this was also changed in the retranslation.

Another technical error is in QB3H: *Het al ooit ander onwettige dwelms gebruik soos kokaïne, crack, heroïne,* <u>uppers</u>, <u>downers</u>… "Uppers and downers" should be typed in italics or with quotation marks as "party animal" in Section A. To be consistent the same format should be used throughout the document.

Inconsistent use of words with more or less the same meaning (synonyms) could also be confusing. An example of this is the inconsistent use of <u>*'n*</u> *week* and <u>*per*</u> *week* for "a week" in QD1 of Section D.

Another type of inconsistency, which could also be related to language use, is found where the questions are similar but the options differ as in QD2 and QD3 in Section D. In QD3 the second clause of the question, <u>*Sal dit my*</u> appears at the beginning of each option, while in QD2 the second clause is part of the question:

2. *As ek rook (of sou gerook het)* <u>*sal ek dit beskou as*</u>:	
Baie plesierig (aangenaam)	1
3. *As ek rook (of sou gerook het):*	
<u>*Sal dit my*</u> *baie ontspanne laat voel*	1

Typing errors occur in the following questions and are underlined:

Introduction to Section C: *Een manier hoe mense HIV/AIDS kan kry is deur sekere* <u>*tiper*</u> *seksuele gedrag.* – Should be *tipes*.

QC1I: *Het alkohol of dwelms gebruik 'n paar uur* <u>*voos*</u> *seks* (TT1). – Should be *voor*.

Introduction under *DRUK OM TE ROOK*: *'n Ander voorbeeld is iemand gee jou 'n sigaret, jy* <u>*will*</u> *dit nie hê nie en sê so.* – Should change to *wil*.

Almost throughout the original translation the apostrophe in front of the word, **'n**, ("a" in English) lies in the wrong direction. This should be adjusted to the opposite direction: **'n**. Though a minor error, it is also a sign of slackness and can easily be adjusted via the 'AutoCorrect' button in Microsoft Word:

Select *AutoCorrect* under *Tools*
Type **'n** in the *Replace* window
Go to the *With* window, press the *Alt* key and type **0146**, release the *Alt* key and type **n**
Select *Add*, and **'n** will automatically be replaced with **'n** as you type.

The questions in the original medical questionnaires, as discussed above, are an indication that the observed quality of this original Afrikaans translation is poor. Therefore, this

observation supports the hypothesis that the quality of original translated medical questionnaires is inadequate for communicating effectively with the target audience for which they are intended. However, statistical analyses of the medical and particularly the evaluation questionnaires will be used to confirm this. These will be dealt with in the next chapter, after looking at the translation approach that was used for the retranslation, as well as its quality.

3.2.2 Translation approach and quality of the retranslated Afrikaans medical questionnaire

The retranslation of the original ST followed the functional approach of Skopos according to Nord's 7-point model as explained in subparagraph 2.2.4. This approach is functional, and allows the translator either to translate close to the ST or move away from the ST according to the skopos and the brief of the initiator. Although the retranslation of the Afrikaans questionnaire in this study followed the functional approach a decision was made to stay as close to the ST as possible. The quality of the retranslation will be discussed according to each section in the questionnaire. Particular attention will also be given to changes made and the technical layout of this questionnaire with a view to improving its communicative value.

3.2.2.1 *Section A – Behaviour and alcohol intake*

The functional approach, which considers the TC, was applied to Section A of the retranslation. Learners were asked to select their answers on a 5-point scale, with the centre choice being neutral in the original translation. In the follow-up questionnaire (M2), they were forced to make either a negative or a positive choice on a 4-point scale with varying degrees. Positive to negative options were always given in the same direction, from left to right. The positive options are not necessarily the preferred choices for these questions, although they appear first. Specific examples of this approach appear in QA1d and QA1e where the original word choices ("good" vs. "bad" and "right" vs. "wrong") were regarded as synonyms and, therefore, modified to accommodate the TC. Consequently, *Ordentlik* vs. *Onbehoorlik* in M2 replaced "good" vs. "bad" (Appendix D, QA1d):

QA1d. For me to drink 5 or more drinks on one occasion some time during the next two weeks would be:					
ST	Bad 1 Extremely	2 Somewhat	3 Neutral	4 Somewhat	Good 5 Extremely
TT1 *(negative to positive)*	*SLEG* 1 *Baie*	2 *Bietjie*	3 *Nie Sleg of Goed*	4 *Bietjie*	*GOED* 5 *Baie*
TT2 *(positive to negative)*	*Baie ordentlik* 1	*Ordentlik* 2	*Onbehoorlik* 3	*Baie onbehoorlik* 4	

The instruction, "circle", at the beginning of this section was replaced with, *trek 'n sirkel om...*, and an instruction added to ask learners to identify themselves with the statements in the next set of questions (A2 - A5). This instruction, *Gee jou mening oor die volgende stellings*, provides more clarity to what is expected from the learners.

In QA4 the Afrikaans equivalent, *partytjiedier*,[x] was given for "party animal", since it was available and seemed to be in use.

QA5 stating, "It would be <u>morally wrong</u> for me to drink 5 or more drinks" was translated as *morele waardes* (moral values) in M1. This changed to say, *is teen my beginsels* (is against my principles) in the retranslation, as these learners would probably understand this better.

3.2.2.2 *Section B – Risky behaviour*

The functional approach was applied in this section, but now it was decided to stay close to the ST with regard to certain statements, options or questions. An example is QB1C:

ST: If I don't like an order I have been given, I may not do it, or I may only do part of it.

TT1: *Wanneer ek 'n opdrag <u>gegee word</u> waarvan ek nie hou nie, <u>sal ek dit moontlik doen</u>, of ek sal moontlik net 'n gedeelte daarvan doen......*

TT2: *As ek nie van 'n opdrag hou nie, <u>sal ek dit miskien nie doen nie</u>, of dalk net 'n deel daarvan doen.*

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[x] Du Plessis, M. 1999. *New Words and previously overlooked ones/Nuwe Woorde en oues wat in die slag gebly het.* Cape Town: Pharos Dictionaries.

No translation is provided for "I have been given", since the word *opdrag* indicates that an order has been given. This omission of words would never happen within the linguistic approach. The translation error for "I may not do it" was also corrected (see subparagraph 3.2.1.1).

In the original translation QB1E did not seem to have any obvious translational problems:

ST: I almost never do anything dangerous.

TT1: *Ek doen selde iets gevaarlik……..*

TT2: *Ek doen amper/byna nooit iets gevaarliks nie.*

However, in M1 learners indicated they did not understand this question. They experienced a problem with the translated equivalent, *selde*. In this community, learners speak a dialect known as Kaapse Afrikaans, as explained in Chapter 2 (paragraph 2.5), and they would understand *selde* to mean *selfde* (the same) and not "almost never".   Therefore, the retranslation of this question changed, and is actually closer to the ST than *selde* (TT2).

More examples sharing the functional approach in this section are:
QB1G:

ST: I have a careful and serious attitude toward life.

TT1: *Ek het 'n versigtige en ernstige uitkyk op die lewe……………..*

TT2: *Ek het 'n ernstige lewenshouding en maak versigtige keuses.*

The equivalent, *lewenshouding*, was provided for "attitude toward life", and because one does not speak of *versigtige lewenshouding*, *maak versigtige keuses* was used to explain a "careful attitude toward life".

Both questions B2A and B5 are translated in the idiomatic sense to accommodate the language use of the TC, and the ellipses omitted.

QB2A:

ST: To fake an excuse note from home.

TT1: *Om 'n verskoningsbriefie van die huis na te maak………………..*

TT2: *Om self 'n afwesigheidsbrief namens jou ouers/voogde aan die skool te skryf.*

QB5:

ST: How many people have you shared needles with for using drugs?

TT1: *Hoeveel mense het jy 'n naald mee gedeel om dwelms te gebruik?*

TT2: *Met hoeveel van jou dwelm-buddies het jy al dieselfde naald gedeel vir dwelms?*

In QB2B the original translation was maintained, and is linguistically equivalent to the ST to accommodate the TT audience according to the functional approach:

ST: To get together with others to drink.

TT1 and TT2: *Om saam met ander bymekaar te kom om te drink.*

Grammatical and translational errors were all corrected where applicable, and learners' suggestions to improve the questionnaire were taken into account. One of the suggestions was to change the answer options of QB2 to say, *Reg* rather than *Nie Verkeerd*, which excluded the double negative.

In QB3, a multiphase question, the different points were translated in such a way that they made sense in relation to the question, *Hoeveel van jou vriende*. Examples where the translation of these points changed to accommodate the TC are B3C and B3D:

QB3C:

ST: Might drop out of high school.

TT1: *Kan hoër skool dalk los...........*

TT2: *dink daaraan om <u>skool</u> te verlaat.*

QB3D:

ST: Have been involved in a <u>serious</u> fight at school or work.

TT1 *Was betrokke in 'n ernstige bakleiery by die skool*

TT2: *<u>raak</u> betrokke by ernstige bakleiery by die skool.*

In the first point (B3C) of the examples above, "high school" was translated as "school" in general, and also to be consistent with the next point where "school" is used. In this next point (B3D), "or work" was omitted in the retranslation (as in M1 of this study) since this was not applicable to the target audience.

For technical reasons the layout and numbering system of QB4 and QB5 (M1) changed to be more communicative. QB4 became QB4a and QB5 became QB4b; QB4a also changed to include those learners who had never had a serious relationship before. The change in the layout of QB4b included a statement (*Jy kan meer as een kies*) for more clarity.

3.2.2.3 *Section C – AIDS-related behaviour*

The linguistic problems of questions in this section were addressed as far as possible. These included the lack of cohesion, inappropriate translation and grammatical and spelling errors. An example is found in the introductory sentence:

> ST: One way people can get HIV/AIDS is from certain kinds of sexual behavior, so we are asking...

> TT1: *Een manier hoe mense HIV/AIDS kan kry is deur sekere tiper (sic) seksuele gedrag, so ons vra...*

> TT2: *Een manier vir mense om MIV/vigs op te doen, is deur onverskillige seksuele gedrag. Daarom vra ons...*

This long sentence was split into two, the correct Afrikaans acronym applied, and more suitable translation equivalents supplied. These changes automatically improved the grammar of the introduction. Although *onverskillige* is not an equivalent for "certain kinds", the type of behaviour associated with AIDS is "careless", and was therefore used for its functionality.

For the answer options in QC1 to be coherent the word, *beleef* (experienced), was added to the question. This would also improve the ST question. All the options that needed to be changed in the retranslation were addressed (see Appendix D). To mention one option, C1C, which changed and improved the quality of the translation was the word, *opgebreek*, a literal translation of "broken up". This was replaced in the idiomatic sense, *'n Outjie of meisie afgesê* (see subparagraph 3.2.1.1). Learners' input was also considered with the inclusion of a word such as *kroon* in point C1G.

QC2 about watching TV programmes that was incoherent was amended to be more fluent and still be understood by the target audience. The answer option, "Hardly any or no sex", was also changed to drop "no sex" because of its ambiguity.

The introduction to the questions on condoms changed to get rid of the "movement" sense: *Kom ons kyk nou na 'n paar vrae wat oor die gebruik van kondome gaan.* Notice the combination of the original two sentences of this introduction into one short and clear sentence.

To be more target-audience oriented, a statement was included for girls to answer questions C3 and C4 too. At the same time, QC4 defined "pocket" as *hemp- of roksak* to rule out any confusion.

As in previous introductions, the instruction preceding QC5 was also adjusted to be clear, concise and grammatically acceptable:

ST: Please indicate whether you think that you can protect yourself from HIV/AIDS by:

TT1: *Wys asseblief of jy dink jy kan jouself teen HIV/VIGS beskerm deur.*

TT2: *Dui aan of jy dink jy kan jouself teen MIV/vigs beskerm deur die volgende te doen.*

The retranslation of this instruction corrected the direct translation and other errors, such as the incorrect translation equivalent, *wys*. The options were also changed to be coherent with the question, such as point C5F, *om weg te bly van seksuele omgang*. Another adjustment that was made to this question and QC1 was the inclusion of an extra answer option, *miskien* (*maybe*). This was done to accommodate the target audience and in response to a request from some learners.

3.2.2.4 *Section D – Smoking behaviour*

The retranslation of Section D also made use of the functional approach. Some of the statements in QD1 and QD6 were collapsed to create a more communicative text that the TC could easily follow. Although "I smoke less than once a month" and "I try smoking once in a while" (statements 4 and 5 of QD1) have slightly different meanings, it was anticipated the learners would not be influenced by the difference in tone. Therefore, the option, "I smoke sometimes" was used to replace these two statements in the retranslation. In QD6, the same procedure was followed for statements 1 and 2, where "I am sure" and "I think" was replaced with "I believe".

Questions D2 and D3 were based on a 7-point scale with the eighth option being "I don't know". The centre value of the seven options was a neutral option (as was to be expected) and was omitted in the retranslation. The inconsistency noted in these two questions was also rectified so as not to repeat the words, *Sal dit my*, for each option of QD3 as in the original translation and ST. This functional approach provided the target audience with a more communicative and idiomatic text than that of the original translation.

The retranslation of the Afrikaans medical questions, as explained above, seems to support the hypothesis that original translations of medical questionnaires are inadequate for communicating effectively with the intended target audience. In some instances the retranslation hypothesis is not fully supported in this retranslation, yet most of the questions were closer to the ST than the original translation. However, the statistical analyses and results will test the observed improvement in the quality of the retranslation in the next chapter.

A description of the Xhosa part of this study according to the translation approaches used for the original translation and retranslation follows. Where applicable the quality of the text is discussed.

3.2.3 Translation approach and quality of the original Xhosa medical questionnaire

The translations of the original medical questions into Xhosa were mostly literal, direct word-for-word translations, which fall within the linguistic theory as described in subparagraph 2.2.1. These translations seem to have been done by translators who were familiar with the TT language and who had no formal translation training or experience in translation practices. In other cases, particularly in Section C, it seemed as if Xhosa was not the mother tongue of the translator(s), and they did not take into account the target audience for whom they were translating.

This original Xhosa translation will be assessed in the same way as that of the original Afrikaans translation in subparagraph 3.2.1. However, the categories will differ from the Afrikaans translation because of the different structure of the language and types of errors. Because of the complexity of Xhosa, inaccuracies will be discussed under each specific category and only where appropriate a different error in the same question or statement will

be mentioned. Therefore, repetition of some of the questions may occur. The abbreviations TT1 and TT2 will also be used to refer to the original and the retranslated TT, respectively.

3.2.3.1 *Mistranslations and omissions*

In Section A, inappropriate word choices were provided, such as in QA1c, where *Bubudenge* (stupid) is used as the opposite of *Bububulumko* (wise). These two words are not always opposites.

The translation, *ukuvavanya* (experiment) in QA3, is a very formal word relating to exams and not suitable when used in this context for Grade 9 and 11 learners. A similar problem is seen in QA5 where the word, *isithethe*, is too formal for the target audience to understand. *Isithethe* is better known as referring to cultural customs rather than to moral values, as the ST states.

In QA4 *so-'party'* is ambiguous, as it can mean a person who likes parties or a party that is not a real party, i.e. a party that is not up to one's expectations.

It is interesting to note that the options in QA1d and QA1e also had similar meanings to those used in the original Afrikaans translation and reported under the Afrikaans retranslation (subparagraph 3.2.2.1). These are *Kulungile* (good/right) and its opposite, *Kutyeshile* (not good/out of line).

Many errors appear throughout Section B which relate to incorrect translation or omissions. Errors relating to the lexicon will also be discussed under this subparagraph. Examples of mistranslations and omissions are underlined and start with the opening statement in QB1:

> ST: Here are some statements. As each one is read, decide whether or not it describes you. Do not think too long on any single question. Mark the choice which first strikes you as being closest to the truth.

> TT1: *Nazi iinkcazelo. Njengokuba ufunda nganye, yenza isigqibo sokuba ingaba iyakuchaza na okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. Phawula okukhethileyo ekufike kuqala okukufutshane enyanini.*

> TT2: *Nazi iinkcazelo ngezantsi. Yenza isigqibo sokuba zichaza wena na okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. Qaphela uze umakishe oko kufika kuqala kusondeleyo enyanini.*

Nazi iinkcazelo is an incomplete translation, which also does not agree in number with *ingaba iyakuchaza* (to describe yourself). In Section A this word is also used as an equivalent for exciting (*Kuyandichaza*). This is clearly a direct translation, which is also grammatically incorrect and not according to the Xhosa idiom. In the ST, English, it is acceptable to state, "Here are some <u>statements</u>. As <u>each one</u> is read, decide whether <u>it describes you</u>".

In the third sentence the word <u>any</u> was omitted. Though, adding it in Xhosa would not improve the quality of the translation and would change the statement into a question.

The last sentence in this opening instruction asks learners to, "Mark the choice which first strikes you as being closest to the truth". However, in Xhosa *Phawula* also means to take note and not necessarily to mark something. Another phrase in this sentence that seems to be a direct translation and is linguistically incorrect is *oku<u>ku</u>futshane enyanini* (to be close to the truth). This was corrected in the retranslation (see TT2).

Although the statements in this first question (B1) have various translational problems, to change some of these in the retranslation would not have improved their quality as such. An example is QB1A where *ndidla* could have replaced *ndisoloko*, the translation for "I usually...". However, the verb *ndihamba* (I go) would then have to change to "I do", moving further away from the ST:

QB1A:

    ST: When I make a decision, <u>I usually</u> go by what my parents have taught me.

    TT1 and TT2: *Xa ndisenza isigqibo <u>ndisoloko</u> ndihamba ngendlela abazali bam*
                  abandifundise ngayo.

QB1C, on the other hand, has a problem with the lexicon (underlined words):

    ST: If I don't like an <u>order</u> I have been given, I may not do it, or I may only do <u>part</u> <u>of it</u>.

    TT1: *Ukuba andiwuthandi <u>umyalelo</u> endiwunikiweyo, ndingangawenzi, okanye ndenze*
            <u>isuntswana</u> <u>layo</u>....................

    TT2: *Ukuba andiwuthandi <u>umyalelo</u> endiwunikiweyo, ndingangawenzi, okanye ndenze*
            isuntswana <u>lawo</u>.

Using *umyalelo* with *layo* is also grammatically incorrect and is corrected in the retranslation.

The third question in Section B stating, "how many of your friends can be <u>described</u> by ...", is translated with, *abanokuchazwa*, which can have more than one meaning, such as "exciting" as mentioned above.

The answer options, "none", "a few", "only some" and "most", in QB3 are also incomplete translations, since in Xhosa these options need a subject (abahlobo i.e. friends). The literal translation of statement B3G is another example of the incorrect use of the language:

ST: Have ever <u>used</u> dagga (marijuana).

TT1: *Abakhe <u>basebenzisa</u> intsangu* ....

In Xhosa "smoked dagga" is a more appropriate translation.

The introduction to QB4 and QB5 in Section B is also inappropriate and not how this target audience would speak:

ST: The following questions are about the <u>most serious</u> romantic relationship you have
      with another person.

TT1: *Le mibuzo ilandelayo ngeyonxibelelwano lothando <u>oluqinisekileyo</u> onalo nomnye
      umntu.*

Question B6 seems to be error-free, while the second sentence in QB5, "Please circle 1 if he/she did not ever use a drug" does not make sense because the word, "if" has been <u>omitted</u> in the translation.

In Section C various words are omitted in the translation and are underlined in the ST:

QC2:

ST: Aside from the news, the TV shows that you <u>prefer</u> to watch have ...

TT1: *Ngaphandle kweendaba, iinkqubo ze TV ozibukelayo zi......*

QC4:

ST: Do you keep a condom in your <u>wallet</u>, pocket, or handbag?

TT1: *Uyayigcina ikhondom epokothweni, ebegini yakho?*

QC5D:

ST: Making sure <u>any injection</u> you have is done with a clean needle.

TT1: *Qinisekisa ukuba uhlatywa ngenaliti ecocekileyo ....*

In QC1G of Section C the word, *ubunyulu*, (losing one's virginity) is virtually unknown to the TC and quite unknown to this target audience. However, the second part of this statement more or less explained the meaning as in the ST: "Lost your virginity - had sex". This same foreign word (*onyulu*), which is not understood by this target audience, is once again used in QC5C to describe a virgin. The introduction to this question (QC5) also needed improvement because of mistranslations and was also not in the Xhosa idiom:

ST: As we mentioned earlier, these days a lot of people are talking about HIV/AIDS. It is important to know what young people believe and know about HIV/AIDS.

TT1: *Njengoko besele sitshilo ekuqaleni, namhlanje abantu abaninzi bathetha nge HIV/AIDS. Kubalulekile ukwazi ukuba abantu abancinci bacinga yaye bazi ntoni nge HIV/AIDS.*

Namhlanje back translates to "today" and not "these days" as the ST states, and *abantu abancinci* means "small people" in size and not "young people" as in age. The correct translation for "and" in this sentence is *kwaye* instead of *yaye*.

Mistranslations or omissions in Section D are noted in the following questions or statements and are underlined:

QD1.4 (mistranslation):

ST: I smoke less than once a month.

TT1: *Nditshaya ngamaxesha athile.*

QD1.7 (omission):

ST: I have quit smoking, I have always smoked less than once a week.

TT1: *Ndiyekile ukutshaya, bendisoloko nditshaya.*

In the introduction to QD2 and QD3 there are various problems with the translation. *Umbuzo* refers to one question only, and the translation equivalent *cinga* (to think) is used for "imagine", which could be ambiguous. "If you did" was omitted in the original translation:

ST: The following questions start with 'If I smoke (or were to smoke)'. If you smoke then please answer the questions honestly. Imagine how smoking would affect you if you did.

TT1: *Umbuzo olandelayo uqala ngo 'ukuba ndiyatshaya(okanye bendinokutshaya)'. Okokuba uyatshaya nceda uphendule imibuzo ngokunyanisekileyo. Cinga okokubangaba ubutshaya belinokukuchaphazela njani icuba.*

TT2: <u>*Umbuzo*</u> *olandelayo uqala ngo "ukuba ndiyatshaya (okanye ukuba bendinokutshaya)".*
Ukuba uyatshaya nceda uphendule imibuzo ngokunyanisekileyo. Ukuba awutshayi
cinga okokuba ubutshaya belinokukuchaphazela njani icuba

Most of these errors were addressed in the retranslation, though, *imibuso* would have been
the correct translation for "questions".

In QD2 the word *bendinokuva* is ambiguous, meaning to have a taste for something or other
senses, such as hearing and should not have a capital letter:

ST: If I smoke (or were to smoke) I would consider <u>this</u> as:

TT1: *Ukuba ndiyatshaya(okanye bendinokutshaya)* <u>*Bendinokuva*</u>.

QD2.4:

ST: <u>Neither</u> pleasant nor unpleasant.

TT1: <u>*Kumnandi*</u> *okanye kukubi.*

This translation is incorrect as it is saying "pleasant or unpleasant" omitting translating
"Neither ... nor".

The explanatory note for QD4 and QD5 is not the way Xhosa is spoken, and the word
"pressure" is not easy to translate into Xhosa:

ST: By <u>pressure</u> we mean that you think that other people want you to smoke.

TT1: <u>*Nge futhe*</u> *lokutshaya sithetha ukuthi ucinga okokuba abanye abantu bafuna utshaye.*

TT2: <u>*Ngefuthe*</u> *lokutshaya sithetha ukuthi ucinga okokuba abanye abantu bafuna utshaye.*

QD4.1: in the question, "Have you ever felt <u>pressure</u> from others to smoke", the option, "<u>Very
often</u>" is translated as "All the time". A more appropriate translation for *Maxa onke* would
have been, *Amaxesha amaninzi kakhulu*.

3.2.3.2 *Errors regarding the Xhosa idiom/language*

Errors occurring in the original Xhosa medical questionnaire influenced the quality of this
translation, and caused respondents to read these questions more than once. Some of the
errors discussed here relate to subparagraph 3.2.3.1 on mistranslation, but are also
concerned with the Xhosa idiom.

The example in Section A is not written according to the Xhosa idiom and also has grammatical, spelling and orthographical errors:

> ST: If drinking 5 or more drinks on one occasion at some stage during the next <u>two</u> <u>weeks</u> would <u>not be fun</u> for you, then you might answer as follows:

> TT1: *Ukuba ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile <u>kweziveki</u> zimbini zizayo <u>akulochulumanco</u> kuwe, usenokukuphendula <u>wenjeje</u>*:

Kweziveki, an orthographical error, is discussed under subparagraph 3.2.3.4, while the spelling error, *wenjeje*, should be corrected to, *wenjenje*. In QA1b the options *Akundichazi* and *Kuyandichaza* (Unexciting vs. Exciting) are translated into slang, as well as being ambiguous which may have confused this target audience. Later in the questionnaire, *Kuyandichaza* is used in the sense to describe oneself (see subparagraph 3.2.3.1).

As mentioned in subparagraph 3.2.3.1 the instructions to answer QB1 in Section B are not translated into the Xhosa idiom. QB1D has a similar problem with the idiomatic sense, as well as with the lexicon:

> ST: <u>I am</u> often said to be <u>hot-headed or bad-tempered</u>.

> TT1: *Kusoloko kusithiwa <u>ndineenkani okanye fane ndicaphuke</u>* ....

Using *fane* is linguistically incorrect; and should be *ndifane* (*ndi* = I am...) referring to the first person.

A question that also presented a problem in the original Afrikaans translation is QB2A in Section B. This first statement is a direct translation and also not idiomatically correct:

> ST: To fake an excuse note from <u>home</u>

> TT1: *Ukuqweba ileta yeqhinga osuka nalo <u>endlwini</u>.*

Because English and Xhosa are very different languages, it is not possible to translate directly. In this statement, "home" was translated as "house", which has a different meaning in the context of the sentence.

As mentioned, Section C seems to have been translated by someone who is not familiar with the TL. The introductory statement in this section is a literal translation and not the way people speak in Xhosa. The words, *abakobudala bakho* are supposed to say "your age" but refer to "your size":

ST: One way people can get HIV/AIDS is from certain kinds of sexual behavior, so we are asking people <u>your age</u> some questions about their behavior to help us find ways to stop the spread of the disease.

TT1: *Enye indlela umntu anokufumana ngayo i-HIV/AIDS zezinye iindlela zokuziphatha ngokwesondo. Ke sibuza abantu <u>abakobudala bakho</u> imibuzo ngendlela yabo yokuziphatha ukusinceda sifumane iindlela zokunqanda ukunwena kwesi sifo.*

Question C1 asks learners about their sex-related behaviour. The first two statements are free of translation errors, but in statement C1C an inconsistency is noted when referring to "boyfriend" and "girlfriend" because these words differ from those used in Section B. QC1F was the next statement with errors because of a literal translation that is not acceptable in Xhosa. *Utyhalwe* literally means "pushed" but in Xhosa this is linguistically incorrect.

QC1I is another statement not complying with the Xhosa idiom and with a spelling error that needs correction (*kwiyure* vs. *kwiiyure*):

ST: Had alcohol or drugs a few hours before having sex.

TT1: *<u>Uthathe</u> utywala okanye iziyobisi <u>kwiyure</u> ezimbalwa phambi kokulalana.*

This last statement in QC1 uses translation equivalents that are vague. The words, *Uthathe utywala*, refer to taking a drink, which in Xhosa does not necessarily mean, "drinking alcohol", but "taking it along".

Section D has a few questions or statements translated outside the Xhosa idiom or with language errors.

In QD1 the underlined words are used incorrectly and not in the Xhosa idiom:

QD1.1:

ST: I smoke <u>at least</u> once a day.

TT1: *Nditshaya <u>okungenani</u> kanye ngosuku.*

<u>Ubuncinane</u> would have been a better choice for "at least".

In QD1.2, the retranslation is a more correct way of describing "daily" in Xhosa (an error occurred in the ST with "at" being omitted before "least":

ST: I do not smoke <u>daily</u>, but least once <u>a week</u>.

TT1: *Anditshayi <u>mihla yonke</u>, koko kanye <u>evekini</u>.*

    TT2: *Anditshayi <u>yonke imihla</u>, koko kanye evekini*

QD6 is also not in the Xhosa idiom, and a spelling error, (*ngcazelo vs. n<u>k</u>cazelo*) affects the quality of this translation:

    ST: Which of the <u>following statements</u> best <u>describes</u> you?

    TT1: *Yeyiphi kule <u>ngcazelo</u> <u>ekuchaza</u> kakuhle kakhulu?*

3.2.3.3 *Grammatical errors*

The way in which the questions are asked along with the option possibilities in Section A were not always in context, and are grammatically incorrect. An example is QA1a:

    ST: For me to drink 5 or more drinks on one occasion at some stage during the next two
          weeks would be: Unenjoyable vs. Enjoyable

    TT1: *<u>Kum</u> ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile <u>kweziveki</u>
           zimbini zizayo*:   *<u>Kokungonwabisiyo – Kuyonwabisa</u>.*

Here *kum* refers to the first person and the options, *Kokungonwabisiyo* and *Kuyonwabisa* do not necessarily refer to the first person, but to any one in general. Irrespective of the fact that the options are not target-audience oriented, Xhosa speakers do not speak in this way.

The Xhosa translation of QA2 asking about <u>important people</u> can be described as tautology, since *ngexesha elithile ngethuba elithile* is almost like saying the same thing twice, which is linguistically incorrect.

    ST: Most people who are important to me think I should drink 5 or more drinks on <u>one
          occasion at some stage</u> during the next two weeks.

    TT1: *Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo esi-5
           okanye ngaphezulu <u>ngexesha elithile ngethuba elithile</u> kweziveki zimbini zilandelayo.*

Most of the grammatical errors in Section B have been mentioned under the previous subparagraphs. QB1G is a direct translation and not the way Xhosa is spoken. A serious grammatical error is committed in TT1 and also includes an orthographic error (underlined words). These are corrected in TT2:

    ST: I have a careful and serious <u>attitude toward life</u>.

    TT1: *Ndinendlela ekhathalayo <u>nezimiseleyoyokuziphatha</u> <u>ngakubomi</u>…*

    TT2: *Ndinendlela ekhathalayo <u>nezimiseleyo yokuziphatha</u> <u>ebomini</u>.*

Section D, on smoking, had a number of grammatical errors that had an effect on the quality of the translation and required improvement in the retranslation. Some of these were orthographic errors, such as *kotitshala* and *kwinyanga* (teachers and months) that were written in the singular instead of the plural:

QD5:

> ST: Have you ever felt pressure to smoke from your <u>teachers</u>?

> TT1: *Wakha wafumana ifuthe lokutshaya <u>kotitshala</u> bakho?*

> TT2: *Wakha wafumana ifuthe lokutshaya <u>kootitshala</u> bakho?*

QD6.7:

> ST: I think that I will start smoking within the next six <u>months</u>.

> TT1: *Ndicinga okokuba ndiyakuqalisa ukutshaya <u>kwinyanga</u> ezintandathu ezizayo.*

> TT2: *Ndicinga okokuba ndiyakuqalisa ukutshaya <u>kwiinyanga</u> ezintandathu ezizayo.*

3.2.3.4 *Orthographic errors*

Errors that occur within this area are the incorrect way words are written or spelled, since orthography relates to the art of accurately writing and spelling. In Xhosa words are often laced (see paragraph 2.5). However, the lacing of a demonstrative pronoun with a noun, such as *kweziveki*, (the noun being *veki* (week)) is incorrect. This particular error occurred almost throughout Section A of M1.

An orthographic error in Section B is seen in QB1B where *nemi miselo* should be laced. This is also a literal translation that is corrected in the retranslation

> ST: When rules and regulations get in my way, I sometimes ignore them.

> TT1: *Xa kukho imithetho <u>nemi miselo</u> phambi kwam, ngamanye amaxesha*
> *andiyihoyi……………….*

> TT2: *Ngamanye amaxesha andiyihoyi imithetho <u>nemimiselo</u> emi phambi kwam.*

QB1G is a literal translation with an orthographic error, *nezimiseleyo<u>yo</u>kuziphatha*, as explained under subparagraph 3.2.3.3.

In Section D orthographic errors occurred in QD3, QD5 and QD6, however not all these errors were corrected in the retranslation.

In QD3 the words *Beliyakundenza* (It would make me) and *ndizivendidinwe* (me feel) are incorrect and should be *Beliya kundenza* and *ndizive ndidinwe*, respectively.

QD5 has been discussed under subparagraph 3.2.3.3 and in QD6 *ndiyakuqalisa* (I will start) should have been separated: *ndiya kuqalisa*.

3.2.3.5 *Spelling and punctuation*

Spelling and punctuation errors also lowered the standard of this original Xhosa translation. The example in Section A had a few spelling errors: *wenjeje* and *luchulumancho* that should have been *wenjenje* and *luchulumanco*, respectively (see subparagraph 3.2.3.2). The centre option of the example also seemed to have a spelling error: *nochulumango*.

In QA2, *esi-5* is another spelling error that also causes a grammatical error because *esi* refers to that, which is singular, while the correct word *ezi-5* refers to more than one. However, this could also have occurred because of a typing error. In QA5 *elithi* is also misspelled and should be *elithile*.

One of the problems found in the Xhosa translations is the incorrect use of loan words where words in Xhosa are not available. When an English word is used in Xhosa, it receives a prefix with a hyphen or else it should be spelled in Xhosa. An example is *necocaine* in QB3H that should be either *ne-cocaine* or *ekhokheyini*. Other examples are seen in Section D, such as *icigarette*, which should have been either *i-cigarette* or *isigarethi*. Another spelling error that is also grammatically incorrect refers to statements in QD1 and is repeated in QD6 (subparagraph 3.2.3.2):

 ST: Which of the following <u>statements</u> best describes you?

 TT1: *Yeyiphi <u>kule</u> <u>ngcazelo</u> ekuchaza kakuhle kakhulu?*

 TT2: *Yeyiphi <u>kwezi</u> <u>nkcazelo</u> ekuchaza kakuhle kakhulu?*

The underlined grammar and spelling errors are corrected in TT2. *Kwezi* refers to many statements while *kule* refers to one.

Returning to Section B, QB1E "doing nothing dangerous" has a spelling error producing a meaning, which is confusing, *ndiye* vs. *ndiyenza* (I never do):

> ST: I almost <u>never do</u> anything dangerous.

> TT1: *Phantse andikhe <u>ndiye</u> into eyingozi.*

> TT2: *Phantse andikhe <u>ndiyenze</u> into eyingozi.*

In QB4 *Ngokwang<u>u</u>ku* (Do you currently) is spelled incorrectly and should be *Ngokwang<u>o</u>ku*. Questions C2, about TV shows, and C3 and C4 about condoms were acceptable translations that hardly required any improvements, except for a spelling error in QC4:

> ST: Do you keep a condom in your wallet, pocket, or <u>handbag</u>?

> TT1: *Uyayigcina ikhondom epokothweni, <u>ebegini</u> yakho?*

> TT2: *Uyayigcina ikhondom epokothweni, <u>ebhegini</u> (bag) yakho?*

As in the original Afrikaans translation questions in Sections B and C of the Xhosa translation also had numerous ellipses, which could be reduced to a single ellipse (...) or be omitted altogether. In Section A some of the instructions were missing colons, as can be seen in Appendix C. The ST also omitted a colon, which could have been the reason why it was omitted in the TT. This introductory instruction also has a spelling error: *ezi 5* instead of *ezi-5*, and of interest is the correct writing of *kwezi veki*.

3.2.3.6 *Technical layout and format*

The original Xhosa medical questionnaire had few technical errors. In point C5E a typing error occurred where *isiyobisi emzimbeni* was typed as one word instead of two:

> ST: Avoiding sharing a needle (using the same needle as another person) to inject an <u>illegal drug into your body</u>.

> TT1: *Ngokubolekisana ngenaliti esetyenziswengomnye umntu yokufaka <u>isiyobisiemzimbeni</u>.*

An unusual error occurred in the allocation of a coding number for answer options, such as yes and no. Usually "yes" = 1, while "no" = 2. The layout of some of the questions created confusion, such as in Section A. For instance, some learners circled more than one option per question. Another example is QB5 in Section B where learners skipped some of the answers because of the layout.

In Section D a space was omitted between words and brackets, such as in QD2:

TT1: *Ukuba ndiyatshaya(okanye bendinokutshaya)*.

As mentioned earlier in this chapter, it would seem as if the original Xhosa translation certainly presented far more problems in communicating adequately with the intended target audience than was expected. A discussion of the approach and quality of the retranslation follows in order to see if the retranslation is closer to the ST, as is hypothesised.

3.2.4 Translation approach and quality of the retranslated Xhosa medical questionnaire

Xhosa being a rich language has many words to describe similar things. However, it is important to pay attention to the context of what is said. This is particularly so because the same word(s) have different meanings depending on the context. Therefore, Xhosa lends itself to more confusion and ambiguity, especially if the translated text is not always clear.

The retranslation of the Xhosa medical questionnaire also followed the functional approach, Skopos, which regards the target audience as the more important factor in the translation process. If this audience does not understand the translated text, there is no point in translating. Where applicable the original translation was maintained by staying close to the ST within the functional approach as laid down by Nord. The Xhosa retranslation, in particular, applied Nord's 7-point model as described in subparagraph 2.2.4.

Since another translator, familiar with the translation process and a mother-tongue speaker, did the Xhosa retranslation, and because of the complexity of the Xhosa language in comparison with English (and Afrikaans), this part of the study will primarily be reported qualitatively.

3.2.4.1 *Section A – Behaviour and alcohol intake*

The retranslation of this section followed the functional approach to accommodate Grade 9 and 11 learners at Uxolo Secondary School. To enhance its communicative value, the layout of these questions was also adjusted (see Appendix E). The 5-point scale was changed to eliminate the centre value and reduce over-selection of this option.

QA1a to QA1d were retranslated in context with the answer options, which were mostly given in the same direction from positive to negative.

Examples of these improvements are:

The orthographic error in QA1, *kweziveki*, was corrected:

> ST: For me to drink 5 or more drinks on one occasion at some stage during the <u>next</u> two <u>weeks</u> would be:

> TT2: *Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile <u>kwezi veki</u> zimbini zizayo:*

QA1a: the option *Kungandonwabisa* (Enjoyable/happy) was adjusted to refer to the first person in the question, *Kum ukusela iziselo ezi-5* ("For me to drink 5 or more drinks").

QA1b: the use of a more appropriate equivalent for "Unexciting/boring": *Kungandidika*.

QA1c: a more appropriate opposite was provided for *Bubulumko* (wise): *Asibobulumko* (not wise/foolish).

QA1d: since the words *kulungile* and *kutyeshile* and their opposites have more or less the same meaning, QA1e was not repeated in the retranslation. The preferred equivalent for "good/right" was given as *kulungile* with its opposite, *Akulunganga* "not good/right".

In this retranslation, QA1e became an evaluation question, as did QA6 and QA7.

The next set of questions (A2 - A5) in this section asked learners whether they agreed or disagreed with the statements. The direction of the answer options was also changed from positive to negative to be consistent.

Question A2 was changed to dispose of the unnecessary repetition of words with the same meaning (tautology) by rephrasing the question in TT2:

> ST: Most people who are important to me think I should drink 5 or more drinks <u>during the period of the next two weeks</u>.

> TT1: *Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo esi-5 okanye ngaphezulu ngexesha elithile <u>ngethuba elithile kweziveki zimbini zilandelayo</u>.*

> TT2: *Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elithile <u>ngethuba leeveki ezimbini ezizayo</u>.*

QA3 asks learners whether they are, "the kind of person who likes to experiment and take risks". To accommodate this audience, a more appropriate word, *ukulinga*, was used to describe "experiment".

QA4 refers to thinking of oneself as a "party animal" and was changed to *Ndizithatha njengosombadla*, which is less ambiguous than *Ndizithatha njengoso-'party'* (TT1).

QA5 states, "It would be <u>morally wrong</u> for me to drink 5 or more drinks on one occasion at some stage during the next two weeks". For learners to understand "moral values" in their mother tongue *imfundiso* was provided as the preferred equivalent. Changing this question decreased its length, making it easier for learners to follow:

> TT1: *Inokuba yengalunganga kakhulu <u>ngokwesithethe</u> sethu into yokuba ndisele iziselo ezi-5 okanye ngaphezulu ngexesha elinye ngethuba elithi kweziveki zimbini zilandelayo.*

> TT2: *Ingaba ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elinye kwithuba leeveki ezimbini ezizayo akulunganga <u>ngokwemfundiso</u> yethu.*

Although it was not possible to evaluate the quality of the retranslation of these questions, by improving the grammatical, orthographical and spelling errors the textual quality was automatically improved. Changing the general layout (see Appendix E) of the questions in this section would also have had an effect on improving the quality of the text. In doing so the quality of learners' responses also improves.

3.2.4.2 *Section B – Risky behaviour*

The retranslation of this section attempted to eliminate most of the grammatical errors that occurred in the original translation. As mentioned, correcting these errors automatically improves the quality of the translated texts and makes them more accessible to the target audience. However, according to the Xhosa translator, some of the statements in this first question (B1) would not have improved their quality as such and these were not changed in the retranslation.

The first question, which is a statement with a request, asks learners to identify with certain behaviour. In the retranslation, consistency was maintained by using the plural throughout the statement and request:

ST: Here are some <u>statements</u>. As each one is read, decide whether or not it <u>describes</u> <u>you</u>. Do not think too long on any single question. <u>Mark the choice</u> which first strikes you as being closest to the truth.

TT1: *Nazi iinkcazelo. Njengokuba ufunda nganye, yenza isigqibo sokuba <u>ingaba</u> <u>iyakuchaza</u> na okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. Phawula okukhethileyo ekufike kuqala okukufutshane enyanini.*

TT2: *Nazi <u>iinkcazelo</u> ngezantsi. Yenza isigqibo sokuba <u>zichaza wena</u> <u>na</u> okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. <u>Qaphela uze umakishe oko kufika kuqala kusondeleyo enyanini</u>.*

The concord error is rectified where *zichaza wena* (plural) replaces the singular *ingaba iyakuchaza*. The instruction, to mark the appropriate behaviour as closest to the truth, was also changed to be less ambiguous. This translation is also closer to the ST than the original translation.

The statements about risky behaviour in QB1 that needed changing to improve their quality and retain the ST meaning were:

QB1B:

ST: When rules and regulations get in my way, I sometimes ignore them.

TT1: *Xa kukho imithetho <u>nemi miselo</u> phambi kwam, ngamanye amaxesha andiyihoyi.................*

TT2: *Ngamanye amaxesha andiyihoyi imithetho <u>nemimiselo</u> emi phambi kwam.*

The orthographic error is corrected as underlined, and the structure of the sentence also changed to be more target oriented. All ellipses were deleted to improve the punctuation.

QB1C:

ST: If I don't like an order I have been given, I may not do it, or I may only do part of it.

TT1: *Ukuba andiwuthandi umyalelo endiwunikiweyo, ndingangawenzi, okanye ndenze isuntswana <u>layo</u>....................*

TT2: *Ukuba andiwuthandi umyalelo endiwunikiweyo, ndingangawenzi, okanye ndenze isuntswana <u>lawo</u>.*

The word, *lawo* replaced the grammatically incorrect one, *layo*. Evaluation of the translation of this question only occurred on the second occasion, with almost all (90%) of the learners understanding the retranslation.

QB1D:

> ST: I am often said to be hot-headed or bad-tempered.

> TT1: *Kusoloko kusithiwa ndineenkani okanye* <u>fane</u> <u>ndicaphuke</u> ....

> TT2: *Kusoloko kusithiwa ndineenkani okanye ndifane ndicaphuke.*

In this statement, *ndifane* replaced *fane*. The use of *ndi* refers to the first person. All the learners understood this point in the retranslation.

QB1E:

> ST: <u>I</u> almost <u>never do</u> anything dangerous.

> TT1: *Phantse andikhe <u>ndiye</u> into eyingozi.*

> TT2: *Phantse andikhe <u>ndiyenze</u> into eyingozi.*

The spelling error, *ndiye* was corrected to *ndiyenza*. The target audience would not have been able to realise that this was a spelling error and, therefore, would not have understood this statement.

QB1G:

> ST: I have a careful and serious attitude <u>toward life</u>.

> TT1: *Ndinendlela ekhathalayo <u>nezimiseleyoyokuziphatha</u> <u>ngakubomi</u>...*

> TT2: *Ndinendlela ekhathalayo <u>nezimiseleyo yokuziphatha</u> <u>ebomini</u>.*

The orthographical and grammatical errors were corrected appropriately as shown in TT2 (see underlined words). The correct equivalent for "toward life" is *ebomini*.

The second question in this section needed little change to improve its quality. Only the first statement, "To fake an excuse note from home" had to be adjusted. The changes were, *Ukubhala* and *ekhaya* for the words, "to fake" and "home". These changes simplified Xhosa to be more appropriate and understandable for these learners.

In QB3 about friends' behaviour, the words, *ababandakanyekayo bechazwa* replaced the original equivalent used for "can be described" to provide a more comprehensible question. The statements for this question were very clear, but a few changes were made to some so as to offer a more target-oriented text. These were:

QB3B:

    ST: Have cheated <u>on</u> an exam.

    TT1: *Abaye baqhatha kwiimviwo* ....

    TT2: *Abaye baqhathe kwiimviwo.*

Abaye baqhath<u>a</u> was changed to Abaye baqhath<u>e</u> in TT2 to correct this grammatical error, and the ellipses were omitted from all these statements. This statement not only posed problems in the TT, but also in the ST with the use of "on" instead of "in". Problems that were noted in the ST are discussed in paragraph 2.5 and subparagraphs 5.2.3 and 5.3.2.

QB3D:

    ST: Have been involved in a serious fight at school <u>or work</u>.

Since the target audience was school-going learners, "or work" was dropped from the translation.

QB3G:

    ST: Have ever used dagga.

    TT1: <u>*Abakhe*</u> *basebenzisa intsangu* ....

    TT2: *Abakhe batshaya intsangu.*

For the retranslation the translator preferred to use the term "smoked dagga", since in the Xhosa-speaking culture "using dagga" could also mean to use it as a healing medicine.

QB3H:

    ST: Have ever used other illegal drugs, like cocaine, crack, heroin, uppers, downers.

    TT1: *Abakhe basebenzisa iziyobisi ezingekho mthethweni ezifana necocaine, crack, heroin, mandrax.*

    TT2: *Abakhe basebenzisa iziyobisi ezingekho mthethweni ezifana <u>ne-cocaine</u>, <u>ne-crack</u>, <u>ne-heroin</u>, <u>ne-mandrax</u>.*

This statement was corrected for its spelling errors with regard to the loan words that are underlined, *ne-cocaine*, etc.

QB4a is about "the most serious romantic relationship" the respondent has had. This question was also changed to include those learners who had never had such a relationship:

    ST: The following questions are about the <u>most serious</u> romantic relationship you have with another person.

TT1: *Le mibuzo ilandelayo ngeyonxibelelwano lothando oluqinisekileyo onalo nomnye umntu.*

TT2: *Le mibuzo ilandelayo ngeyonxibelelwano lothando oluqinisekileyo onalo <u>okanye owakhe wanalo</u> nomnye umntu.*

The spelling error in the question, *Ngokwa<u>ng</u>uku* (Do you currently...) was corrected to *Ngokwa<u>ng</u>oku*. The layout was also changed, and this simplified version communicated more effectively with the target audience.

Although there was an improvement to the instruction in QB4b (QB5 of the original translation) stating learners should "circle 1 <u>if</u> [their boyfriend/girlfriend] did not ever use a drug", this instruction became confusing in the retranslation. This happened because the value 1 allocated to the answer option, "yes" (the usual value for this option in medical research) was allocated to "no" in the original translation. However, the instruction in the retranslation did not change accordingly and could have confused the target audience. Because of this technical error, this question could not be used in the statistical analyses.

3.2.4.3 *Section C – AIDS-related behaviour*

The errors occurring under this section of the original translation were all addressed in the retranslation improving the grammatical and translational quality of these medical questions.

In the introductory statement, "One way people can get HIV/AIDS is from certain kinds of sexual behaviour, so we are asking people <u>your age</u> some questions...", *abalingana nawe* replaced *abakobudala bakho* to refer to people "your age" which is more idiomatic.

Changes made to QC1 about learners' sex-related behaviour were:

QC1C: the inconsistent use of "boyfriend" and "girlfriend" was rectified to correspond with the way in which they were used in Section B.

QC1F: "<u>been pushed</u> by someone to have sex". The use of *Unyanzelwe* replaced the literal translation, *Utyhalwe*, used in the original translation for being pushed.

QC1G: "lost your virginity - had sex", was changed to *Ulahle ubumsulwa* that would be more understandable to the target audience. The translator of this retranslation asked older people whether they knew the word, *ubunyulu*, to verify its use. None of these people were familiar with its use.

QC1I: "had alcohol or drugs a few hours before having sex", was clarified to say *Usele utywala* (drinking alcohol, TT2), which is more appropriate for this group of learners than *Uthathe utywala* (taking alcohol, TT1).

Statements and questions under this section that did not need any changes to improve the quality of the original translation were:

QC1A.	Gone out on dates regularly
QC1D.	Engaged in deep kissing (tongue kissing)
QC1E.	Engaged in petting (feeling up or down)
QC1H.	Had a sexually transmitted infection
QC3.	How often do you plan to use condoms, even though you might not actually use one?

However, the layout of these questions was altered to be more user-friendly and communicative.

In the retranslation of QC4 a spelling error for "bag" was corrected and the English equivalent included for better understanding. This question asked where learners kept a condom:

TT2: *Uyayigcina ikhondom epokothweni, ebhegini (bag) yakho?*

The introduction to QC5 in the retranslation was changed to be closer to the ST message that said, "these days a lot of people are talking about HIV/AIDS. It is important to know what young people believe and know about HIV/AIDS". The words that were changed are underlined:

TT1: *Njengoko besele sitshilo ekuqaleni, namhlanje abantu abaninzi bathetha nge HIV/AIDS. Kubalulekile ukwazi ukuba abantu abancinci bacinga yaye bazi ntoni nge HIV/AIDS.*

TT2: *Njengoko besele sitshilo ekuqaleni, kule mihla abantu abaninzi bathetha nge-HIV/AIDS. Kubalulekile ukwazi ukuba abantu abatsha bacinga yaye bazi ntoni nge-HIV/AIDS.*

QC5 asks whether learners know how to protect themselves against HIV/AIDS with the help of a few statements. Changes to these in the retranslation are the following:

QC5C: "Having sexual intercourse with a virgin". As mentioned the word *onyulu*, is not understood by this TC and was replaced with *nomntu omsulwa* and an explanation:

TT1: *Kuba nendibano yesondo nomntu <u>onyulu</u>* ………………

TT2: *Ngokuba nendibano <u>nomntu omsulwa</u> (umntu ongazange alalane nomnye umntu).*

QC5D: "Making sure any injection you have is done with a clean needle" changed to include the underlined words, *xa* and *kusetyenziswe*, making the option more appropriate and comprehensible:

TT1: *Qinisekisa ukuba uhlatywa ngenaliti ecocekileyo* ……………..

TT2: *Qinisekisa ukuba <u>xa</u> uhlatywa <u>kusetyenziswe</u> inaliti ecocekileyo.*

QC5E: The spelling and typing errors were corrected, *Ngokungabolekisani* (to avoid) *isiyobisi emzimbeni* (into your body):

ST: Avoiding sharing a needle … to inject an illegal drug into your body.

TT1: *Ngokubolekisana ngenaliti esetyenziswengomnye umntu yokufaka isiyobisiemzimbeni* …………………

TT2: *<u>Ngokungabolekisani</u> ngenaliti esetyenziswe ngomnye umntu ekufakeni <u>iziyobisi emzimbeni</u>.*

3.2.4.4 Section D – Smoking behaviour

As already stated, this section required improvement in grammar, orthography, spelling and other areas. In the retranslation, these errors were rectified accordingly and will be discussed below.

QD1 and QD6 ask learners, "Which of the <u>following statements</u> best describes you?". The grammatical error, *kule*, referring to a single statement and the spelling error were corrected:

TT1: *Yeyiphi <u>kule</u> <u>ngcazelo</u> ekuchaza kakuhle kakhulu?*

TT2: *Yeyiphi <u>kwezi</u> <u>nkcazelo</u> ekuchaza kakuhle kakhulu?*

Grammatical and other linguistic errors to the statements in QD1 were also addressed in the retranslation. These were:

QD1.1: "I smoke <u>at least</u> once a day". Since there is no suitable equivalent in Xhosa for "at least", and the use of *okungenani* is grammatically and linguistically incorrect, this word was dropped from the retranslation:

TT1: *Nditshaya okungenani kanye ngosuku.*

TT2: *Nditshaya kanye ngosuku.*

QD1.2: "I do not smoke <u>daily</u>, but least once a week". The original translation was not written in the Xhosa idiom. In the retranslation the equivalent for "daily" was adjusted:

TT1: *Anditshayi <u>mihla yonke</u>, koko kanye <u>evekini</u>.*

TT2: *Anditshayi <u>yonke imihla</u>, koko kanye evekini*

QD1.3: "I do not smoke weekly, but least once a month", was corrected for grammatical errors:

TT1: *Anditshayi veki zonke, koko kanye enyangeni.*

TT2: *Anditshayi <u>ngazo</u> zonke <u>iiveki</u>, koko kanye enyangeni.*

QD1.8: "I have tried smoking once in a while, but I don't smoke anymore". The retranslation used *ngamaxesha athile* (once in a while) instead of *kanye* (once) to correct this error:

TT1: *Ndikhe ndazama ukutshaya <u>kanye</u>, kodwa andisatshayi konke-konke.*

TT2: *Ndikhe ndazama ukutshaya <u>ngamaxesha athile</u> kodwa andisatshayi konke-konke*
(QD1.7 of the retranslation).

The statement, "I smoke less than once a month" (QD1.4), was omitted from the retranslation. This was not making sense in Xhosa, since the translation is the same as saying, "I do not smoke".

The last sentence of the introduction to questions D2 and D3, "Imagine how smoking would affect you if you did", was changed in the retranslation for better understanding by the target audience:

TT1: *<u>Cinga</u> okokubangaba ubutshaya belinokukuchaphazela njani icuba.*

TT2: *Ukuba awutshayi cinga okokuba ubutshaya belinokukuchaphazela njani icuba.*

QD2 and QD3 needed the word *ukuba* (if) in front of *bendinokutshaya* (were to smoke). The centre option (neither ... nor...) for these two questions was also omitted, as was done for the Afrikaans retranslation. The missing punctuation mark (colon) in QD3 was rectified in TT2:

ST: If I smoke (or were to smoke) I would consider this as:

TT1: *Ukuba ndiyatshaya (okanye bendinokutshaya)*

TT2: *Ukuba benditshaya (okanye ukuba bendinokutshaya):*

The introduction to QD4 on pressure to smoke used a very formal word, *wequmrhu* for "member" in the original translation. This was replaced in the retranslation with a more suitable word, *iqela*, (group) for this target audience. Another linguistic error, *uyakuthetha oko* (you say so) was corrected in the retranslation, as was the spelling of cigarette:

> ST: ...because you are afraid that you will not be a <u>member</u> of the group if you resist. Another example is when someone offers you a cigarette and <u>you</u> don't want it and <u>say so</u>, ...

> TT1: *...kuba usoyika okokuba akusayi kuba ngomnye <u>wequmrhu</u>. Omnye umzekelo kuxa umntu ekupha <u>icigarette</u>, uyasilandula kwaye <u>uyakuthetha oko</u> ...*

> TT2: *...kuba usoyika okokuba akusayi kuba ngomnye <u>weqela</u> labahlobo. Omnye umzekelo kuxa umntu ekupha <u>isigarethi</u> <u>uze wena ulandule</u> ...*

Some of the errors that occurred in the original translation were not addressed in the retranslation. An example is the way in which *Beliyakundenza* (It will make me) is written (see QD3). Orthographically this word should be split: *Beliya kundenza*. Another example is *ndiyakuqalisa* (I will start) in the statements in QD6 that should also be two words: *ndiya kuqalisa*.

The evaluation of the medical questions in this section differed in the retranslation, and therefore, the translations could not be compared for quality. However, the observed improvement as discussed in subparagraph 3.2.4 is an indication of the quality of the Xhosa retranslation in particular. The hypotheses of this study as regards the Xhosa questionnaires will be tested for those questions that could be evaluated.

To find out how learners perceived the original translation and how successful the retranslation of the medical questions was, evaluation questions relevant to the two TCs were drawn up separately and statistically analysed. These will be discussed next and in Chapter 4.

3.3 EVALUATION QUESTIONNAIRES

In this study, the evaluation questions were included alongside the medical questions for immediate assessment and to reduce respondents' answering time. Evaluation questions for the Afrikaans text were developed in Afrikaans. However, Xhosa-speaking learners received their evaluation questions in English, and could answer either in Xhosa or in English, whichever language they preferred. The evaluation (E1) of the original Xhosa translation did not provide sufficient information to repeat a complete evaluation questionnaire on the second occasion (see Appendix E), therefore, these questions were included between the medical questions.

Information obtained from the first evaluation questionnaires guided the translators with the retranslation of the original translated questionnaires. As far as possible, the retranslations were tested on the same learners after a 6 - 8-month interval.

The first evaluation questionnaires (E1) were drawn up to determine which parts of the medical questionnaire (M1) the learners had difficulty in understanding. The researchers could then retranslate the medical questions to be more appropriate for the target culture in question. It was also envisaged that the evaluation questions would indicate whether the retranslation improved the quality of the medical questions and, simultaneously, ensured collection of more reliable and valid data.

Evaluation (E2) of the second medical questionnaire (M2) differed from E1, as its purpose was to ascertain how well the learners at the Afrikaans-speaking school understood the retranslation. Xhosa speakers received fewer evaluation questions in the follow-up questionnaire and these were mostly asked in English. Those in Xhosa evaluated the questions on the 5-point scales in Section A.

In Chapter 4, the results of most of these questions will be explored and compared for the two target cultures. The responses from the evaluation questions will be cross-tabulated with those of M1 to assess whether there is an association between the responses. This means that if the evaluation questions indicated an improvement in the retranslation this is confirmed by the responses in M1.

Chapter 4

RESULTS OF THE EMPIRICAL STUDY

4.1 INTRODUCTION

The results and statistical analyses of the empirical study are documented and discussed in this chapter. Different methods are used to analyse and report on the Afrikaans and the Xhosa translations, mainly because of the structural differences between the two languages as described in Chapter 2. Although the same medical questionnaire was used for the Afrikaans- and Xhosa-speaking learners, it was not possible to analyse the data in the same way, since the evaluation questions differed for the two groups. The Afrikaans translation and retranslation will be compared mainly using the quantitative research method explained in Chapter 1, paragraph 1.4. Comparable questions asked in the evaluation questionnaires of the translation into Afrikaans and Xhosa will be discussed under subparagraphs 4.2.1 to 4.2.4.

Results of the analyses are used to test the hypothesis that states: the quality of translations of medical research questions, particularly AIDS-related questions, is inadequate for communicating effectively with the target culture for which they are intended. At the same time the retranslation hypothesis, which claims that a retranslation is closer to the ST than the original translation (Williams & Chesterman, 2002:78), will be tested. For this study, "closer" is defined as the translation of medical questions according to the Skopos approach described in subparagraph 2.2.4. The purpose or aim is to reach a contextual equivalence in the retranslations that will improve the quality of the questionnaires and, consequently the reliability of the participants' responses to the questions.

The very first evaluation question asked learners whether they knew what the purpose of this study was. Although the introductory letter explained this, only half (52%) of the Afrikaans group realised it was about translation aspects of medical questionnaires. The rest either did

not know (17%) or mentioned other medical factors (31%). The Xhosa speakers fared worse, with 68% being under the impression the main purpose was related to medical aspects. Only 30% understood the study to be about translation aspects of medical questionnaires. This question was repeated in the Xhosa evaluation questionnaire (E2) to see whether any improvement in their level of understanding had occurred. Of the 44% of learners who answered this question, 60% understood the purpose of the study to be, "whether readers understand the Xhosa questions" as one learner responded.

4.2 AFRIKAANS AND XHOSA TRANSLATIONS

4.2.1 Section A – Behaviour and alcohol intake

4.2.1.1 *Afrikaans translation*

To assess how well the target audiences understood the medical questions, they were asked whether they had to read a question more than once on both occasions (E1 and E2). The explanation of questions in Section A (E2) was easily understood by 55% of the Afrikaans-speaking learners. The percentage of learners who understood the separate questions A1a to A1e (M2) ranged from 75% (QA1d) about being decent (*ordentlik*) to 91% (QA1e) about being right (*reg*; data not shown). These questions asked learners what it would be like "to drink 5 or more drinks on one occasion at some stage during the next two weeks". However, in the first evaluation questionnaire, this question was grouped and only 20% could follow all of these questions with ease. A similar grouping for QA1 did not show any difference in the level of understanding in E2 (Table 1).

Table 1. Comparison of the evaluation questions E1 and E2 regarding **Afrikaans**-speaking learners' comprehension (%) of medical questions

Section A			
Explanation/ questions understood	Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
Explanation of QA1 alcohol	-	55	
QA1 *Om 5 of meer drankies te drink sal wees…*	20	20	1.000
QA2 *Belangrike mense*	56	60	0.637
QA4 "Party animal": *partytjiedier*	98	89	0.0455*
QA5 *Morele waardes*	60	-	
Understood most questions in Section A	-	94	
* Statistically significant p < 0.05			

Afrikaans-speaking learners were asked about their preference for word choices used in the example of the original medical questionnaire. Most of them chose *vervelig* (boring) as the opposite of "fun", which was the translator's choice (see Fig. 1). This was followed by *eentonig* (dull) and *nie prettig nie* (not fun). In the retranslation, *vervelig* was chosen as the opposite of *opwindend* (exciting). Another word choice requiring learners' preference was for the opposite of *dom* (foolish). Fig. 2 indicates that most learners selected *verstandig*, and then *slim* and *geleer(d)*, which differed from the original translator's choice, *wys* (wise).
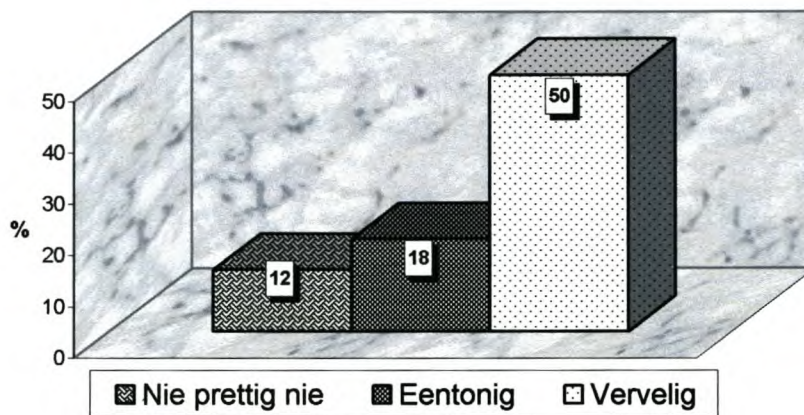
Figure 1. **Afrikaans**-speaking learners' preferences (%) – QA1, E1
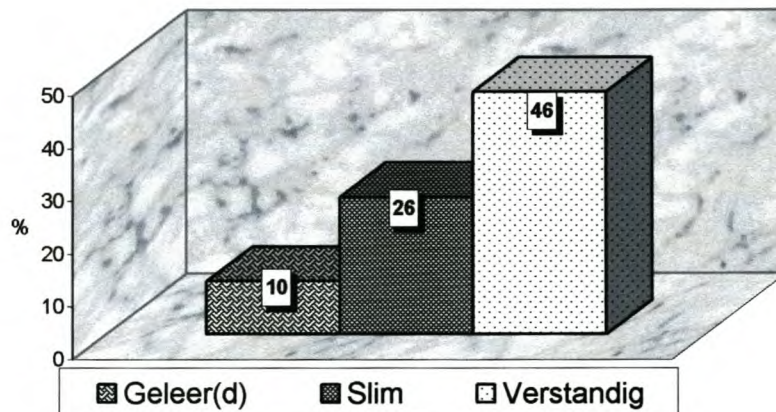
Figure 2. **Afrikaans**-speaking learners' preferences (%) – QA1.3, E1

To make sure Afrikaans-speaking learners understood the functional approach that was used in the follow-up questionnaire, they were asked which word they would have selected

as the opposite for "decent" (Q1.4, E2). Fig. 3 shows that most learners were in favour of *onordentlik* (not decent) and not the retranslation, *onbehoorlik* (indecent).
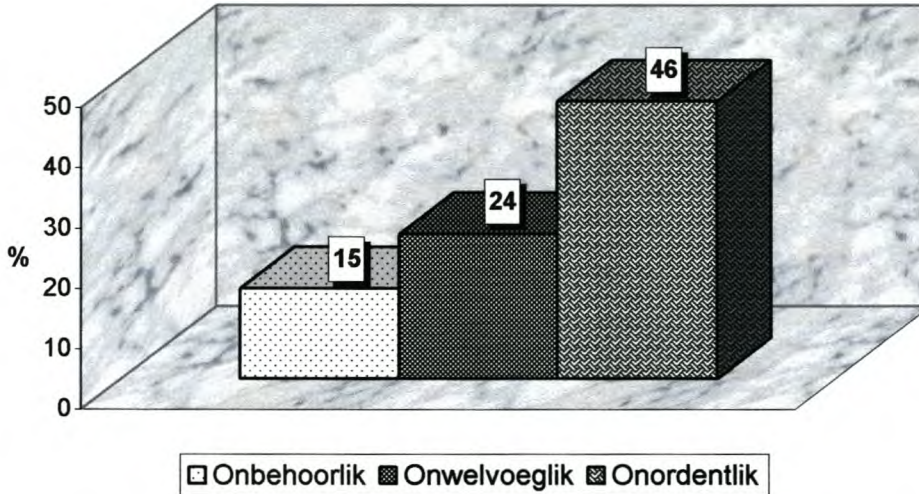
Figure 3. **Afrikaans**-speaking learners' preferences (%) – QA1.4, E2

Not all the questions (A2 to A5) were compared in the evaluation questionnaires (E1 and E2). Afrikaans-speaking learners understood QA4 about thinking of oneself as a "party animal" significantly better than the retranslation, *partytjiedier* (p=0.0455). The comparison between QA2.1 in E1 and QA2 in E2, asking learners whether they had to read the question about: "Most people who are important to me think I should drink 5 or more drinks ..." two or more times, showed a slight improvement in their comprehension, though not statistically significant (Table 1).

Overall, 94% of the Afrikaans-speaking learners at Robinvale High School understood most of the questions in Section A of the retranslation, E2: QA6. *Oor die algemeen, kon jy Afdeling A se vrae maklik volg en verstaan?* In E1, this question was not asked for all the questions in Section A.

To enable comparison of the quality of the Afrikaans translation of the 5-point rating scale, two of the medical questions (A1a and A5) were retranslated and included in E2. A considerable shift in learners' responses to QA1a in M1 and QA1.1 in E2 was noted (Fig. 4). In M1, 57% of the learners gave a negative response (very unenjoyable and somewhat unenjoyable), while 24% chose the neutral option. The same retranslated question in E2

resulted in 84% negative answers (*onaangenaam* and *baie onaangenaam*) and 11% who made a neutral choice (*Om't ewe*). This is a statistically significant shift in responses (p <0.0001).

First Occasion (M1)   Second Occasion (E2)
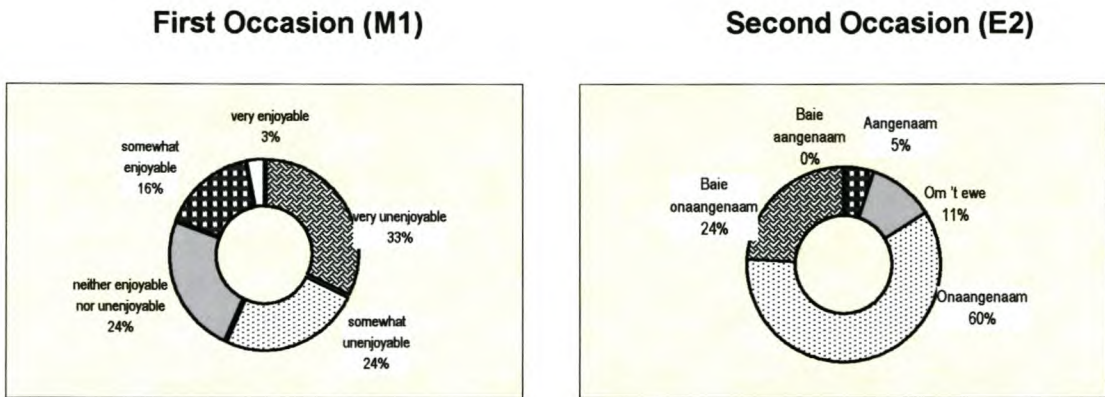
Figure 4. **Afrikaans**-speaking learners' responses (%) to QA1a: "For me to drink 5 or more drinks on one occasion at some stage during the next two weeks would be..."

Figure 5 also shows a shift in the answers, as more than 50% did not agree with the statement in M1. When this question (A5) was repeated in E2, 68% agreed it was against their principles to have five or more drinks on one occasion. Only 5% made a neutral choice in E2 compared to the 11% in M1. For these questions, the percentages also differ significantly (p <0.0001).

First Occasion (M1)   Second Occasion (E2)
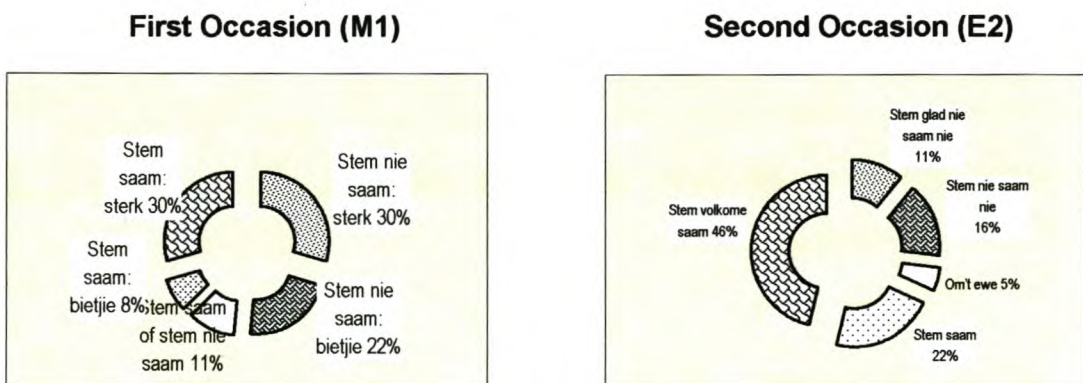
Figure 5. **Afrikaans**-speaking learners' responses (%) to QA5: "It would be morally wrong for me to drink 5 or more drinks on one occasion at some stage during the next two weeks."

Question A3 (M1) asked Afrikaans-speaking learners whether they were, "the kind of person who likes to experiment and take risks". Although the equivalent, *tipe*, was supplied for

"kind", 61% of learners indicated they understood this term better than *soort* (data not shown). In E2, (Q3) learners were asked whether they preferred the original translation, "strongly agree" or the retranslated version, "absolutely agree". About 61% of the learners indicated they preferred the new translation (*stem volkome saam*), yet in E1 63% preferred *stem STERK saam* (strongly agree) (see Fig. 6).
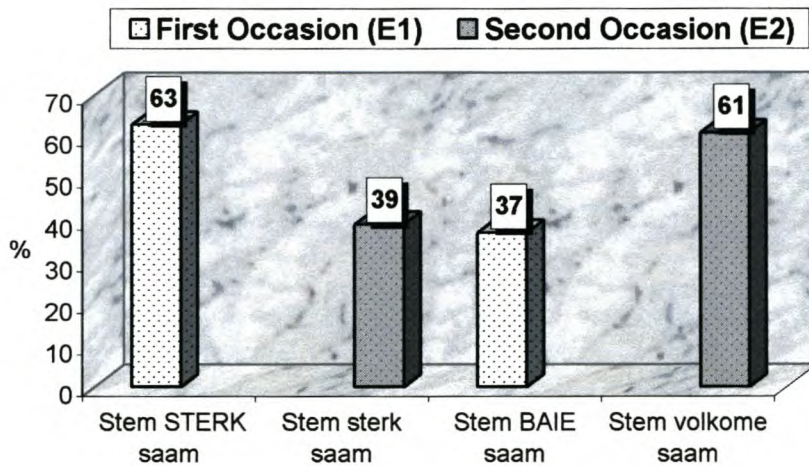
Figure 6. **Afrikaans**-speaking learners' preferences (%) for a word or phrase

The Afrikaans questionnaire (M1) supplied a direct translation, *Seksie*, for the various divisions. In QA6 of E1, 86% of learners showed a preference for *Afdeling*, which was also used in the retranslation (data not shown).

Sixty percent of the learners said they understood the term, *morele waardes,* (QA5.1 in E1) and 84% confirmed this by correctly explaining the meaning. In the follow-up evaluation about 80% believed *morele waardes* and *beginsels* to have the same meaning, while almost 20% differed (data not shown).

4.2.1.2 *Xhosa translation*

In the evaluation questionnaire (E1) for the Xhosa-speaking learners at the Uxolo Secondary School, they were asked whether they had to read most of the questions in Section A more than once. More than 60% responded, having had to read the questions two or more times (data not shown). This evaluation question was not repeated for the second occasion, therefore, no comparative analyses are provided.

About 65% of the Xhosa-speaking learners provided appropriate equivalents in Xhosa for *uso-'party'* that appeared in QA4 of M1, while 35% were not able to provide suitable equivalents. Most of the learners (85%) who answered QE4, asking them to explain *Ndizithatha njengosombadla* in E2, understood this to be "party animal" (data not shown).

Figures 7 and 8 show word preferences of the Xhosa-speaking learners in E1. These learners preferred words that were not used in M1, such as *akudliki* (not boring) and *Akonwabisi* (not enjoyable).
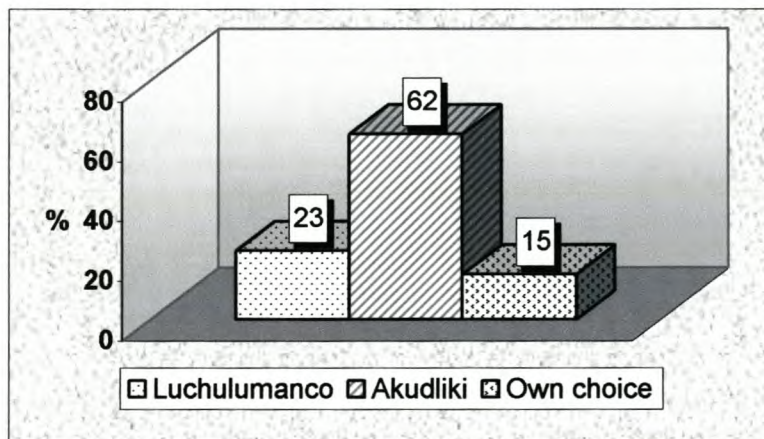
Figure 7. **Xhosa**-speaking learners' preferences (%) – QA1.1, E1
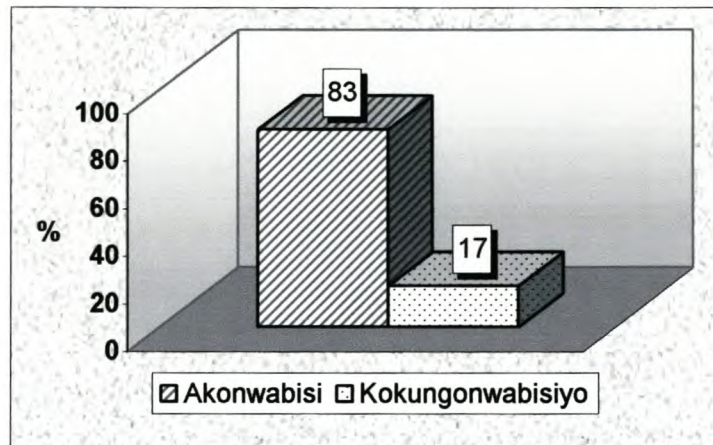
Figure 8. **Xhosa**-speaking learners' preferences (%) – QA1.2.4, E1

Q1.4.1 in E1 asked these learners whether they thought *bububulumko* and *bubudenge* could be used as opposites in QA1c. Most learners (70%) agreed that these two words (wise and stupid) are appropriate opposites (data not shown). However, in the retranslation *Asibobulumko* (not wise) was chosen as the more appropriate opposite for *bububulumko*.

When comparing the Xhosa translations on the 5-point scale it is interesting to note that there was hardly any difference in learners' marginal responses between the original translated question A1b in M1 and the evaluation question EV1 on the second occasion (Fig. 9 (1) and (3)). However, the agreement between the two occasions is poor (observed agreement: 42%; kappa=0; 95% CI: 0 - 0.09). (Fleiss, 1981; Jordaan, 1999.)

The 11 learners who responded "inbetween" (EV1) on the 5-point scale distributed their responses evenly between the positive and negative options when forced to answer this question on a 4-point scale (p=0.56) (see Fig. 9 (2) and (3)).
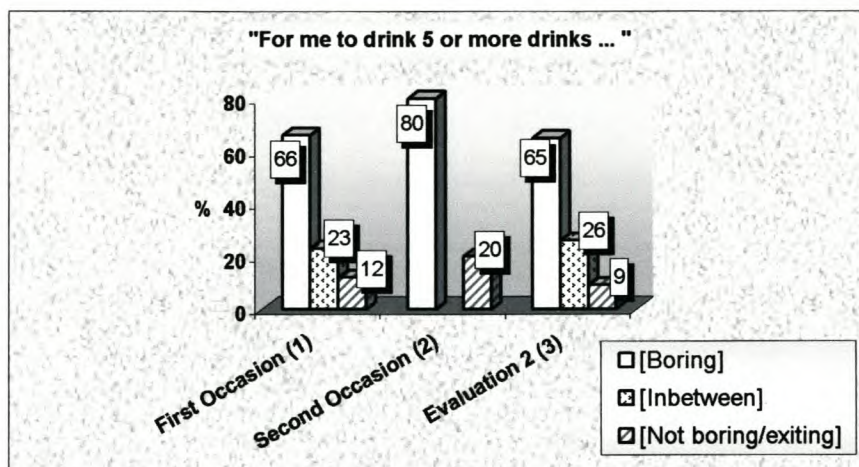
Figure 9. Comparison of **Xhosa**-speaking learners' responses (%) to QA1b, using the 4- and 5-point scales

When offered fewer options on the 4-point scale (M2) 91% of the Xhosa-speaking learners opted to disagree with the statement that states, "Most people who are important to me think I should drink 5 or more drinks ..." (Fig. 10). When given a neutral option as in QEV2, more learners (26%) seemed to select this option than in M1 (data not shown). This could not be verified since only 41 learners completed the question on both occasions. The marginal distributions for these 41 learners did not differ with regard to their first and second responses.
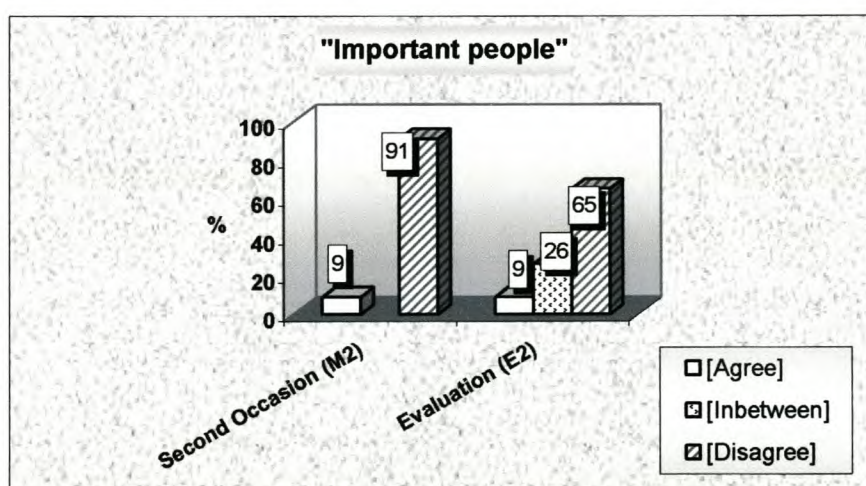
Figure 10. Comparison of **Xhosa**-speaking learners' responses (%) to QA2, using the 4- and 5-point scales

4.2.2 Section B – Risky behaviour

4.2.2.1 *Afrikaans translation*

The medical questions of this section included various behavioural questions that presented problems in the original translation. The technical layout in particular made communication difficult. To ascertain how well the Afrikaans-speaking audience understood both translations in this section, learners were asked whether they had to read a question or statement two or more times. Comparisons of these questions are shown in Table 2. Statistically significant improvements were noted in at least six questions in this section of the retranslation.

Question B1.1 (E1) that asked Afrikaans-speaking learners whether *onwaar* would be a better translation equivalent for false than *vals*, was confirmed by 90% of the Afrikaans-speaking learners as the preferred equivalent (data not shown). A slightly better understanding of the medical questions 1a - 1g were observed in M1 compared to M2, however, most were not statistically significant (Table 2). QB1e, about "almost never doing something dangerous", was the only point that showed a statistically significant improvement in favour of the Afrikaans retranslation (p=0.003).

A comparison of the medical questions (M1 and M2) was done using a contingency table to see what effect the improvement in the retranslation has on learners' responses to QB1e. The data show that 42% of the learners gave a negative response on the first occasion, while only 4% did so on the second occasion. This is a significant shift towards a more positive attitude of these learners, compared to the first occasion (p=0.0024).

Question 1.2 (E2) asked Afrikaans-speaking learners if there was a difference between *ernstige uitkyk op die lewe* and *ernstige lewenshouding* (QB1g: I have a careful and serious attitude toward life). About 70% said there was no difference, while almost 28% thought there was a difference in meaning. No improvement was noted in the retranslation (Table 2).

Table 2. Comparison of the evaluation questions E1 and E2 regarding **Afrikaans**-speaking learners' comprehension (%) of medical questions

| | **Section B** | | |
Questions understood	Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
QB1.2a *Ouers*	76	87	0.132
QB1.2b *Reëls*	73	71	0.819
QB1.2c *Opdrag*	68	66	0.782
QB1.2d *Humeur*	89	82	0.366
QB1.2e *Gevaarlik*	61	91	0.003*
QB1.2f *Nie iets wil doen nie*	77	75	0.796
QB1.2g *Ernstige uitkyk*	78	73	0.593
QB2.1 *Verskoningsbriefie*	68	100	0.0001*
QB2.2 *Saam met maats drink*	79	100	0.180
QB3.3 *Gereeld rook*	79	100	0.0007*
QB3.4&5 "Uppers"	25	100	0.0001*
QB3.4&5 "Downers"	16	100	0.0001*
QB5/4 *Middels gebruik*	70	81	0.197
QB6/5 *Naalde deel – dwelms*	71	90	0.021*

* Statistical significance p <0.05

The next question (2.1, E2) asked learners whether they thought, *om 'n verskoningsbriefie van die huis na te maak,* was the same as, *om 'n afwesigheidsbrief namens jou ouers te skryf* – QB2a: "To fake an excuse note from home". At least 68% thought it was the same and the rest differed in opinion. The quality of the retranslation of this question showed a statistically significant improvement as shown in Table 2 (p <0.0001).

This question was also compared on a contingency table to confirm that the improvement in the retranslation provides an increase in the reliability of responses to medical questions. The difference in the marginal percentage of these responses also shows a shift in direction. On the first occasion (M1) 38% of Afrikaans-speaking learners responded it was "Very wrong" to fake a note from home, while 67% chose this response on the second occasion (M2).

A question that was not repeated in E2, QB3.1 (E1), enquired whether the instruction, *Wys hoeveel,* is clear, since this is a direct translation of "indicate how many". Nevertheless, 18% did not think this instruction was clear, and 89% of these Afrikaans-speaking learners supplied a more suitable equivalent, such as *dui asseblief aan* [data not shown]. Learners

were also asked if they knew what "uppers" and "downers" are (QB3.4 & QB3.5 in E1). Most learners did not know these particular words that were not translated into Afrikaans. In the retranslation, a statistically significant improvement in comprehension (p <0.0001) is noted in Table 2 when retranslated as, *het al ooit enige ander onwettige dwelms gebruik, soos kokaïne, crack, heroïne of mandrax.*

When QB3h was compared on a contingency table there was no difference in the marginal percentage of learners' responses to this question about, "how many <u>friends</u> have <u>ever used</u> other illegal drugs, like cocaine, crack, heroin, uppers, downers". The responses to this question were not influenced by the retranslation, and an acceptable agreement was reached between the two translations (kappa=0.5; 95% CI: 0.2 - 0.9). (Fleiss, 1981; Jordaan, 1999.)

Another point in this question (B3e) about friends who smoke cigarettes regularly, was also compared and although the marginal percentages were not different, the agreement was poor (kappa=0.4; 95% CI: 0.2 - 0.6) (Fleiss, 1981). Labelling probably influenced this difference in agreement. The label *'n paar* was interpreted as *geen*, *min* or *heelwat* on the second occasion.

Question B5 (E1) asked Afrikaans-speaking learners whether they understood QB5 of M1 asking whether they had a boyfriend or girlfriend who had ever used any of the listed drugs. This question was understood by about 71% of the learners, while almost 83% understood the retranslation [data not shown]. This particular question could not be used in the analysis of the Xhosa translation because of a technical error that occurred in the retranslation as explained in Chapter 3, subparagraph 3.2.4.2.

In QB6 (E1) 71% of the Afrikaans-speaking learners understood the question on sharing needles with others for using drugs. In E2, 90% indicated they understood the retranslation. This is a statistically significant improvement (p=0.021) in the retranslation: *Met hoeveel van jou dwelm-buddies het jy al dieselfde naald gedeel vir dwelms?* (see Table 2).

4.2.2.2 *Xhosa translation*

Comparison of the Xhosa translation in this section showed a few changes in respondents' answers, yet not all these changes were evaluated on both occasions. Those questions that were changed in the retranslation and were evaluated on one occasion only are discussed in the previous chapter in subparagraphs 3.2.3 and 3.2.4.

Since QB1e about "almost never doing anything dangerous" and QB1g about having "a careful and serious attitude", were evaluated differently on both occasions, this complicated comparisons. On the first occasion, learners had to answer whether they had read "questions 1E and 1G two or more times" (Q B1.1 in E1). On the second occasion, this question was asked separately for each point. However, by assuming learners gave affirmative answers to both points (1E and 1G) in QB1.1, it would seem as if more learners understood the retranslation as shown in Table 3 below. Question B1b about "rules and regulations" is another question that changed in the retranslation and was not evaluated in E1. In E2, 98% of the learners indicated they understood this question (data not shown).

All the points (B2a - B2d) in QB2 were evaluated on both occasions, however, only QB2a about "faking an excuse note from home", changed in the Xhosa retranslation and showed an improved level of understanding in E2. This was statistically significant ($p=0.0114$).

In the next set of questions (B3), point B3b, "Cheat in exams" also showed a statistically significant improvement ($p=0.0114$). Point B3d, "Involved in fights", revealed a slight improvement in the retranslation, though not statistically significant. A very slight increase in learners' understanding was observed for QB3f, QB3g and QB3h on "alcohol", "dagga use" and "other illegal drugs". These were also not statistically significant as seen in Table 3.

Table 3. Comparison of the evaluation questions E1 and E2 regarding **Xhosa**–speaking learners' comprehension (%) of medical questions

| | Section B | | | |
Questions or points understood		Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
QB1e	Dangerous	27	87	-
QB1g	Serious attitude	27	96	-
QB2a	Fake a letter	71	91	0.0114*
QB3b	Cheat in exams	70	91	0.0114*
QB3d	Involved in fights	94	100	0.1573
QB3f	Drink alcohol	88	89	0.739
QB3g	Used dagga	90	91	1.0
QB3h	Used other illegal drugs	54	60	1.0
* Statistical significance p <0.05				

4.2.3 Section C – AIDS-related behaviour

4.2.3.1 *Afrikaans translation*

The questions in this section enquired about certain kinds of sexual behaviour relating to HIV/AIDS, however, not all the questions involved HIV/AIDS. In the evaluation questionnaires (E1 and E2), questions on knowledge were asked to determine whether learners knew the Afrikaans terminology for HIV/AIDS, as well as the meaning of the acronym. Table 4 indicates a statistically significant improvement in the retranslation when learners were asked if AIDS and *VIGS* had the same meaning (p=0.046). More of these learners (86%) could also explain the meaning of the acronym in the retranslation (p <0.0001) compared to 24% in E1.

Question C1.1 (E2) enquired whether Afrikaans-speaking learners understood the explanation about HIV/AIDS at the beginning of Section C. Most learners (89%) were able to follow this with ease. Behavioural questions showed an improvement in the Afrikaans retranslation for QC1C about breaking up a relationship, but this was not statistically significant (p=0.073). However, for QC1G, "Have you ever lost your virginity – had sex?", a statistically significant improvement (p=0.036) was noted in the retranslation. Five percent more learners had a better understanding of the next question about TV programmes, though this was also not statistically significant.

Table 4. Comparison of the evaluation questions E1 and E2 regarding **Afrikaans**-speaking learners' comprehension (%) of medical questions

Questions or points understood	Section C Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
QC1.1 Aids /vigs similar	66	87	0.046*
QC1.2 & C1.3 *VIGS : MIV/vigs*	24	86	0.0001*
QC1C *Opgebreek*	93	100	0.073
QC1G *Maagdelikheid*	91	98	0.036*
QC2 *TV programme*	81	86	0.479
QC3 *Kondoomgebruik*	78	-	
M1/2-*Nooit*	42	13	
M1/2-*Altyd*	40	58	
M1/2-*Gereeld*	10	10	
QC4 *Beurs*	85	88	0.739
QC4 *Sak*	12	88	0.0001*
QC4 *Handsak*	98	88	0.103
Overall	10	88	0.0001*
QC5.2 *Naald te deel*	65	91	0.012*
QC5.3 *Seks*	77	93	0.052*

* Statistical significance p < 0.05

As indicated in Chapter 3, subparagraph 3.2.1.1, the question on condoms posed problems with the translation of "pocket". The retranslation showed an overall statistically significant improvement using *beurs, sak, roksak of handsak* (p <0.0001) (Table 4). Improvements were noted for QC5 (M1 and M2) about protection against AIDS. These improvements are reflected in questions C5E stating, *om nie 'n naald met iemand anders te deel vir onwettige dwelmgebruik nie* (p=0.012), and C5F, *om weg te bly van seksuele omgang* (p=0.052) are statistically significant differences.

4.2.3.2 *Xhosa translation*

Evaluation questions in the Xhosa questionnaires could only be compared for the last question in this section. However, almost all the Xhosa-speaking learners (90%) understood the acronym, HIV/AIDS in E1. Therefore, this question was not repeated on the second occasion as seen in Table 5.

Table 5. Comparison of the evaluation questions E1 and E2 regarding **Xhosa**-speaking learners' comprehension (%) of medical questions

Explanation/questions understood	Section C Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
QC1.1 HIV/AIDS	90	-	
QC1.2 *Ubunyulu*	31	-	
QC1g Lost your virginity	-	96	
QC3 Condom use	60	96	- ⱡ
QC5C Having sex with a virgin	59	78	0.109
QC5D Using a clean needle	77	87	0.206
QC5E Not sharing a needle	65	72	0.827

ⱡ Translation did not change

Xhosa-speakers were asked which point in QC1 of M1 they found most difficult to understand. Most of them (56%) had a problem with point 1G stating, *Ulahle ubunyulu – ube nendibano yesondo*, (Lost your virginity - had sex). In the retranslation, these learners (96%) hardly had a problem in understanding this point. Statistical analyses could not be done on these two questions since they were asked differently on each occasion. The word, *ubunyulu*, seemed to be the cause of this problem, as 69% indicated they did not understand this word in question C1.2 of E1.

The translation of QC3 on condom use was maintained in the retranslation, yet showed an improvement in Xhosa-speaking learners' level of understanding in the follow-up questionnaire (E2). However, this cannot be attributed to language use or the quality of the retranslation.

Improvement in these learners' understanding of the points that changed in the retranslation about how to protect oneself against AIDS (QC5), is shown in Table 5, but were not statistically significant.

4.2.4. Section D – Smoking behaviour

4.2.4.1 *Afrikaans translation*

This section was included for its behavioural and lifestyle elements and particularly for its translational complexities, already mentioned in paragraph 3.2. Evaluation questions that could be used for comparison in this section were also limited. However, the inconsistent

use of *per* and *'n*, as translation equivalents for "a", as in a day, in QD1 was evaluated in E1 (QD1.2). These Afrikaans-speaking learners' preference for the phrase, *'n maand* (54%) was higher than the more formal phrase, *per maand* (46%) (see subparagraph 5.2.4). *'n Maand* is less formal and closer to "a" in English.

Table 6. Comparison of the evaluation questions E1 and E2 regarding **Afrikaans**-speaking learners' comprehension (%) of medical questions			
Section D			
Explanation/ questions understood	Evaluation 1 (%)	Evaluation 2 (%)	P (McNemar)
Afrikaans			
QD5 *Onderwysersdruk*	89	100	0.018*
QD6 *Stellings oor rook*	87	82	0.593

Two questions in the evaluation questionnaires provide information on the quality of the translations in this section as shown in Table 6 above. QD5 improved statistically significantly in the retranslation (p=0.018), while QD6 showed no improvement. The individual statements in the retranslation of this question were understood by between 96% and 100% of these Afrikaans-speaking learners, but this question was not asked in E1 (data not shown).

Question D7 of the evaluation questionnaire (E2) asked learners to comment on any aspect regarding the questions. These comments confirmed that they understood the retranslation with the exception of one or two words.

4.2.4.2 *Xhosa translation*

Although the results of the Xhosa translation on smoking show that most learners understood these questions in the original and retranslated versions, evaluation questions differed on both occasions and could not be compared (data not shown).

One of the words that was difficult to translate into Xhosa was "pressure" (*ifuthe*) that appeared in the explanation of QD4 and QD5 (see paragraph 2.1). To make sure the learners understood the meaning of *ifuthe*, they were asked to explain this word in E1 (QD5.1). Meanings that are regarded correct or in context with the explanation (69.4%) are shown in Fig. 11, and were:

Pressure, power, strength, something that pushes or urges you, influence and encouragement.

Those meanings that are regarded incorrect or out of context (30.6%) were:

To be in a hurry, rate, anger and high spirit.
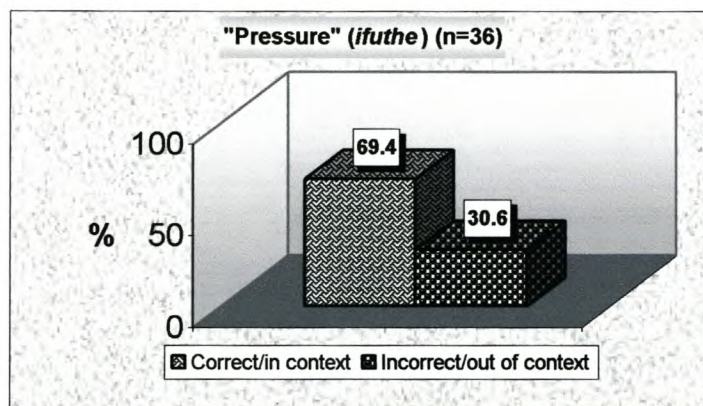
Figure 11. Percentage of **Xhosa**-speaking learners who provided correct or incorrect meanings for the word, *ifuthe* – QD5.1, E1

In Chapter 5, the findings of these results will be discussed in detail according to the statistical analyses of the evaluation questionnaires and the translational qualities and approaches of the TTs. The expected outcome of the hypotheses according to the results in this chapter, as well as those of the observed quality in Chapter 3 will be discussed.

Chapter 5

DISCUSSION OF THE TRANSLATION
OF MEDICAL QUESTIONS

5.1   INTRODUCTION

Language use plays a significant role when it comes to effective communication. Therefore, it is of particular importance that spelling, punctuation and contextuality be utilized correctly in written texts (Carstens, 2003:14, 35-36). Furthermore, meaningful communication occurs when the communicator/translator and the target audience share the same knowledge of a language and follow the same general linguistic rules. The original translations of the medical questionnaires in this study seemed to communicate ineffectively with the respective target audiences when compared with the retranslations, as is shown in the previous two chapters.

In these chapters, the translation approaches of the original translations and of the retranslations of the Afrikaans and Xhosa medical questionnaires, and the analyses of the empirical study were discussed. In Chapter 3 consideration is given to the quality of these translations and the most obvious types of errors highlighted. These include the grammatical composition of questions, inappropriate or mistranslations, orthography, spelling and punctuation, as well as the technical layout of the questionnaires. In Chapter 4, the statistical analyses of the empirical study confirm the observed improvement in the quality of the retranslation where applicable.

Comparison of the evaluation questions in Chapter 4, wherever this was possible, will be discussed in this chapter. The results of these statistical analyses, along with the qualitative analyses described in Chapter 3 confirm the hypothesis which states that original translations of medical questionnaires are inadequate for communicating with the intended TCs. Acceptance of the retranslation hypothesis will also be discussed. The two target

culture texts will be discussed under separate headings, as in Chapter 3. The research questions put forward in paragraph 1.4 will also be answered in this chapter.

5.2 TRANSLATION INTO AFRIKAANS

During the experimental study, it took learners from Robinvale Secondary School longer to answer the first medical and evaluation questionnaires as compared to the time taken on the second occasion. In this follow-up study, after a six-month period, learners asked fewer questions about filling in the questionnaires, reducing the time they spent answering questions. Although an explanation for this could have been the level of difficulty in understanding the original translated questions, these learners could have improved their level of understanding because of previous exposure. However, the improved quality of the retranslation is confirmed by the comparison of the evaluation questions along with the observed quality of the questionnaires and this also contributed to better understanding.

5.2.1 Section A – Behaviour and alcohol intake

In this section of the original translation a range of errors influenced the quality of the Afrikaans TT adversely. These errors were the incorrect use of the language, which included syntactical errors, grammar and spelling errors, and also the technical layout of the questions, as demonstrated in subparagraph 3.2.1.

In Chapter 4, the statistical analyses of the Afrikaans-speaking learners' responses to the evaluation questions show an improved level of understanding of those questions that differed significantly from the original ones. Words or phrases in Section A that seem to have been improved slightly, were those used in the question about "important people". Other questions in this section that may have been improved in the retranslation were those asking learners whether it would be right to "drink 5 or more drinks on one occasion at some stage during the next two weeks" and about "moral values". However, these questions were not similarly evaluated on both occasions (Table 1) and would need further testing to be of any value.

The word choices learners selected in relation to behaviour and alcohol intake (Figs. 1 and 2, subparagraph 4.2.1.1) were often the same ones used in the retranslation. For instance, most of them preferred *vervelig* (boring) and *verstandig* (wise) as the opposites of "fun" and

"foolish". Although *vervelig* was used on both occasions and is an acceptable equivalent, the original translator frequently provided a direct translation equivalent (e.g., *wys* for "wise"). This tends to affect the quality of a translation when other suitable equivalents are available.

However, the learners were not always familiar with the equivalents provided in the retranslation. Examples are *onbehoorlik*, (indecent) and *Om't ewe* (it doesn't matter) indicating the importance of using translation equivalents that are understood by the target audience. On the other hand, words these learners are familiar with are not always the most suitable or linguistically correct ones. In the original translation, the equivalent *tipe* was used for "kind". These learners understood this equivalent, however the appropriate one, *soort*, was used in the retranslation.

The Afrikaans spoken by this target culture, as pointed out in paragraph 2.5, often makes use of English loanwords although Afrikaans equivalents have become available. This may explain why the learners were more familiar with "party animal" than *partytjiedier* that appeared in the retranslation. Some English loanwords have become quite acceptable in other languages, and they can perhaps share the recognition of words, such as "cool" and "stunning" that have actually been included in Afrikaans dictionaries, such as the monolingual dictionary, HAT (Odendal & Gouws, 2000:129, 1113). On the other hand, using English words could be a sign of laziness (Van der Knaap, 2003:12) or that the Afrikaans equivalents seem long-winded. According to Carstens (2003:132, 315-319) certain loanwords have a positive influence on a language that enriches the existing vocabulary. However, adopting words and expressions directly from English (or another language) has a negative influence towards borrowing when these words are available in the language in question.

An improvement in learners' level of understanding of the retranslated medical questions is shown in the comparison of their responses to the 5-point rating scales in Section A (Figs. 4 and 5). Since one would expect to find more answers on the negative side of this rating scale, responses to these questions in E2 confirm this expectation. The technical layout of these questions could also have had an influence on the learners' responses and/or their comprehension. In the original translation this seemed to cause confusion among some of the learners, who sometimes selected more than one option per question. As mentioned in Chapter 3, paragraph 3.2, an even-numbered scale is more often preferred to rule out over-selection of the centre option. The analyses of these rating scales show a statistically

significant improvement in the retranslation, indicating an improvement in the quality of this retranslation.

5.2.2 Section B – Risky behaviour

The errors that occurred in M1 were plentiful and included inappropriate translation that did not correspond with the ST. Direct translation, which influenced the syntax adversely, and grammatical errors, such as tautology, also marred the quality of the translation in this section. An unusual punctuation error was the incorrect use of the ellipses. This is a clear indication that lay translators were responsible for the translation. The technical layout of some questions created confusion, and foreign words were not italicised.

A few questions in Section B showed statistically significant improvements in the retranslation. The responses to the statement about "almost never doing something dangerous" (*Ek doen selde iets gevaarlik*) showed this was the only one in this set (QB1A-G) that differed significantly statistically in favour of the retranslation. As explained, this community speaks Kaapse Afrikaans and understand *selde* to mean *selfde* (subparagraph 3.2.2.2) or *selle* as they would pronounce it. Therefore, the retranslation of this question, *Ek doen amper/byna nooit iets gevaarliks nie*, is not only target-audience oriented but also closer to the ST, supporting the retranslation hypothesis. In the retranslation, correct use of the language is applied by adding a "s" to *gevaarlik*.

Supplementary analyses of learners' responses to this and other questions in this section indicate an improvement in the retranslation (subparagraph 4.2.2). These analyses confirm that the improvement in the translation often provides responses that are more valid, highlighting the importance of the quality of the translation for the acquisition of reliable data. The question asking learners about faking a note from home, showed an improvement in the retranslation, as well as illustrating an improvement in the quality of the data.

Question 5 of this section, asking learners to circle the "drugs listed" (*dwelms hieronder gelys*) presented various problems in the original translation. The layout of this **list** was confusing, since the drug options were placed horizontally and included cigarettes and alcohol, which are not categorized as "drugs" in Afrikaans (see Appendix B). This question asking learners about their boyfriend/girlfriend's use of the listed drugs did not show a great improvement in their level of understanding. However, in the original translation many

learners did not answer all the listed options, which could have been attributed to the unusual layout. In the retranslation (Appendix D) an improved layout of this question is given and the observed quality strengthened by correcting the language for grammatical (linguistic) errors.

Another indication that the quality of the questions improved in the retranslation is the statistically significant improvement in learners' understanding of the question on sharing needles with others when using drugs (QB5).

5.2.3 Section C – AIDS-related behaviour

The original translation of questions on AIDS-related behaviour mostly presented problems with regard to inappropriate translation and syntax. A few spelling errors also occurred in this section.

A problem respondents face when completing medical questionnaires is that of categorised options. Respondents may have various perceptions concerning the same category; or two categories can have more or less the same meaning, making it difficult for them to select the appropriate option. An example in Section C is the question about watching TV programmes where there is very little difference between *'n Bietjie seks* and *Baie min ... seks* in M1.

As mentioned in paragraph 3.2, the production of clear and concise questions and instructions improves their quality (Turney & Robb, 1971:131-132). In the retranslation, various questions and instructions were improved by following these guidelines. One statement is, "Now let's move on to some other kinds of questions. The following questions concern the use of condoms". Inserting statements such as this one improves the cohesion and coherence of the questionnaire as a whole. However, condensing the two sentences as in the retranslation: *Kom ons kyk nou na 'n paar vrae wat oor die gebruik van kondome gaan*, would also improve the ST questionnaire to be more clear and concise. When a translator is commissioned to produce a translation requiring improvement to the ST, as in the above example, this should be brought to the commissioner's attention.

Correcting the translational errors, as discussed in Chapter 3, subparagraphs 3.2.1 and 3.2.2.3, improved the observed quality of these Afrikaans medical questions in the retranslation. In Chapter 4, this observed quality was confirmed by at least four of the

evaluated questions. These were QC1g "Lost your virginity - had sex"; QC4 "Do you keep a condom in your wallet, pocket, or handbag?" and questions C5e "Avoiding sharing a needle (using the same needle as another person) to inject an illegal drug into your body" and C5f "Abstaining from sex".

5.2.4 Section D – Smoking behaviour

In Section D, various questions were included about smoking behaviour because of inconsistencies or other problems with the translation. One inconsistency was the use of *'n* and *per* for "a week" or "a month". In Afrikaans *'n* refers to one (*een*) where the apostrophe takes the place of the double e. The back translation of *'n week* would therefore be "one week" and would be like saying, "I do not smoke daily, but at least once one week". The reason why more than half of these learners selected *'n week* is most probably because of the informal Afrikaans dialect this target audience speaks, as well as the word, *'n*, being closer to the English "a".

In the retranslation, the layout and other technicalities such as the type font, as well as shorter sentences tried to improve the translation of this section. However, the level of complexity of these questions did not change much, and could be the reason why no improvement in comprehension was observed (see paragraph 6.2).

5.2.5 Comments of the Afrikaans-speaking learners

Most of the Afrikaans-speaking learners who provided general comments about the questions in E2 (Q7 in Section D) said they were easy to understand. Some comments were, *Die vrae het ek meer verstaan* and *Die vrae was baie lekker en duidelik verstaanbaar. Hulle moet meer van hierdie geleenthede skep.* However, not all the words were clear. *Om't ewe* was one of these words, and a learner suggested an alternative, *maak nie saak nie,* which is actually closer to the English equivalent, "it doesn't matter". Another word these learners did not understand in the retranslation was *dampie*, which means to smoke/have a puff. Therefore, the translation equivalents that were used in the original translation would have been a better choice in this target culture. However, these equivalents were not in the correct syntactical order.

In the next section, the Xhosa translations will be discussed to see if the qualitative analyses confirm or support the hypotheses. Some of these questions were evaluated quantitatively and assisted in proving the inadequate quality of original translations. The retranslation hypothesis will also be confirmed or rejected.

5.3 TRANSLATION INTO XHOSA

As mentioned in Chapter 3, subparagraph 3.2.3, some of the original Xhosa translations presented problems with the translational process mainly because of direct translations. An interesting comment was made by one of the Xhosa-speaking learners who said, "I don't understand the medical questions because there are lot (*sic*) of spelling errors. In Xhosa if the word is spelt incorrectly, it becomes difficult to understand the meaning". Questions that were affected by these errors and were changed in the retranslation are discussed below for the separate sections. Because of the complexity of Xhosa, these translations were analysed according to their observed quality, and where possible statistical analyses confirmed these observations.

5.3.1 Section A – Behaviour and alcohol intake

The original translation of Section A had many flaws, such as an incorrect translation, various grammatical errors, including tautology, as well as translation equivalents that were inappropriate.

The retranslation of this section that followed the functional approach aimed to address the target audience and to do away with the errors that were caused by direct translation in M1. Although the questions in this section did not change much in the retranslation, the answer options changed to accommodate the TC. Fewer categories were used in the retranslation, as suggested by Bond and Fox (2001:160) and reported in subparagraph 2.3.2, and the technical layout was changed to be more communicative. Although learners' responses to the 5-point scale on both occasions (M1 and E2) did not differ significantly, over selection of the centre value (Katzenellenbogen *et al.*, 1999:83) was confirmed when this option became available in E2 (see subparagraph 4.2.1.2). Because of the loss of follow-up of respondents in this community, the agreement in the comparison of these rating scales could not be assessed.

Most learners responded that they had read at least three of the questions two or more times in M1. However, owing to an oversight these evaluation questions were not repeated on the second occasion. Only one of the questions, about being a party animal, was evaluated on both occasions, and seemed to be better understood in the retranslation according to qualitative observations (see subparagraphs 3.2.3.1 and 3.2.4.1).

5.3.2 Section B – Risky behaviour

Like the other sections in the original translation, Section B was also not error free. The incorrect use of loanwords created problems with language use, while direct translation caused many grammatical errors. Inappropriate translation and omissions, as well as spelling errors and the technical layout of some of the questions created confusion among the learners.

Not all the questions in this section changed in the retranslation, yet evaluation questions showed an improvement in learners' understanding in the follow-up period. Since this cannot be ascribed to an improvement in the quality of the retranslation, other explanations for this improvement have to be sought. The most obvious possibility is that of maturity bias whereby natural growth or development has an effect on the study results (Murray, 1998:25; Sackett, 1983:51). In this study, acquired knowledge from the time of the occasion on which the first questions were asked could have had an effect. Learners may also have discussed the questions among themselves and thus gained more insight. Questions, such as those asked in this study, create a certain amount of awareness despite any translational or linguistic problems, and a control group would not have made any difference to these results.

Five of the questions in Section B were retranslated according to Skopos, with the target audience in mind. The statistical analyses of these questions showed an improvement in learners' level of understanding four of these questions. The question on "dagga use" only changed to "smoking dagga" and therefore did not show any difference in learners' level of understanding. However, the translator applied point 2 of Nord's model (a "culture-oriented model") that considers culture-specific behaviour in translation, as discussed in subparagraph 2.2.4, in the retranslation of this question. The question about "faking an excuse note from home" showed an improvement in the quality of the retranslation that was confirmed statistically (subparagraph 4.2.2.2).

In Chapter 2, subparagraph 2.3.1, Campbell's (in Brislin, 1976:7) suggestion that similar answers to questions should indicate how close a translation is to the ST, could only be tested for the target texts, since the ST was not tested in this study. The question on dagga use could perhaps serve as an illustration of what is meant by closeness. Although this question changed in the retranslation to say, "smoking dagga" there was no difference in the learners' responses.

Despite the fact that not all the questions and statements in this section were evaluated on both occasions, the overall qualitative impression was that of an improvement in the retranslation. Subparagraph 3.2.4.2 indicates this improvement, as well as learners' comments about the questionnaires (see paragraph 5.3 and subparagraph 5.3.5).

5.3.3   Section C – AIDS-related behaviour

Language use presented errors in Section C of the original translation because of literal translations. The various problems were inappropriate translation, omissions and not translating in the correct idiomatic sense, probably because the translator is not a mother-tongue speaker. Minor spelling, punctuation and typing errors also caused imperfect translations.

The questions in Section C that were evaluated in the retranslation, and which showed slight improvement, were those about having sex with a virgin, and about using clean needles or not sharing needles. These important questions relate to HIV/AIDS. Therefore, it is imperative for the target audience to understand these questions thoroughly, so that the quality of these translations can be regarded as adequate. Since the improved quality of these three questions could not be confirmed statistically, further testing in the target audience is suggested. A possibility would be to do in-depth interviews to obtain detailed information about learners' level of understanding when sensitive questions are asked (Katzenellenbogen *et al.*, 1999:177).

5.3.4   Section D – Smoking behaviour

A number of errors had an adverse effect on the quality of the original translation in Section D. These are mistranslations, omissions, incorrect use of the Xhosa idiom and grammatical errors. Other errors that lowered the standard of this translation were those of orthography

and formatting. The questions in this section that were evaluated did not change in the retranslation, indicating that the target audience would have understood the original translation. One question (D6) that changed in the retranslation asked learners to select the statement that best described them. However, statistical analyses could not be done on the evaluation questions because these differed on the two occasions. The qualitative analyses described in subparagraph 3.2.4.4 show an improvement in the retranslation regarding grammatical, orthographical, spelling and typing errors. Most learners also indicated that the questions in the retranslation were easy to follow.

Qualitative analysis of the meaning of the word, "pressure" (*ifuthe*), which was difficult to translate (see paragraphs 2.1 and 2.5), showed that most learners understood this word in the explanatory note for QD4 and QD5. Although the words these learners provided differed semantically, they were in the context of the explanation (see subparagraph 4.2.4.2). About a third of the learners provided meanings out of context, while the rest gave unrelated answers, indicating the importance of producing target texts that are functionally appropriate and which communicate adequately.

5.3.5 Comments of the Xhosa-speaking learners

Xhosa-speaking learners were given an opportunity to provide comments about the retranslation (QE12), but no one responded to this question. These learners spent less time in completing the retranslation, however, some of the younger ones complained about the length of the questionnaire. In E1, a few learners provided interesting comments on the very first question about the purpose of this study. One is mentioned in paragraph 5.3 above, and another one stated the purpose as, "trying to develop medical questionnaires to be more user-friendly". This learner was the only one to grasp this information provided in the introductory note attached to the questionnaire.

5.4 THE RESEARCH QUESTIONS

In the introduction to this thesis (paragraph 1.4) a few research questions have been asked:

How successful are medical questionnaires when translated into Afrikaans and Xhosa as the target languages; and can respondents who have to provide meaningful answers understand the context of these translated medical questions?

According to the results of the empirical study and the description of the quality of the original translations in subparagraphs 3.2.1 and 3.2.3, in particular, these translations were not really effective. Therefore, these medical questionnaires cannot be regarded as successful translations. This in turn is the reason why respondents do not always understand the context of medical questions, and are not therefore able to provide meaningful answers.

The next questions ask whether:

> The translational quality of medical questionnaires can be improved; and how the translator can ensure that the communication is successful.

The retranslations described in subparagraphs 3.2.2 and 3.2.4, show that medical questionnaires can be improved and the statistical analyses in Chapter 4 confirm this. One of the main functions of Skopos is to translate with the target audience in mind. By following this functional approach when translating medical questionnaires, the translator can ensure that the communication is successful. At the same time, improvement in the quality of the data is ensured.

In this study, it is hypothesised that original translated medical questions, such as those used in the sample, are inadequate for communicating effectively with the target audience for which they are intended. The observational and statistical evidence of the Afrikaans and Xhosa retranslations described in the various chapters confirms that this hypothesis is valid. This study also supports the retranslation hypothesis, stating retranslations are closer to the ST than original translations.

In the final chapter, translational aspects and the suggested translation process will be discussed. The limitations of this study and also the recommendations made to improve the quality of translations of medical questionnaires will be mentioned here. Projections will be made for further studies in this direction.

Chapter 6

CONCLUSIONS

In the previous chapter, we confirmed the retranslation hypothesis described in Williams and Chesterman (2002:78). The hypothesis stating that the quality of original translations of medical questionnaires is not adequate to communicate with the intended target audiences has also been accepted. A general discussion of the translations including the translation process will be provided in this chapter, and will be followed by a description of the limitations of this study. These will be highlighted to improve the quality of future studies as regards the quality of translated medical questions. Recommendations will be made that should also improve the quality of medical questionnaires in other languages. Suggestions for further studies with regard to translation and medical research will be proposed.

6.1 GENERAL ASPECTS CONCERNING THE TRANSLATIONS

If ample evaluation questions to the Xhosa version had been included on the second occasion, little extra information would have been added to this study. Therefore, the observed quality of the original Xhosa translation and the retranslation were evaluated qualitatively in subparagraphs 3.2.3 and 3.2.4. The different nature of the language allows for this method, since it is a highly explicative language like Arabic, as mentioned in paragraph 2.5 (Hatim, 1997:xiv). Although the Afrikaans translations are analysed quantitatively with respect to their quality in Chapter 4, these translations are also described qualitatively in subparagraphs 3.2.1 and 3.2.2.

A point of concern is that it is people who are familiar with the ST and TT languages but who do not have any formal translation training who do the translations. To confirm that this is what happens in medical research, a short questionnaire was sent to a few researchers at the Medical Research Council. Responses to the question, about who is responsible for doing their translations, confirmed that it is people with no translation experience who do

these translations. These people will not be aware of the translation approach they are following other than that they must produce an equivalent, and frequently a word-for-word translation. Because back translation is almost compulsory in medical research, this will further encourage the use of a direct, literal approach that falls within the linguistic theory as explained in subparagraph 2.2.2. Using people who are competent in two or more languages but not experienced translators, to translate medical questions, such as those used in this empirical study, could perhaps explain why they are not able to communicate adequately with the intended target audience.

Katzenellenbogen and her co-authors (1999:93), on the other hand, encourage epidemiologists and other researchers rather to use persons fluent in the language to do the translations. They warn readers that linguists are perhaps not the best persons to translate medical questionnaires, and suggest that community workers, who are closer to the target audience, do these translations.

The above-mentioned perceptions of medical and other researchers concerning translation will need to be addressed. The skopos of translating in medical research is to achieve a similar effect on the TC as in the SC and to convey the same meaning. This purpose is shared by Jelsma *et al.* (2002:11), who made use of thorough translation practices when translating a health-related Quality of Life questionnaire, the QE-5D, into Shona.

The EuroQol Group developed a strict protocol on translating the QE-5D to guide researchers who want to use this questionnaire in other languages. For the Shona translation, this involved two forward translators. One translator produced a more direct, literal translation, while the other chose a more target-oriented, colloquial translation. The back translation of the latter inevitably produced a non-equivalent translation, however, the TC seems to have understood this version better. A lay panel was then consulted to produce a consensus version that incorporated both approaches where one was more appropriate than the other one. (Jelsma *et al.*, 2000:3-9.)

Although this translation procedure is rigorous and time-consuming, this method has also been accepted by the Medical Outcomes Trust (1997b) as mentioned in paragraph 2.1.

The study reported by Mkoka *et al.* (2003:265-266), on the translation of the same Quality of Life questionnaire (QE-5D) into Xhosa, followed similar translation procedures to provide a

"semantically equivalent" translation. However, the process they followed was target-culture oriented, and special care was taken to ensure the target audience would understand the TT.

In this study, we did not make use of back translation, yet the retranslations seem to have produced texts that were closer to the ST than the original translations, supporting the retranslation hypothesis.

6.2 LIMITATIONS

Quite a few limitations hampered this empirical study in various ways. These limitations are mentioned below to ensure an improvement in future studies, as well as being more streamlined.

Generalisation

- The first limitation relates to the narrow study sample since it only included school children from two cultural groups at two schools. Their average age ranged from 17 years among Afrikaans speakers to 18 years in the Xhosa-speaking group. To generalise the findings of this study and apply them to the South African population, the sample would have to be expanded to include a broader group.

- Another limitation has to do with the interaction between the sensitivity of the questions and the quality of the translation. If sensitive questions are perceived negatively or personally, the assessment of the quality of the translation will be influenced. For example, some learners refused to respond to these particular questions. An AIDS questionnaire for a broader target audience will also differ from the one used in this study by asking more sensitive questions.

The sample size

- Ideally to research the quality of translations of medical questionnaires into a foreign language requires a sample size of at least 150 respondents. A small sample size creates a lack of power for detecting differences when comparing questions with many categories, such as those on smoking behaviour in the Xhosa-speaking group.

The study and questionnaire design

- The most appropriate design for a study of this nature would be a quasi-experimental study with a control group. However, the infrastructure and lack of resources prevented the inclusion of a control group for this empirical study. Evaluation questions were included alongside the medical questions to compensate for these shortcomings (see paragraph 3.1). Most evaluation questions included in the original Xhosa translation were not designed to assist in obtaining information about the quality of the translation. However, according to the translator of the Xhosa retranslation, as well as the learners, the translational errors in the original translation were obvious (personal communication with the translator).

- A weakness of this one-group pretest-posttest design relates to history (a series of events that influence the outcome), and the maturity bias (Cook & Campbell, 1979:100-103). Care should be taken when a measurement is taken only once and the expected posttest performance is drawn from a pool of pretest scores. If these scores differ this could be because of knowledge gained at the first testing or that the sample size decreased so that the pretest and posttest groups are not completely comparable.

- Within translation studies it is important to be consistent. However, in this study inconsistencies occurred in the different sections of the original translations, such as noted in subparagraph 3.2.3.2. These were because different translators were responsible for the questions that appeared in different questionnaires.

- Another limitation related to the design of the evaluation questionnaires (E1 and E2) is that it failed to evaluate the same medical questions on both occasions. Examples of these limitations in the Afrikaans evaluation are that the first evaluation question in E2, enquiring about the purpose of the study was not repeated. The same applies to the questions in Sections A and D of the Xhosa evaluations. Consequently, it was not possible to compare the responses to these questions with regard to the quality of the translations.

- As mentioned before, a drawback to the design of the evaluation questionnaires, particularly in the Xhosa evaluation (E1), is that not all the questions relate directly to translation and/or language aspects. Examples of this are the questions asking learners

to provide a more suitable word, or the meaning of a word or phrase. A decision was thus made to evaluate the Xhosa translation qualitatively, and where possible, quantitatively. Furthermore, it was decided to reduce these questions in E2 of the Xhosa evaluation. This in turn resulted in the omission of an evaluation question to determine learners' level of understanding of the questions in Section A. However, this study can be considered as breaking new ground to address Xhosa translations in medical research.

- The inclusion of questions that would assist translators to gain more knowledge about the target audience would have been an advantage, particularly for the Afrikaans-speaking group, since the Xhosa-speakers were well known to the translator. The nature of this additional information relates to certain demographic and cultural aspects of the respondents. In this study, the only information in this respect concerned learners' ages and grades.

- Although the layout and technical aspects regarding the text improved in the retranslation in Section D, the level of complexity of these questions did not change much, and could be the reason why no improvement in comprehension was observed. In some cases (Section B, subparagraph 4.2.2) it was difficult (or impossible) to differentiate between linguistic and layout changes.

Time and infrastructure

- The space of time between the before and after study could contribute to a loss of follow-up. This is of particular concern when dealing with small samples, such as the case in this study where not enough numbers were available to perform some of the statistical analyses.

- Another disadvantage was the author and translator of the Afrikaans retranslation not being familiar with the Xhosa language and having had to rely on a Xhosa-speaking translator who was not familiar with medical research. However, as the study progressed, an improved understanding of the linguistics of Xhosa became evident.

6.3 PROPOSALS AND RECOMMENDATIONS

In Chapter 2, it is mentioned that translators in the 1970s preferred to produce close literal translations (Nida, 1976:54). However, the Medical Outcomes Trust (1997b) and Office of Minority Health (2000) recently set up standards for translated texts that differ from these early translators. Some of the points according to these standards can in fact be applied to the translation of medical questionnaires:

Word-for-word translation could result in poor translations and include culturally offensive concepts and language.

Another reason why the translation of medical questionnaires should not follow a purely linguistic approach is that different cultures have different values and norms. Therefore, the translation should be modified to suit the appropriate culture.

Technical language or terms, also known as jargon should be avoided.

Working with the community to develop and translate questionnaires into the appropriate TL will improve the quality of the final product. This includes the involvement of interviewers (or volunteers) who are closer to the community in the translation process.

Inclusion of the consumer population or an advisory council to help develop translated written texts would be an advantage. Representatives of the community could help organisations, such as the Medical Research Council, develop surveys in their preferred language to ensure that the questions will be understood clearly.

Ways on how to accommodate low-literacy respondents and get ideas across must be addressed. How translators are to deal with this aspect will need rethinking, particularly when using self-administered questionnaires. One way would be to include illustrated material, and another, to train interviewers to assist these respondents. Part of the frustration with written materials relates to the problems of translation, writing health education materials at too high a reading level should also be avoided. Most materials are not culturally competent or written at the correct level.

Care should be taken not to lose the concept of translated texts, since it is a lot easier to read a translated text to an individual, than it is to make one's own translation as questions are asked. Interviewers' interaction could play a significant role in the development and administration of these translations.

In Chapter 3, the structuring of questionnaires was discussed according to various scientists (Turney & Robb, 1971:131-132; Bailey, 2001:92-93). They provide criteria that could also be used to improve the quality of translated medical questionnaires and have been adapted below where applicable.

Questions should be clear, concise and unambiguous, particularly if they are self-administered as in this empirical study.

Questionnaires should be short enough for respondents to complete them within reasonable time, and long enough to obtain the required information.

Questions should be relevant and useful.

Care should be taken with categorised terms that can be interpreted differently by various respondents, such as these terms used in the ST and TT of this study:

| A great deal of sex |
| Quite a lot of sex |
| A little sex |
| Hardly any or no sex |

Simple and easy response options should be offered instead. Too many options in a medical questionnaire can create confusion and become tedious to answer. This could possibly cause respondents to give incorrect information or not responding at all especially with regard to sensitive questions.

Limit the response options to the most important ones.

Grammar and spelling should be accurate, since communication is influenced hereby.

All instruments used in medical research are supposed to be assessed for relevance. However, when a validated questionnaire is translated in a different language and for a different target audience it is equally important that it be assessed for validity and reliability. Jelsma *et al.* (2002:12) and Mkoka *et al.* (2003:265-266) also suggested this procedure for the use of instruments that have been developed in other countries.

Questions from previous questionnaires are frequently used in new studies. These should be retranslated appropriately and then standardised to accommodate the target audience in question.

The translation process that is described in paragraph 6.1, and followed by Jelsma *et al.* (2000:3-9) and Mkoka *et al.* (2003) is accepted as appropriate, particularly for African languages and colloquial Afrikaans as spoken by the Cape coloureds or other communities. This process includes using two or more forward translations, followed by back translations of these, then testing them in the target community and then passing them by a consensus panel. However, the inclusion of back translation would need further testing to rule out this tedious step in the translation process. The importance of testing questionnaires for language and comprehension in the TC also needs emphasizing.

This study provided evidence that back translation may be omitted from the translation process. This is because translation is uni-directional and a product of equivalence, which is always asymmetrical (see subparagraph 2.2.2). Omitting back translation is particularly possible if trained translators who are familiar with the subject matter do the translations. The next step is to have the forward translations passed by a panel comprising people from the TC audience. Field-testing in the target community, as described by Mkoka *et al.* (2003:265-266) should finalise the translation process to achieve a TC oriented translation.

The target audiences did not always understand the retranslations in this study and a suggestion is to include ST terminology alongside the questions that produce translational problems. This is particularly recommended for African languages, such as Xhosa, and has been suggested by various researchers and by the Xhosa-speaking translator of this study.

Developing evaluation questionnaires to assess the quality of translations of different text types, in particular medical questionnaires, requires some skill. In before and after studies it is essential that evaluation questions be comparable on both occasions. In this study the questions asking learners whether they had to read a question two or more times seemed to work the best. The reduced evaluation questions in E2 of the Xhosa questionnaire proved to be sufficient to evaluate these medical questions. Including other relevant and useful evaluation questions is recommended for their resourcefulness.

The importance of the translation <u>brief</u> also needs mentioning here. When researchers who request translation(s) of their questionnaires are not clear about the brief, it is the translator's responsibility to find out exactly <u>what</u> the researcher requires. They should also ask, <u>why</u> this is required, for <u>whom</u> the translation is to be made (target audience), <u>where</u> it is going to be used, for <u>what</u> purpose and <u>when</u> it is to be completed.

Another requirement is to train more translators and promote the importance of their services among medical researchers. On the other hand, in-house translators could be employed to get specific exposure to translation of medical texts, such as medical questionnaires and other medical documents used in medical research, for instance research reports and policy briefs. Since medical research is ongoing and many questions are standardised and tested for reliability and validity it is suggested that a library for questionnaires be established for various target culture audiences. These should include ST and TT questions that have undergone rigorous translation procedures. In setting up a library of this nature, inconsistencies as mentioned in paragraph 6.2 can be ruled out. Access to such a library through the Internet could also make these questionnaires more available to medical researchers.

The rigorous translation steps set out by the various researchers and organisations, such as the Medical Outcomes Trust mentioned in paragraph 2.1 (Chapter 2) and paragraph 6.1 are of particular importance, especially when dealing with African languages and the colloquial Afrikaans spoken by the Cape coloureds. By following the above recommendations, we can ensure that the translation of medical questionnaires fulfils the requirement of communicating adequately with the intended target audiences. However, as has been mentioned, further investigation is needed to improve the quality of translated medical texts, including medical questionnaires.

6.4 PROJECTIONS

This study can be considered as a pilot experiment for further work in the field of translation and medical research, since much evidence, particularly in the Xhosa as well as the Afrikaans translation, could be found to support the hypotheses. Therefore, this study, which investigated the quality of translated medical questionnaires, has opened up the possibility for further studies in this area. One opportunity has to do with the complexity of the translation process, because different languages have different meanings attached to certain words or phrases, as mentioned under paragraph 2.1. Languages, such as Xhosa or Shona, have words that differ in their conceptual meanings from those in Western cultures (Jelsma *et al.*, 2003: in press). Therefore, it is important for a translator to be fluent in the SL and TL, as well as being familiar with the subject matter. This offers a wide scope for investigating the differences found among different cultures.

Another possibility that requires further investigation is the introduction of an awareness campaign among medical researchers to draw their attention to the importance of translating their questionnaires according to the Skopos approach (see subparagraph 2.2.4). This would include investigating translations without using back translation, since the functional approach does not essentially follow equivalent word-for-word translations. The rigorous translation process described by the MOT under paragraph 2.1 could be followed, omitting the back translation for an experimental group and including this procedure for a control group.

The assessment model Botha (2001:173) developed to investigate the quality of governmental documents, and mentioned in paragraph 2.3.2, succeeds in assessing a variety of texts. Therefore, this model could be applied to medical research if the quality of medical questionnaires is to improve. This model could be implemented to assess the translation of these questionnaires. A feasibility study is suggested whereby this assessment model can be introduced to medical researchers to be used in the development and translation of their questionnaires.

It has been emphasised in Chapter 5 that this empirical study supports the hypotheses set out in paragraph 1.4. In Chapter 2, the most important translation theories or approaches have been discussed in relation to translated medical questionnaires. Cultural aspects about the TCs have been highlighted as well as the TT languages and ST language. Chapter 3 has described the translation approaches used in the translation of the various questionnaires, and the quality of these translations, while the results of the empirical study have been described in Chapter 4.

The quality of translation regarding medical research questionnaires, in particular AIDS-related research questions, is found to be inadequate for communicating with the target audience in question as hypothesised. This study also shows that the retranslation hypothesis stating that a retranslation is closer to the ST than the original translation holds good.

LIST OF REFERENCES

African Languages. 2003. *Isixhosa* (Xhosa) [On line]. Available:
http://www.africanlanguages.com/xhosa/ [2003, August 26].

Albrecht, *S.* 1999. Virusse eis meer lewens as oorloë of hongersnood. *Matieland*, March: 18-19.

Atkinson, P. & Coffey, A. 1998. Analysing documentary realities. In: Silverman, D. (ed.). *Qualitative Research - Theory, Method and Practice*. London: Sage Publications.

Bailey, D.M. 2001. *Research for the Health Professional*. Lowell, Massachusetts: F.A. Davis.

Baker, M. & Malmkjær, K. 1998. *Routledge Encyclopedia of Translation Studies*. London: Routledge.

Bond, T.G. & Fox, C.M. 2001. *Applying the Rasch Model: Fundamental Measurement in the Human Sciences*. Mahwah, New Jersey: Lawrence Erlbaum Associates.

Botha, J.P. & van Aardt, J.H.M. 1983. *Afrikaans vir die Praktyk*. 2nd Edition. Johannesburg: McGraw-Hill.

Botha, S. 2001. Die Ontwikkeling van 'n Kwaliteitsassesseringsinstrument vir Plaaslike Regeringsvertalings. M.A. Thesis. University of the Free State, Bloemfontein.

Brislin, R.W. 1976. *Translation: Applications and Research*. New York: Gardner Press.

Brynard, P.A. & Hanekom, S.X. 1997. *Introduction to Research in Public Administration and Related Academic Disciplines*. Pretoria: J.L. van Schaik.

Campbell, S. 1998. *Translation into the Second Language*. New York: Addison Wesley Longman.

Carstens, W.A.M. 2003. *Norme vir Afrikaans: Enkele Riglyne by die Gebruik van Afrikaans*. 4th Revised Edition. Pretoria: Van Schaik.

Cook, T.D. & Campbell, D.T. 1979. *Quasi-Experimentation Design & Analysis Issues for Field Settings*. Boston: Houghton Mifflin.

Darwish, A. 1989. *The translation process: a view of the mind* [On line]. Available:
http://www.surf.net.au/writescope/translation/mindview.html [2002, January 15].

Denzin, N.K. & Lincoln, Y.S. 2000. *Handbook of Qualitative Research*. 2nd Edition. Thousand Oaks, California: Sage Publications.

Department of Health, National Aids Unit. 2000. *The goals of the National HIV/AIDS Programme: the Life-Skills Program* [On line]. Available: http://196.36.153.56/doh/aids/index.html [2002, November].

Department of Health. 2002. *South Africa Demographic and Health Survey 1998: Full Report*. Pretoria: Department of Health.

Dorrington, R., Bourne, D., Bradshaw, D., Laubscher, R. & Timæus, I.M. 2001. *The impact of HIV/AIDS on adult mortality in South Africa*. MRC Technical Report. Tygerberg: Medical Research Council.

Du Plessis, J.A. & Visser, M. 1992. *Xhosa Syntax*. Pretoria: Via Afrika.

Fawcett, P. 1998. Linguistic approaches. In: Baker, M. & Malmkjær, K. (eds.). *Routledge Encyclopedia of Translation Studies*. London: Routledge: 121-125.

Fleiss, J.L. 1981. *Statistical Methods for Rates and Proportions*. 2nd Edition. New York: John Wiley.

Giliomee, H.B., Schlemmer, L., Alexander, N., Du Plessis, B. & Loubser, M.M. 2001. *Kruispad*. 2001. Cape Town: Tafelberg.

Halverson, S. 1997. The concept of equivalence in Translation Studies: Much ado about something. *Target* 9(2): 207-233.

Hatim, B. 1997. *Communication Across Cultures*. Exeter, Devon: University of Exeter Press.

Hatim, B. 1998. Text linguistics and translation. In: Baker, M. & Malmkjær, K. (eds.). *Routledge Encyclopedia of Translation Studies*. London: Routledge: 262-265.

Hatim, B. 2001. *Teaching and Researching Translation*. Harlow: Pearson Education.

Hatim, B. & Mason, I. 1990. *Discourse and the Translator*. Harlow: Longman.

Hatim, B. & Mason, I. 1997. *The Translator as Communicator*. London: Routledge.

Heinecken, L. 2000. AIDS the new security frontier. *Conflict Trends*, 4: 12-15.

Hermans, T. 1994. Disciplinary objectives: The shifting grounds of Translation Studies. In: Nistal, P.F. & Gozalo, J.M.B. (eds.). *Perspectivas de la Traducción Inglés/Español. Tercer Curso Superior de Traducción*. Valladolid: Instituto de Ciencas de la Educación, Universidad de Valladolid.

House, J. 1981. *A Model for Translation Quality Assessment*. 2nd Edition. Tübingen: Narr.

Jang, H-T. 2000. *Translation quality and the reader's response* [On line]. Available: http://www.ntu.edu.au/education/csle/student/jang//jang3.html [2000, November 29].

Jelsma, J., Chivaura, V., De Cock, P.A., De Weerdt, W. 2000. A bridge between cultures: A report on the process of translating the EQ-5D into Shona. *S Afr J Physiother*, 56: 3-9.

Jelsma, J., De Cock, P.A., De Weerdt, W.H., Mielke, J. & Mhundwa, K. 2002. The validity of the Shona version of the EQ-5D quality of life measure. *S Afr J Physiother*, 58: 8-12.

Jelsma, J., Mkoka, S., Amosun, L. & Nieuwveldt, J. 2003. The reliability and validity of the Xhosa version of the EQ-5D. *Disabil Rehabil*, (in press).

Jordaan, E.R. 1999. Agreement of paired ordered categorical data. M.Sc. Thesis. University of the Western Cape, Bellville.

Katzenellenbogen, J.M., Joubert, G. & Abdool Karim, S.S. 1999. *Epidemiology: A Manual for South Africa* . 2nd Impression. Cape Town: Oxford University Press Southern Africa.

Kenny, D. 1998. Equivalence. In: Baker, M. & Malmkjær, K. (eds.). *Routledge Encyclopedia of Translation Studies*. London: Routledge: 77-80.

Kirsch, B., Skorge, S. & Matsiliza, N. 1996. *An English Xhosa Companion for Health-Care Professionals*. Cape Town: Juta.

Kuhse, H., Singer, P., Baume, P., Clark, M. & Rickard, M. 1997. End-of-life decisions in Australian medical practice. *Med J Aust*, 166: 191.

Medical Outcomes Trust. 1997a. *The Medical Outcomes Study - HIV Health Survey (MOS-HIV)* [On line]. Available: http://www.outcomes-trust.org/bulletin/0197blltn.htm [2003, January 29]. Published in *The Bulletin* 5(1).

Medical Outcomes Trust (MOT). 1997b. Trust Introduces New Translation Criteria. *The Bulletin*, 5(4): 1-8.

Mesher, D. 1999. *ENGL 007: Critical Thinking Online. Inductive and Deductive Reasoning* [On line]. Available: http://www.sjsu.edu/depts/itl/7/part2/f-wk5a.html [2003, April 23].

MIV/vigs – Sit hand by en bou aan hoop! 2002. (Government Advertisement). *Burger*, 19 April: 16.

Mkoka, S., Vaughan, J., Wylie, T., Yelland, H. & Jelsma, J. 2003. The pitfalls of translation – a case study based on the translation of the EQ-5D into Xhosa. *S Afr Med J*, 93: 265-266.

Moody, K. 2000. *Functional and typological issues in the translation of adverts into Russian* [On line]. Available: http://www.shef.ac.uk/misc/personal/rup99klm/skopos.html [2001, November 2].

Moriarty, M.F. 1997. *Writing Science through Critical Thinking*. Sudbury, Massachusetts: Jones & Bartlett Publishers.

Munday, J. 2001. *Introducing Translation Studies: Theories and Applications*. London: Routledge.

Murray, D.M. 1998. *Design and Analysis of Group-Randomized Trials*. Oxford: Oxford University Press.

National Aids Unit, Department of Health, South Africa. 2000. *HIV/AIDS/STD strategic plan for South Africa 2000-2005* [On line]. Available: http://196.36.153.56/doh/aids/index.html [2002, December 2].

Naude, J.A. 2000. The Schocken Bible as source-oriented translation: Description and implications. *Acta Telogica*, 20(1): 1-33.

Newmark, P. 1981. *Approaches to Translation*. Oxford: Pergamon Press.

Ndoleriire, O.K. 2000. Cross-cultural communication in Africa. In: Moffett, H. (ed.). *African Voices: An Introduction to the Languages and Linguistics of Africa*. Cape Town: Oxford University Press.

Nida, E.A. 1976. A framework for the analysis and evaluation of theories of translation. In: Brislin, R.W. (ed.). *Translation: Applications and Research*. New York: Gardner Press.

Nord, C. 1997a. *Translating as a Purposeful Activity*. Manchester: St. Jerome.

Nord, C. 1997b. A functional typology of translations. In: Trosborg, A. (ed.). *Text Typology and Translation*. Amsterdam: John Benjamins: 43-66.

Nord, C. 1999. Translating as a text-production activity. Paper presented at the Universitat de Vic, Catalonia Spain.

Nord, C. 2000. What do we know about the target-text receiver? In: Beeby, A., Ensinger, D. & Presas, M. (eds.). *Investigating Translation*. Amsterdam: John Benjamins: 195-212.

Nord, C. 2001. Loyalty Revisited: Bible translation as a case in point. *The Translator*, 7(2): 185-202.

Odendal, F.F. & Gouws, R.H. (eds.) 2000. *HAT: Verklarende Handwoordeboek van die Afrikaanse Taal*. Midrand: Perskor.

Office of Minority Health. 2000. Assuring Cultural Competence in Health Care: CLAS Standards Meetings. *Public Comments.* Chicago.

Pahl, H.W. 1989. *The Greater Dictionary of Xhosa.* Vol 3 Q to Z. Umtata, Transkei: University of Fort Hare.

Ponelis, F. 1993. *The Development of Afrikaans.* Frankfurt am Main: Peter Lang.

Pym, A. 1992a.*Translation and Text Transfer. An Essay on the Principles of Intercultural Communication.* Frankfurt/Main: Peter Lang.

Pym, A. 1992b. Limits and frustrations of discourse analysis in translation theory. *Revista de Filologia de la Universidad de la Laguna,* 11: 227-239.

Pym, A. 1993. "*Christiane Nord. Text Analysis in Translation*" [On line]. Available: http://www.fut.es/~apym/publications.html [1998]. Publication in TTR 6/2: 184-190.

Pym, A. 1997. *The Sociolinguistics of Interlingual Communication* [On line]. Available: http://www.fut.es/~apym/on-line/reviews/nidareview.html [1999, March 11].

Pym, A. 1999. *Koller's Äquivalenz Revisited* [On line]. Available: http://www.fut.es/~apym/on-line/reviews/kollerreview.html [1999, March 11].

Pym, A. 2000a. *European Translation Studies, une science qui dérange, and why equivalence needn't be a dirty word* [On line]. Available: http://www.fut.es/~apym/publications.html [2000, July 20]. First version published in *Traduction, Terminologie, Rédaction* 8/1 (1995), 153-176.

Pym, A. 2000b. *On Cooperation* [On line]. Available: http://www.fut.es/~apym/on-line/cooperation.html [2000, June 20].

Pym, A. 2001. *Translation and international institutions explaining the diversity paradox.* Paper presented at the conference *Language Study in Europe at the turn of the Millennium* [On line]. Available: http://www.fut.es/~apym/on-line/diversity.html [2001, December 4].

Reiss, K. & Vermeer, H.J. 1984. *Grundelegung einer Allegemeinen Translationtheorie.* Tubingen: Niemeyer.

Sackett, D.L. 1983. Bias in analytic research. *J Chron Dis.,* 32: 51-63.

Sapa, 2002. *New campaign calls on SA to care for AIDS-affected* [On line]. Available: http://www.anc.org.za/anc/newsbrief/2002/news0911.txt [2002, September, 10].

Schäffner, C. 1997. Translation Studies. In: Verscheuren, J. Östman, J-O. Blommært, J.B. & Bulcæn, C. (eds.). *Handbook of Pragmatics.* Amsterdam: John Benjamins: 1-17.

Schäffner, C. 1998. Skopos theory. In: Baker, M. & Malmkjær, K. (eds.). *Routledge Encyclopedia of Translation Studies.* London: Routledge: 235-238.

Schäffner, C. & Wieseman, U. 2001. *Annotated Texts for Translation: English–German – Functionalist Approaches Illustrated.* Cleveland: Multilingual Matters Ltd.

Shuttleworth, M. & Cowie, M. 1997. *Dictionary of Translation Studies.* Manchester: St. Jerome.

Snell-Hornby, M. and Pöhl, E. 1989. *Translation and Lexicography.* Amsterdam: John Benjamins.

Steyn, K., Bradshaw, D., Norman, R., Laubscher, R. & Saloojee, Y. 2002.Tobacco use in South Africans during 1998: the First Demographic and Health Survey. *J Cardiovasc Risk,* 9(3): 161-170.

Streiner, D.L. & Norman, G.R. 1996. *Health Measurement Scales: a Practical Guide to their Development and Use*. 2nd Edition. Oxford: Oxford University Press.

Swanepoel, T. 2002a. Zackie pleit vir diê wat reeds vigs het. *Burger*, 11 July: 10.

Swanepoel, T. 2002b. Besnydenis kan risiko verminder, lui studie. *Burger*, 11 July: 10.

Swartz, A. 2002. Prevention for positives: reducing further transmission of HIV/AIDS. *HIV Impact* 2

Tiflin, E.C. 1984. Gesproke Afrikaans onder die Kleurlinggemeenskap in Durban: 'n sosiolinguistiese studie. M.A.Thesis. University of Stellenbosch, Stellenbosch.

Turney, B.L. & Robb, G.P. 1971. *Research in Education: an Introduction*. Hinsdale, Illinois: The Dryden Press.

Ulrych, M. & Bosinelli, R.M.B. 1999. The state of the art in translation studies. An overview. *Textus,* xii(2): 219-242.

Van der Knaap, S. 2003. Boek het lesse vir tieners. (Brieweblad). *Burger*, 8 August: 12.

Van Rensburg, M.C.J. 1999. *Karaktertrekke en lotgevalle van Afrikaans. Lesing 6: Kenmerke van Afrikaans* [On line]. Available: http://www.millenium.arts.kuleuven.ac.be/Afrikaans. [2002, October 12].

Vermeer, H.J. 1996. *A Skopos Theory of Translation (Some Arguments For and Against)*. Heidelberg: TexTconTexT.

Vermeer, H.J. 1998. Starting to unask what translatology is about. *Target*, 10(1): 41-68.

Williams, J. & Chesterman, A. 2002. *The Map: A Beginner's Guide to Doing Research in Translation Studies*. Manchester: St Jerome.

APPENDIX A

Source text (ST)

MEDICAL QUESTIONNAIRE

Drawn up from translated questions that were used in various research studies

Dear Student,

With this questionnaire we would like to establish how well readers understand the questions in medical questionnaires. This is part of a study on translations of medical questionnaires. There are two questionnaires, one with the medical questions on the left-hand pages, and the other an evaluation questionnaire on the right-hand side.

Please note that the information you give will be treated confidentially and personal details will only be seen by the researchers for control purposes. Your name will not be attached to your answers, as we will detach the first page.

This is not a test and there are no right or wrong answers. We would like your honest opinions and beliefs, and find out how well you understand the language.

The results will be used to develop medical questionnaires that are user-friendly. The improved questions will be drawn up on the basis of your responses. Therefore, your participation is important and that you also be available for the new questionnaire.

Thank you for participating in this study.

		Office use (OU)		
Name: .... code				
Age:...				
Grade & class:				

1

Source text (ST)

SECTION A

Code | | | |

STUDY ON ALCOHOL DRINKING BEHAVIOUR

When answering the following questions please think in terms of <u>drinking 5 or more alcoholic drinks on one occasion</u> at some stage during the next two weeks.

Please ANSWER ALL QUESTIONS, even if you do not drink.

Look at the <u>example</u> first before beginning with Question 1a).
<u>Example</u>

If drinking 5 or more drinks on one occasion at some stage during the next two weeks would <u>not</u> be fun for you, then you might answer as follows:

For me to drink 5 or more drinks on one occasion during the next two weeks would be:

BORING				**FUN**
1	**2**	**3**	**4**	**5**
Extremely	*Somewhat*	*Neither boring nor fun*	*Somewhat*	*Extremely*

Now please begin with Question 1a). Please answer the questions by circling the number which corresponds to your response.

1. **For me to drink 5 or more drinks on one occasion at some stage during the next two weeks would be:**

a) **Unenjoyable** / **Enjoyable**   *Office use*

1	2	3	4	5
Extremely	**Somewhat**	**Neither enjoyable nor unenjoyable**	**Somewhat**	**Extremely**

☐ 3

b) **Unexciting** / **Exciting**

1	2	3	4	5
Extremely	**Somewhat**	**Neither exciting nor unexciting**	**Somewhat**	**Extremely**

☐

c) **Wise** / **Foolish**

1	2	3	4	5
Extremely	**Somewhat**	**Neither wise nor foolish**	**Somewhat**	**Extremely**

☐

d) **Bad** / **Good**

1	2	3	4	5
Extremely	**Somewhat**	**Neither good nor bad**	**Somewhat**	**Extremely**

☐

e) **Wrong** / **Right**

1	2	3	4	5
Extremely	**Somewhat**	**Neither right nor wrong**	**Somewhat**	**Extremely**

☐

2

Source text (ST)

2. Most people who are important to me think I should drink 5 or more drinks on one occasion at some stage during the next two weeks.

DISAGREE				AGREE	
1	2	3	4	5	
Strongly	**Somewhat**	**Neither**	**Somewhat**	**Strongly**	
		Agree nor disagree			

3. I am the kind of person who likes to experiment and take risks.

DISAGREE				AGREE	
1	2	3	4	5	
Strongly	**Somewhat**	**Neither**	**Somewhat**	**Strongly**	
		Agree nor disagree			

4. I think of myself as a "party animal".

DISAGREE				AGREE	
1	2	3	4	5	
Strongly	**Somewhat**	**Neither**	**Somewhat**	**Strongly**	
		Agree nor disagree			

5. It would be morally wrong for me to drink 5 or more drinks on one occasion at some stage during the next two weeks.

DISAGREE				AGREE	
1	2	3	4	5	
Strongly	**Somewhat**	**Neither**	**Somewhat**	**Strongly**	11
		Agree nor disagree			

Source text (ST)

SECTION B

1. **Here are some statements. As each one is read, decide whether or not it describes you. Do not think too long on any single question. Mark the choice which first strikes you as being closest to the truth**

	True	Mostly true but not completely true	Mostly false but not completely false	False	Office Use
A When I make a decision, I usually go by what my parents have taught me	1	2	3	4	
B When rules and regulations get in my way, I sometimes ignore them	1	2	3	4	
C If I don't like an order I have been given, I may not do it, or I may only do part of it	1	2	3	4	
D I am often said to be hot-headed or bad-tempered	1	2	3	4	
E I almost never do anything dangerous	1	2	3	4	
F If I don't feel like doing something I'm told to do, I often put it off or just don't do it at all	1	2	3	4	
G I have a careful and serious attitude toward life	1	2	3	4	

2. **For the following, please indicate how wrong you think each one is.**

	Wrong	Not wrong	A little bit wrong	Very wrong	
A To fake an excuse note from home	1	2	3	4	
B To get together with others to drink	1	2	3	4	
C To smoke dagga (marijuana)	1	2	3	4	
D To put a hole in your condom without telling your partner	1	2	3	4	

3. **Please indicate how many of your friends can be described by each of the following.**

How many of your friends:	None	A few	Only some	Most	OU
A Have skipped classes	1	2	3	4	
B Have cheated on an exam	1	2	3	4	
C Might drop out of high school	1	2	3	4	
D Have been involved in a <u>serious</u> fight at school or work	1	2	3	4	
E Smoke cigarettes <u>on a regular basis</u>	1	2	3	4	
F Drink alcohol (beer, wine, hard liquor, home brew) <u>at least once a week</u>	1	2	3	4	
G Have <u>ever used</u> dagga (marijuana)	1	2	3	4	
H Have <u>ever used</u> other illegal drugs, like cocaine, crack, heroin, uppers, downers	1	2	3	4	
I Have <u>ever had</u> sexual intercourse	1	2	3	4	

4

Source text (ST)

The following questions are about the most serious romantic relationship you have with another person

4. Do you currently have a girlfriend/boyfriend?

Yes	1	Please answer the following questions based on your <u>current relationship</u>.
No	2	<u>If you are not currently in a relationship</u>, please answer the following questions based on your last relationship.

5. Has your boyfriend/girlfriend ever used any of the drugs listed below? Please circle 1 if he/she <u>did not</u> ever use a drug. Please circle 2 if the person <u>did</u> ever use a drug. Do this for each drug.

	Cigarettes		Alcohol		Dagga (Marijuana)		Illegal Drugs Other Than Dagga (Marijuana)	
	No	Yes	No	Yes	No	Yes	No	Yes
Boyfriend/girlfriend drug use	1	2	1	2	1	2	1	2

6. How many people have you shared needles with for using drugs?

None	....	1
1 or 2	....	2
3	....	3
4	....	4
5 or more	....	5

34

SECTION C

One way people can get HIV/AIDS is from certain kinds of sexual behavior, so we are asking people your age some questions about their behavior to help us find ways to stop the spread of the disease. However, not all the questions we ask involve HIV/AIDS.

1. Have you ever done any of the following?

		No	Yes	
A	Gone out on dates regularly	1	2	
B	Fallen deeply in love	1	2	
C	Broken up with a boyfriend or girlfriend	1	2	
D	Engaged in deep kissing (tongue kissing)	1	2	
E	Engaged in petting (feeling up or down)	1	2	
F	Been pushed by someone to have sex	1	2	
G	Lost your virginity - had sex	1	2	
H	Had a sexually transmitted infection	1	2	
I	Had alcohol or drugs a few hours before having sex	1	2	

2. Aside from the news, the TV shows that you <u>prefer</u> to watch have...

A great deal of sex	....	1
Quite a lot of sex	....	2
A little sex	....	3
Hardly any or no sex	....	4
I never watch TV	....	5

44

5

Source text (ST)

Now let's move on to some other kinds of questions. The following questions concern the use of condoms.

3. **How often do you plan to use condoms, even though you might not actually use one?**

Never 1
Occasionally 2
Sometimes 3
Often 4
Always 5

	No	Yes
4. **Do you keep a condom in your wallet, pocket, or handbag?**	1	2

As we mentioned earlier, these days a lot of people are talking about HIV/AIDS. It is important to know what young people believe and know about HIV/AIDS. The following questions are about this subject.

5. **Please indicate whether you think that you can protect yourself from HIV/AIDS by:**

	Yes	Unsure	No	OU
A Staying with one faithful partner	1	2	3	
B Using condoms during sexual intercourse	1	2	3	
C Having sexual intercourse with a virgin	1	2	3	
D Making sure any injection you have is done with a clean needle	1	2	3	
E Avoiding sharing a needle (using the same needle as another person) to inject an illegal drug into your body	1	2	3	
F Abstaining from sex	1	2	3	

SECTION D

DO YOU SMOKE?

1. Which of the following statements best describes you? (TICK ONLY ONE ANSWER)		*Office use*	
I smoke at least once a day	1		
I do not smoke daily, but least once a week	2		
I do not smoke weekly, but least once a month	3		
I smoke less than once a month	4		
I try smoking once in a while	5		
I have quit smoking after having smoked at least once a week	6		
I have quit smoking, I have always smoked less than once a week	7		
I have tried smoking once in a while, but I don't smoke anymore	8		
I have never smoked a cigarette not even one puff	9		53

6

Source text (ST)

IF I SMOKE (OR WERE TO SMOKE)...

The following questions start with 'If I smoke (or were to smoke)'. If you smoke then please answer the questions honestly. Imagine how smoking would affect you if you did.

2. If I smoke (or were to smoke) I would consider this as: (TICK ONLY ONE ANSWER)		*Office use*
Very pleasant	1	
Pleasant	2	
Fairly pleasant	3	
Neither pleasant nor unpleasant	4	
Fairly unpleasant	5	
Unpleasant	6	
Very unpleasant	7	
I don't know	8	54
3. If I smoke (or were to smoke)		
It will make me feel very relaxed	1	
It will make me feel relaxed	2	
It will make me feel a bit relaxed	3	
It will make me feel neither relaxed nor stressed	4	
It will make me feel a bit stressed	5	
It will make me feel stressed	6	
It will make me feel very stressed	7	
I don't know	8	55

PRESSSURE TO SMOKE

By pressure we mean that you think that other people want you to smoke. For example you are hanging out with a few friends and someone has a pack of cigarettes. You don't dare to refuse a cigarette because you are afraid that you will not be a member of the group if you resist. Another example is when someone offers you a cigarette and you don't want it and say so, but they keep insisting that you smoke.

4. Have you ever felt pressure from others to smoke?		
Very often	1	
Often	2	
Sometimes	3	
A few times	4	
Never	5	
5. Have you ever felt pressure to smoke from your teachers?		
Very often	1	
Often	2	
Sometimes	3	
A few times	4	
Never	5	57

7

Source text (ST)

6. Which of the following statements best describes you? (TICK ONLY ONE ANSWER)			
I am sure that I will never start smoking	1		
I think that I will never start smoking	2		
I think that I will start smoking some time in the future	3		
I think that I will start smoking within the next five years	4		
I think that I will start smoking within the next year	5		
I think that I will start smoking within the next six months	6		
I think that I will start smoking within the next month	7		
I smoke already	8		58

8

APPENDIX B

**Medical
Research
Council of
South Africa**

MRC
SOUTH AFRICA

**Building a
healthy nation
through research**

MEDIESE EN EVALUERINGSVRAELYS

MEDIESE NAVORSINGSRAAD EN UNIVERSITEIT VAN STELLENBOSCH

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot·your knowledge partner

MEDIESE VRAELYS

Saamgestel uit vertaalde vrae wat in verskeie navorsingstudies gebruik is

Beste Student

Ons wil graag met hierdie vraelys vasstel hoe goed lesers die vrae verstaan wat in mediese vraelyste verskyn. Hierdie dokument is deel van 'n studie oor die vertaling van mediese vraelyste. Daar is twee vraelyste wat gelyktydig ingevul moet word. Op die ongelyke bladsye is die mediese vrae, met die evalueringsvrae op die bladsye met gelyke nommers.

Let asseblief op dat die inligting as vertroulik hanteer sal word, en persoonlike gegewens slegs deur die navorsers gesien sal word vir kontroledoeleindes. Jou naam sal nie aan die antwoorde gekoppel word nie, aangesien ons die eerste bladsy daarvan sal verwyder

Dit is nie 'n toets nie, en daar is geen regte of verkeerde antwoorde nie. Ons wil net jou eerlike opinie en mening hê, en vasstel watter spreektaal jy die beste verstaan.

Die resultate sal gebruik word om mediese vraelyste te ontwikkel wat gebruikersvriendelik is. Die nuwe, hersiene vraelys sal op grond van jou antwoorde opgestel word. Daarom is jou deelname vir ons belangrik, en ook dat jy daarvoor beskikbaar sal wees.

Dankie dat jy ingestem het om deel te neem aan hierdie studie.

		Kantoorgebruik (KG)	
Naam:_____kode:			
Ouderdom:_____			
Graad & Klas:_____			

Afrikaans original translation (M1 & E1)

MEDIESE VRAELYS

SEKSIE A

Kode			2

VRAELYS OOR ALKOHOL INNAME GEDRAG

Wanneer jy die volgende vrae beantwoord dink asseblief in terme van <u>5 of meer **alkoholiese** drankies op een geleentheid gedrink</u> op een of ander stadium gedurende die volgende twee weke.

ANTWOORD ASSEBLIEF ALLE VRAE, al drink jy nie.

Kyk eers na die <u>voorbeeld</u> voor jy met Vraag 1a) begin.

Voorbeeld

Indien dit nie pret is vir jou om 5 of meer drankies te drink op een geleentheid op een of ander stadium gedurende die volgende twee weke nie, mag jy soos volg antwoord:

Om 5 of meer drankies op een geleentheid gedurende die volgende twee weke te drink, sal vir my wees:

VERVELIG   PRET
1	2	3	4	5
Baie	Bietjie	Nie Vervelig of Pret	Bietjie	Baie

Begin nou asseblief met Vraag 1a). Antwoord asseblief die vrae deur die nommer wat met jou antwoord ooreenstem, te omkring.

1. **Vir my om 5 of meer drankies op een geleentheid op een of ander stadium gedurende die volgende twee weke te drink sal wees:**

Kantoorgebruik
a) ONAANGENAAM   AANGENAAM
1	2	3	4	5
Baie	Bietjie	Nie Aangenaam of Onaangenaam	Bietjie	Baie

☐ 3

b) ONOPWINDEND   OPWINDEND
1	2	3	4	5
Baie	Bietjie	Nie Opwindend of Onopwindend	Bietjie	Baie

☐

c) WYS   DOM
1	2	3	4	5
Baie	Bietjie	Nie Wys of Dom	Bietjie	Baie

☐

Afrikaans original translation (M1 & E1)

EVALUERING VAN DIE MEDIESE VRAELYS
GRAAD 11 LEERDERS

kode			2

ANTWOORD ASSEBLIEF DIE VOLGENDE VRAE TEN OPSIGTE VAN DIE MEDIESE VRAELYS, LANGSAAN. KYK GERUS WEER NA DIE BETROKKE VRAE WANNEER JY HIERDIE EVALUERINGSDEEL BEANTWOORD. **Merk (onderstreep) onbekende woorde met 'n rooi pen, koki of neon-merkpen**

Deur hierdie vraelys eerlik te beantwoord kan dit ons in staat stel om vraelyste op te stel wat vir almal meer verstaanbaar en vriendelik is. Wanneer jy die vrae in hierdie EVALUERINGSDEEL **beantwoord is dit belangrik dat jy dit verkieslik doen in die AFRIKAANSE spreektaal wat jy gewoonlik gebruik.**

Kantoor-gebru

1. Op die eerste, los bladsy van die Mediese Vraelys word die studie verduidelik.
    Skryf hier hoe jy die doel van die studie verstaan:

A1. By die voorbeelde hier langsaan word **_vervelig_** en **_pret_** teenoor mekaar gebruik. Watter woord sou jy vir die teenoorgestelde van **_PRET_** gekies het?

saai	1
afgesaag	2
eentonig	3
vervelend	4
nie prettig nie	5
vervelig	6
Iets anders?	7

A1.1. Het jy Vraag 1 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

Lees maklik	1
twee of meer keer GELEES	2

A1.2. By Vraag 1b, hier langsaan, is **_onopwindend_** en **_opwindend_** teenoor mekaar gebruik.
Dink jy hierdie woorde is goeie teenoorgestelde keuses?

Goeie keuses	1
Swak keuses	2

A1.3. By Vraag 1c, word **_wys_** en **_dom_** teenoor mekaar gebruik. Watter woord sou jy vir die teenoorgestelde van **_DOM_** gekies het?

slim	1
geleer(d)	2
kundig	3
verstandig	4
wysheid	5
wys	6
Iets anders?	7

Afrikaans original translation (M1 & E1)

1.   **Vir my om 5 of meer drankies op een geleentheid op een of ander stadium gedurende die volgende twee weke te drink sal wees:**

d) SLEG   GOED
1   2   3   4   5
Baie   Bietjie   Nie Sleg   Bietjie   Baie
                                          of Goed

☐

e) VERKEERD   REG
1   2   3   4   5
Baie   Bietjie   Nie   Bietjie   Baie
                                          Verkeerd
                                          of Reg

☐

2. Meeste mense wat belangrik is vir my dink ek moet 5 of meer drankies drink op een geleentheid op een of ander stadium gedurende die volgende twee weke.

STEM NIE SAAM   STEM SAAM
1   2   3   4   5
Sterk   Bietjie   Stem Saam   Bietjie   Sterk
                     8
                                          Of Stem Nie
                                          Saam nie

☐

3. Ek is die tipe persoon wat daarvan hou om te eksperimenteer en kanse te vat.

STEM NIE SAAM   STEM SAAM
1   2   3   4   5
Sterk   Bietjie   Stem Saam   Bietjie   Sterk
                     9
                                          Of Stem Nie
                                          Saam nie

☐

4. Ek dink aan myself as 'n "party animal".

STEM NIE SAAM   STEM SAAM
1   2   3   4   5
Sterk   Bietjie   Stem Saam   Bietjie   Sterk
                                          Of Stem Nie
                                          Saam nie

☐

5. Dit sal teen my morele waardes gaan om 5 of meer drankies op een geleentheid op een of ander stadium gedurende die volgende twee weke te drink.

STEM NIE SAAM   STEM SAAM
1   2   3   4   5
Sterk   Bietjie   Stem Saam   Bietjie   Sterk
                                          Of Stem Nie
                                          Saam nie

☐

Afrikaans original translation (M1 & E1)

Kantoor-gebr

A1.4. By Vrae 1d en 1e word _**sleg**_ en _**verkeerd**_ onderskeidelik teenoor _**goed**_ en _**reg**_ gebruik.

Dink jy *SLEG* en *VERKEERD* het dieselfde betekenis? | Ja=1 | Nee=2 |

Dink jy *GOED* en *REG* het dieselfde betekenis? | Ja=1 | Nee=2 |

A2.1. Het jy Vraag 2 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

| Lees maklik | 1 |
| **twee** of meer keer GELEES | 2 |

A2.2. Onder Vraag 2 tot vraag 5, is die woordkeuse wat jy kan omkring onder punte 1 & 5 _**sterk**_

Merk die keuse wat jy dink **beter** is:

| Stem STERK saam | 1 |
| Stem BAIE saam | 2 |

A3. By Vraag 3, hier langsaan, verstaan jy die woord _**tipe**_ beter as byvoorbeeld **soort** of **klas** persoon?"

Merk die keuse wat jy **beter** verstaan:

TIPE	1
SOORT	2
KLAS	3

A4.1. Beskryf wat jy verstaan as 'n *party animal* , sien Vraag 4 hier langsaan:

7

A4.2. Gee 'n ander woord vir *party animal* in die taal wat jy praat /verstaan:

A5.1. By Vraag 5, hier langsaan, verstaan jy wat word bedoel met *morele waardes*?"

Verstaan? | Ja=1 | Nee=2 |

A5.2. Indien jy JA sê by **A5.1**, verduidelik hoe jy *morele waardes* verstaan:

A6. Hierdie is die einde van SEKSIE A. Seksies B, C en D volg. Dink jy dit sou beter wees om te sê:

AFDELING A, ens. Of het jy 'n beter voorstel?

| SEKSIE | 1 |
| AFDELING | 2 |

EIE VOORSTEL: | | 3 |

SEKSIE B

1. Hier is 'n paar stellings. Soos elkeen gelees word, besluit of dit jou beskryf of nie. Moenie te lank aan een vraag dink nie. Merk die keuse wat jou dadelik opval as die naaste aan die waarheid.

		Waar	Meestal, waar maar nie heeltemal waar nie	Meestal, vals maar nie heeltemal vals nie	Vals	K G
A.	Wanneer ek 'n besluit neem gaan ek gewoonlik volgens wat my ouers my geleer het.............	1	2	3	4	
B.	Wanneer reëls en regulasies in my pad kom, dan ignoreer ek dit somtyds............	1	2	3	4	
C.	Wanneer ek 'n opdrag gegee word waarvan ek nie hou nie, sal ek dit moontlik doen, of ek sal moontlik net 'n gedeelte daarvan doen......	1	2	3	4	
D.	Daar word gereeld gesê ek is hardkoppig of het 'n slegte humeur......................	1	2	3	4	
E.	Ek doen selde iets gevaarlik........	1	2	3	4	
F.	Indien ek nie voel om iets te doen nie wat my gesê was om te doen, stel ek dit gewoonlik af of doen dit glad nie	1	2	3	4	
G.	Ek het 'n versigtige en ernstige uitkyk op die lewe...............	1	2	3	4	

2. Vir die volgende, merk asseblief hoe verkeerd jy dink die volgende is.

		Verkeerd	Nie Verkeerd	'n klein Bietjie Verkeerd	Baie Verkeerd	KG
A.	Om 'n verskoningsbriefie van die huis na te maak...................	1	2	3	4	
B.	Om saam met ander bymekaar te kom om te drink...................	1	2	3	4	
C.	Om dagga (marijuana) te rook.....	1	2	3	4	
D.	Om 'n gaatjie in jou kondoom te maak sonder om jou maat te sê....	1	2	3	4	22

Afrikaans original translation (M1 & E1)

B1.1. By Vraag 1, hier langsaan, word die woorde *Waar* en *Vals* gebruik.
Dink jy die woord, **ONWAAR** sal beter werk as **VALS**?

ONWAAR	1
VALS	2

B1.2. By punte 1A tot 1G, hier langsaan, **watter punte** moes jy **twee of meer keer** deurlees?

	Een keer lees	Twee of meer keer lees
A. Wanneer ek 'n besluit neem ...	1	2
B. Wanneer reëls en regulasies in my pad kom, ...	1	2
C. Wanneer ek 'n opdrag gegee word ...	1	2
D. ... ek is hardkoppig of het 'n slegte humeur.	1	2
E. Ek doen selde iets gevaarlik.	1	2
F. Indien ek nie voel om iets te doen nie ...	1	2
G. Ek het 'n versigtige en ernstige uitkyk ...	1	2

B1.3. Skryf die **twee punte** wat vir jou die moeilikste gelees het in jou eie woorde oor:

B2.1. By Vraag 2A, hier langsaan, word gepraat van *'n verskoningsbriefie van die huis na te maak*. Veduidelik wat jy daarmee verstaan:

B2.2. By Vraag 2B hier langsaan word gepraat van saam met ander *drink*.
Veduidelik wat jy verstaan onder *drink*, met ander woorde **wat** word gedrink?:

----

3. Wys asseblief hoeveel van jou vriende kan beskryf word deur elk van die volgende.

Hoeveel van jou vriende...

		Geen	'n Paar	Slegs sommiges	Meeste	KG
A.	Het klasse gebank (stokkies gedraai)	1	2	3	4	23
B.	Het gekul in eksamens..............	1	2	3	4	
C.	Kan hoër skool dalk los...........	1	2	3	4	
D.	Was betrokke in 'n ernstige bakleiery by die skool.	1	2	3	4	
E.	Rook sigarette op 'n gereelde basis.........................	1	2	3	4	
F.	Drink alkohol (bier, wyn, sterk drank) ongeveer een keer 'n week	1	2	3	4	
G.	Het al ooit dagga (marijuana of hashish) gebruik..........	1	2	3	4	
H.	Het al ooit ander onwettige dwelms gebruik soos kokaïne, crack, heroïne, uppers, downers...	1	2	3	4	
I.	Het al ooit seksuele omgang gehad ...	1	2	3	4	31

Die volgende vrae gaan oor die ernstigste romantiese verhouding wat jy met 'n ander persoon het.

4. Het jy op die oomblik 'n meisie/kêrel?

Ja.............. 1   Antwoord asseblief die volgende vrae gebaseer op jou huidige verhouding.

Nee........... 2   Indien jy nie op die oomblik in 'n verhouding is nie, antwoord asseblief die vrae gebaseer op jou vorige verhouding.

5. Het jou kêrel/meisie al ooit enige van die dwelms gebruik wat hieronder gelys is? Omring asseblief 1 as hy/sy nog nooit 'n dwelm gebruik het nie. Omring asseblief 2 as hy/sy al ooit 'n dwelm gebruik het. Doen dit vir elke dwelm.

Kêrel/ meisie	Sigarette		Alkohol		Dagga (marijuana)		Onwettige dwelms anders as dagga (marijuana)	
	Nee	Ja	Nee	Ja	Nee	Ja	Nee	Ja
Dwelm gebruik......	1	2	1	2	1	2	1	2

6. Hoeveel mense het jy 'n naald mee gedeel om dwelms te gebruik?

Geeneen... 1
1 of 2.. 2
3... 3
4... 4
5 of meer... 5

34

Afrikaans original translation (M1 & E1)

Kantoor gebruik

B3.1. By Vraag 3, hier langsaan, dink jy die woorde: ***Wys asseblief hoeveel ...***
sê duidelik wat jy moet doen?

| **Ja** duidelik | 1 |
| **Nee** onduidelik | 2 |

B3.2. Indien jy **Nee** sê by B3.1., skryf watter ander woord/e meer duidelik sal wees:

B3.3. By punt **3E** wat is vir jou ***op 'n gereelde basis***?

B3.4. By punt **3H** word *onwettige dwelms* genoem. Wat is ***uppers***?

B3.5. en wat is ***downers***?

B4.1. Verduidelik in jou eie woorde wat word bedoel met ***ernstigste romantiese verhouding***

B4.2. Skryf neer watter woorde jy en jou maats vir ***kêrel*** en ***meisie*** gebruik:

B5. Het jy Vraag 5 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

| Lees maklik | 1 |
| **twee** of meer keer GELEES | 2 |

B6. Skryf Vraag 6 (in verband met die naald deel) in jou eie woorde oor:

Afrikaans original translation (M1 & E1)

SEKSIE C

Een manier hoe mense **HIV/AIDS** kan kry is deur sekere tiper seksuele gedrag, so ons vra mense van jou ouderdom 'n paar vrae oor hulle gedrag om ons te help om maniere te vind om die verspreiding van die siekte te stop. Hoe ook al, nie al die items wat ons vra behels HIV/AIDS nie.

Vraag 1.	Het jy al ooit enige van die volgende gedoen?	JA	NEE	
A.	Gereeld uitgegaan as outjie en meisie........................	1	2	*35*
B.	Ernstig verlief geraak..	1	2	
C.	Opgebreek met 'n meisie/kêrel.................................	1	2	
D.	Diep soene gegee (tong soene).................................	1	2	
E.	Betasting (op en af gevoel).....................................	1	2	
F.	Onder druk geplaas om seks te hê.............................	1	2	
G.	Jou maagdelikheid verloor (seks gehad)......................	1	2	
H.	'n Seksueel oordraagbare infeksie gehad.....................	1	2	
I.	Het alkohol of dwelms gebruik 'n paar uur voos seks.......	1	2	

2. Behalwe die nuus, die TV programme wat jy <u>verkies</u> om te kyk, wys...

        Baie seks.. 1
        Redelik seks...2
        'n Bietjie seks... 3
        Baie min of geen seks... 4
        Ek kyk nie TV nie.. 5
        44

Laat ons nou aan beweeg na ander tipe vrae. Die volgende vrae het betrekking op kondoom gebruik.

3. Hoe gereeld beplan jy om 'n kondoom te gebruik alhoewel jy nie eintlik een gebruik nie?

        Nooit... 1
        Af en toe... 2
        Somtyds.. 3
        Gereeld... 4
        Altyd.. 5

		Nee	Ja	
4.	Hou jy 'n kondoom in jou beurs, sak, of handsak	1	2	

Soos ons vroeër genoem het, baie mense praat deesdae van **HIV/VIGS**. Dit is belangrik om te weet jongmense glo en weet van HIV/VIGS. Die volgende vrae handel oor hierdie onderwerp.

5. Wys asseblief of jy dink jy kan jouself teen HIV/VIGS beskerm deur:

			Ja	Onseker	Nee	**KG**
	A.	Om getrou aan een maat te bly................................	1	2	3	
	B.	Om kondome tydens seksuele omgang te gebruik........	1	2	3	
	C.	Om seksuele omgang met 'n maagd te hê...................	1	2	3	
	D.	Om seker te maak elke inspuiting wat jy kry is met 'n skoon naald	1	2	3	
	E.	Verhoed om 'n naald te deel (om dieselfde naald te gebruik as iemand anders) om 'n onwettige dwelm in liggaam in te spuit...................	1	2	3	
	F.	Bly weg van seks...	1	2	3	*52*

Afrikaans original translation (M1 & E1)

Kantoor-gebruik

C1.1. Onder Seksie C, hier langsaan, word daar gepraat van ***HIV/AIDS*** en later van ***HIV/VIGS***.

Sou jy sê HIV/VIGS is dieselfde as HIV/AIDS? | Ja=1 | Nee=2 |

C1.2. Waarvoor staan HIV:

C1.3. Waarvoor staan VIGS:

C1.4. By punt 1C wat verstaan jy as ***Opgebreek***:

C1.5. Skryf punt 1G, *Jou maagdelikheid verloor (seks gehad)* in jou eie woorde oor:

C2.1. Het jy Vraag 2 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

| Lees maklik | 1 |
| **twee** of meer keer GELEES | 2 |

C.2.2. Skryf hierdie Vraag 2 oor TV programme, in jou eie woorde oor:

C3. Skryf Vraag 3, hier langsaan, in jou eie woorde oor:

C4. Gee die Engelse woorde en/of verduidelik wat elkeen van die volgende beteken:

Beurs

Sak

Handsak

C5.1. Is Vraag 5, hier langsaan, vir jou duidelik? | Ja=1 | Nee=2 |

C5.2. LEES Vraag 5 saam met punt **E**. Maak dit vir jou sin?

| Maak sin | 1 |
| Maak nie sin nie | 2 |

Afrikaans original translation (M1 & E1)

SEKSIE D

ROOK JY?

1. Watter een van die stellings beskryf jou die beste? (KIES NET EEN ANTWOORD)		*Kantoorgebruik*	
Ek rook minstens een keer per dag	1		
Ek rook nie elke dag nie, maar rook ten minste een keer 'n week	2		
Ek rook nie elke week nie, maar rook ten minste een keer 'n maand	3		
Ek rook minder as een keer per maand	4		
Ek rook so af en toe	5		
Ek het opgehou rook nadat ek minstens een keer per week gerook het	6		
Ek het opgehou rook, nadat ek altyd minder as een keer per week gerook het	7		
Ek het so af en toe gerook, maar nou rook ek nie meer nie	8		
Ek het nog nooit gerook nie, nie eers 'n trek/skuif gevat nie	9		53

AS EK ROOK (OF SOU GEROOK HET)...

Die volgende vrae begin met 'as rook (of sou gerook het)'. As jy rook, beantwoord hierdie vrae eerlik. As jy nie rook nie probeer jou indink hou rook jou sou affekteer indien jy wel sou gerook het.

2. As ek rook (of sou gerook het) sal ek dit beskou as: (MERK SLEGS EEN ANTWOORD)			
Baie plesierig (aangenaam)	1		
Plesierig (aangenaam)	2		
Redelik plesierig (aangenaam)	3		
Nie plesierig (aangenaam) of onplesierig (onaangenaam) nie	4		
Redelik onplesierig (onaangenaam)	5		
Onplesierig (onaangenaam)	6		
Baie onplesierig (onaangenaam)	7		
Ek weet nie	8		54

3. As ek rook (of sou gerook het):			
Sal dit my baie ontspanne laat voel	1		
Sal dit my ontspanne laat voel	2		
Sal dit my bietjie ontspanne laat voel	3		
Sal dit my nie ontspanne of gespanne laat voel nie	4		
Sal dit my bietjie gespanne laat voel	5		
Sal dit my gespanne laat voel	6		
Sal dit my baie gespanne laat voel	7		
Ek weet nie	8		55

Afrikaans original translation (M1 & E1)

D1.1. By Vraag 1.3 (derde opsie), hier langsaan, staan *een keer 'n maand*, en by punt 4 *een keer per maand*.

Dink jy daar is 'n verskil tussen *'n maand* en *per maand*? | Ja=1 | Nee=2 |

D1.2. Watter een gebruik jy gewoonlik?

'n maand	1
per maand	2

D1.3. By Vrae 1.5 en 1.8, hier langsaan, hoe dikwels is *af en toe* vir jou?

selde	1
soms	2
nie dikwels nie	3
een keer 'n week	4
een keer 'n maand	5
Iets anders?	6

D1.4. By Vraag 1.9, wat word bedoel met *'n trek/skuif*?

D2.1. Beteken *plesierig* en *aangenaam* vir jou dieselfde (Vraag 2)?

Dieselfde	1
Nie dieselfde nie	2

D2.2. Gee 'n Afrikaanse woord wat vir jou *pleasant* beskryf:

genotvol	1
prettig	2
lekker	3
plesierig	4
aangenaam	5
Iets anders?	6

D3.1. By Vraag 3, watter Afrikaanse woord sou jy vir *relaxed* gekies het?

doodkalm	1
rustig	2
bedaard	3
koel	4
ontspanne	5
Iets anders?	6

D3.2. Watter woord sou jy vir *stressed* uit die volgende keuses gekies het?

gestres	1
senuweeagtig	2
senuagtig	3
oorspanne	4
gespanne	5
Iets anders?	6

DRUK OM TE ROOK

Met druk bedoel ons dat jy dink ander mense wil hê jy moet rook. Byvoorbeeld: Jy is saam met jou vriende en een van hulle het 'n pakkie sigarette. Jy wil dit graag weier, maar is bang dat jy sal nie meer deel van die groep sal wees as jy so maak nie. 'n Ander voorbeeld is iemand gee jou 'n sigaret, jy will dit nie hê nie en sê so, maar hy/sy dring daarop aan dat jy rook.

4. Het jy al gevoel dat iemand druk op jou uitoefen om te rook?		*Kantoorgebruik*	
Baie dikwels	1		
Dikwels	2		
Soms	3		
Byna nooit	4		
Nooit	5		56
5. Het jou onderwysers al ooit druk op jou uitoefen om te rook?			
Baie dikwels	1		
Dikwels	2		
Soms	3		
Byna nooit	4		
Nooit	5		

6. Watter een van die stellings beskryf jou die beste? (KIES NET EEN ANTWOORD)			
Ek is seker dat ek nooit sal begin rook nie	1		
Ek dink dat ek nooit sal begin rook nie	2		
Ek dink dat ek een of ander tyd in die toekoms sal begin rook	3		
Ek dink dat ek in die volgende vyf jaar sal begin rook	4		
Ek dink dat ek in die volgende jaar sal begin rook	5		
Ek dink dat ek in die volgende 6 maande sal begin rook	6		
Ek dink dat ek in die volgende maand sal begin rook	7		
Ek rook alreeds	8		58

Afrikaans original translation (M1 & E1)

Kantoor-gebru

D4. Kyk na die 2de punt by Vraag 4, hier langsaan. Wat beskou jy as *dikwels*?

Daagliks	1
Elke week	2
Elke maand	3
Gereeld	4
Het al 'n paar keer	5
Iets anders	6

D5. Het jy Vraag 5 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

Lees maklik	1
twee of meer keer GELEES	2

D6. Het jy 8 keuses by Vraag 6 moeilik verstaan (moes jy dit byvoorbeeld **twee** of meer keer LEES)?

Lees maklik	1
twee of meer keer GELEES	2

BAIE DANKIE, ONS WAARDEER REGTIG JOU HULP

APPENDIX C

MEDICAL AND EVALUATION QUESTIONNAIRE

Drawn up from translated questions that were used in various research studies

Dear Student,

With this questionnaire we would like to establish how well readers understand the questions in medical questionnaires. This is part of a study on translations of medical questionnaires. There are two questionnaires that you will fill in at the same time. The medical questions are in Xhosa on the left, while the evaluation questionnaire is in English on the right hand pages.

Please note that the information you give will be treated confidentially, and personal details will only be seen by the researchers for control purposes. Your name will not be attached to your answers, as we will detach this first page.

This is **not** a test and there are no right or wrong answers. We would like your honest opinions and beliefs, as well as determine the Xhosa you understand best.

The results will be used to develop medical questionnaires to be more user-friendly. The improved questions will be drawn up on the basis of your responses. Therefore, your participation is important to us. The new questionnaire will also be brought to you for testing.

	Office use		
Name: .... code			
Age:...			
Grade & class:			

Original Xhosa translation (M1 & E1)

MEDICAL QUESTIONNAIRE

ICANDELO A

Code		1

Xa uphendula lemibuzo ilandelayo nceda ucinge ngokubhekiselele ekuseleni iziselo ezi 5 ngangaphezulu ezinxilisayo ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo.

Nceda uphendule yonke imibuzo, nokuba awuseli,

IMIZEKELO

Umzekelo

Ukuba ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kweziveki zimbini zizayo akulochulumanco kuwe, usenokukuphendula wenjeje:

Kum ukusela amaxa asisihlanu okanye ngaphezulu ngethuba elinye kweziveki zimbini zizayo ku/kunga:

DIKA   LUCHULUMANCHO

1	2	3	4	5
Ngokugqthi-seliyo	*kancinci*	*akudiki kungelulo nochulumango*	*kancinci*	*ngokugqugqthi-sileyo*

Ngoku ke kha uqalise ngombuzo 1a). Nceda uphendule lemibuzo ilandelayo ngokuthi uzobe isangqa kwinani elihambelana nempendulo yakho.

1. Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kweziveki zimbini zizayo.

a) **Kokungonwabisiyo**   **Kuyonwabisa** *Kokwe-ofisi*

1	2	3	4	5	
Ngokugqthi-sileyo	kancinci	akukuko okonwabisayo kungekuko nokungonwabisiyo	kancinci	ngokugqugqthi sileyo	☐ 2

b) **Akundichazi**   **Kuyandichaza**

1	2	3	4	5	
Ngokugqthi-sileyo	kancinci	akukuko okuchulumancisayo kungekuko nokungachulumancisiyo	kancinci	ngokugqugqthi sileyo	☐

c) **Bububulumko**   **Bubudenge**

1	2	3	4	5	
Ngokugqthi-sileyo	kancinci	akubobulumku bungebobudenge	kancinci	ngokugqugqthi-sileyo	☐ 4

1

Original Xhosa translation (M1 & E1)

EVALUATION QUESTIONNAIRE

Code		

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE MEDICAL QUESTIONNAIRE IN **ENGLISH OR XHOSA**, WHERE APPLICABLE. **REMEMBER** WHEN YOU ANSWER THIS EVALUATION QUESTIONNAIRE WE WANT TO KNOW HOW WELL YOU UNDERSTOOD THE XHOSA TRANLATION OF THE MEDICAL QUESTIONS ON THE OPPOSITE PAGES. **Mark or underline words OR sentences you do not know or understand with a red pen, or any colour koki or highlighter.**

By answering these questions in all honesty you will help researchers to draw up questionnaires that everybody will be able to understand.

	Office use
Q1. On the front page of the medical and evaluation questionnaire this study is explained. **Please explain how you understand the purpose of this study:**	
	2

SECTION A	**Encircle or tick your answer to each question**

A1.1. Look at the example given to help you answer the questions. Indicate which word you would prefer to use as an opposite of **DIKA**?

Luchulumanco	1
Akudiki	2
Your own choice:	3

A1.2.1. Did you have to read question 1 two or more times?

Easy to read	1
Read two **or more times**	2

A1.2.2. Is there a difference between **ITHUBA** and **IXESHA**?

Yes=1	No=2

A1.2.3. If YES, explain what the difference is:

A1.2.4. What is a suitable negative word for **KUYONWABISA**?

Akonwabisi	1
Kokungonwabisiyo	2

A1.3. When you say –**oku kuyandichaza**, does this mean that you

Like something	1
Dislike something	2
Your own choice:	3

A1.4.1. In question 1c. can **BUBULUMKO** and **BUBUDENGE** be used as opposites?

Yes=1	No=2

A1.4.2. If NO, what words would you use?

10

2

Original Xhosa translation (M1 & E1)

1. Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kweziveki zimbini zizayo

d) Akulunganga   **Kulungile**   *Kokwe-ofisi*

1	2	3	4	5	
Ngokugqthi-sileyo	kancinci	akukuko okulungugileyo kungekuko nokugalunganga	kancinci	ngokugqthi sileyo	☐ 5

e) Kutyeshile   **Kusemgceni**

1	2	3	4	5	
Ngokugqthi-sileyo	kancinci	akukuko mgceni kungatyeshanga	kancinci	ngokugqthi sileyo	☐

2. Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo esi-5 okanye ngaphezulu ngexesha elithile ngethuba elithile kweziveki zimbini zilandelayo.

ANDIVUMELANI   **NDIYAVUMELANA**

1	2	3	4	5	
Ngokugqithi-sileyo	kancinci	asikokuba ndiyavumelana okanye andivumelani noko	kancinci	ngokugqithi-sileyo	☐

3. Mna ndingumntu othanda ukuvavanya izinto nokuthatha inxaxheba kwizinto ezoyikekayo nezinobungozi.

ANDIVUMELANI   **NDIYAVUMELANA**

1	2	3	4	5	
Ngokugqithi-sileyo	kancinci	asikokuba ndiyavumelana okanye andivumelani noko	kancinci	ngokugqithi-sileyo	☐

4. Ndizithatha njengoso-`party'

ANDIVUMELANI   **NDIYAVUMELANA**

1	2	3	4	5	
Ngokugqithi-sileyo	kancinci	asikokuba ndiyavumelana okanye andivumelani noko	kancinci	ngokugqithi-sileyo	☐ 9

5. Inokuba yengalunganga kakhulu ngokwesithethe sethu into yokuba ndisele iziselo ezi-5 okanye ngaphezulu ngexesha elinye ngethuba elithi kweziveki zimbini zilandelayo.

ANDIVUMELANI   **NDIYAVUMELANA**

1	2	3	4	5	
Ngokugqithi sileyo	kancinci	asikokuba ndiyavumelana okanye andivumelani noko	kancinci	ngokugqithi sileyo	☐ 10

Original Xhosa translation (M1 & E1)

	Office use

A1.5.1. Is there a difference between **KULUNGILE** and **KUSEMGCENI**?　　Yes=1 ｜ No=2 ｜ ▢　　11

A1.5.2. Is the word, **KUTYESHILE** a better opposite for **KULUNGILE** or **KUSEMGCENI**?

Yes=1 ｜ No=2 ｜ ▢

A1.5.3. If NO, supply another opposite word:

▢

- -

A2. Did you have to READ question 2 more than once?

Easy to read	1
Read **two** or more times	2

▢

A3.1. Do you understand the meaning of **EZOYIKEKAYO** and **EZINOBUNGOZI**?　　Yes=1 ｜ No=2 ｜ ▢

A3.2. Explain what the meaning is by giving examples:

▢

▢

- -

A4.1. Did you have to READ question 4 more than once?

Easy to read	1
Read **two** or more times	2

▢

A4.2. What Xhosa word would you prefer for uso - 'party'?

▢

- -

A5.1. Did you have to READ question 5 more than once?

Easy to read	1
Read **two** or more times	2

▢　　20

A5.2. What words gave you problems?

▢

- -

▢

- -

▢

- -

▢

A5.3. For question 5 would you prefer another Xhosa word for **ISITHETHE**?　　Yes=1 ｜ No=2 ｜ ▢

A5.4. If YES, what word would you prefer?

isiko	1
isithethe	2
imfundiso	3
	4

Your own choice:

26

4

Original Xhosa translation (M1 & E1)

ICANDELO B

1. Nazi iinkcazelo. Njengokuba ufunda nganye, yenza isigqibo sokuba ingaba iyakuchaza na okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. Phawula okukhethileyo ekufike kuqala okukufutshane enyanini.

		Yinyani	kodwa Yinyani hayi kakhulu	Ayiyonyani kodwa hayi kakhulu	Ayiyonyani	Kokwe-ofisi
A.	Xa ndisenza isigqibo ndisoloko ndihamba ngendlela abazali bam abandifundise ngayo	1	2	3	4	11
B	Xa kukho imithetho nemi miselo phambi kwam, ngamanye amaxesha andiyihoyi……………	1	2	3	4	
C	Ukuba andiwuthandi umyalelo endiwunikiweyo, ndingangawenzi, okanye ndenze isuntswana layo………………	1	2	3	4	
D	Kusoloko kusithiwa ndineenkani okanye fane ndicaphuke ………..	1	2	3	4	
E	Phantse andikhe ndiye into eyingozi	1	2	3	4	
F	Ukuba ndiziva ndingafuni ukwenza into endiyixelelweyo, ndiyadukisa okanye ndingayenzi…..	1	2	3	4	
G	Ndinendlela ekhathalayo nezimiseleyoyokuziphatha ngakubomi…	1	2	3	4	

2. Koku kulandelayo, nceda bonisa ukuba akulunganga njani.

		Akulunganga	Asikuba akulunganga	Akulunganga Kancinci	Akulunganga Kakhulu	Kokwe-ofisi
A.	Ukuqweba ileta yeqhinga osuka nalo endlwini	1	2	3	4	
B.	Ukudibana nabanye nisele	1	2	3	4	
C.	Ukutshaya intsangu……	1	2	3	4	
D.	Ukwenza umngxuma kwikhondom ngaphandle kokuxelela iqabane lakho…..	1	2	3	4	21

3. Nceda ubonise ukuba bangaphi abahlobo bakho abanokuchazwa koku kulandelayo. Bangaphi abahlobo bakho….

		Akekho	Bambalwa	Abanye	Baninzi	Kokwe-ofisi
A.	Abadoja iiklasi…	1	2	3	4	22
B.	Abaye baqhatha kwiimviwo ……………	1	2	3	4	
C.	Abangayeka esikolweni ………..	1	2	3	4	
D.	Abakhe balwa esikolweni okanye emsebenzini.	1	2	3	4	
E.	Abatshaya iisigarethi rhoqo ………………	1	2	3	4	
F.	Abasela utywala (ibhiya iwayini, ihot-stuff) kanye ngeveki	1	2	3	4	
G.	Abakhe basebenzisa intsangu ……….	1	2	3	4	
H.	Abakhe basebenzisa iziyobisi ezingekho mthethweni ezifana necocaine, crack, heroin, mandrax	1	2	3	4	
I.	Abakhe badibana ngesondo	1	2	3	4	30

Original Xhosa translation (M1 & E1)

SECTION B	Office use

B1.1. When you READ questions 1E and 1G of the medical questionnaire did you have to READ them **two** or more times?

Read once only	1
Read **TWICE** or more times	2

27

B1.2. If you were to choose *true* or *false* for the following statements what would your choice be?

1) Phantse andikhe ndiyenze into eyingozi	True =	1	False =	2
2) Indlela endiziphethe ngayo ibonakalisa inkathalo nokuzimisela	True =	1	False =	2

B2.1. Which of the points in question 2 did you find most difficult?

2A	2B	2C	2D

B2.2. Explain what made it difficult for you to understand:

B3.1. Which of the points in question 3 did you have to READ two or more times?
*Tick the appropriate numbers you READ more **two**/more times*

Read **two**/more times	
3A	
3B	
3C	
3D	
3E	
3F	
3G	
3H	

B3.2. Explain what you did not understand:

43

6

> Le mibuzo ilandelayo ngeyonxibelelwano lothando oluqinisekileyo onalo nomnye umntu.

4. Ngokwanguku ingaba unaye na umntu othandana naye?

Ewe	1	Nceda phendula le mibuzo ilandelayo malunga nonxibelelwano onalo ngoku
Hayi..............	2	Nceda phendula le mibuzo ilandelayo malunga nonxibelelwano olugqithileyo

3·

5. Iqabane lakho eliyindoda/mfazi selikhe lazisebenzisa ezi ziyobisi zingezantsi? Enza isangqa ku 1 <u>zange</u> libe nengxaki yesiyobisi. Yenza isangqa ku 2 ukuba lo mntu <u>selekhe</u> wazisebenzisa. Enza oku kuso nganye isiyobisi.

	Isigarethi		Utywala		Intsangu		Ezinye Iziyobisi ngaphandle kwentsangu	
Ingxaki yeqabane	<u>Hayi</u>	<u>Ewe</u>	<u>Hayi</u>	<u>Ewe</u>	<u>Hayi</u>	<u>Ewe</u>	<u>Hayi</u>	<u>Ewe</u>
Eliyindoda/mfazi	1	2	1	2	1	2	1	2

6. Bangaphi abantu owabelane nabo ngeenaliti zokusebenzisa iziyobisi?

Abekho	1
1 okanye 2...	2
3..	3
4..	4
5 okanye ngaphezulu	5

33

ICANDELO C

> Enye indlela umntu anokufumana ngayo i-HIV/AIDS zezinye iindlela zokuziphatha ngokwesondo. Ke sibuza abantu abakobudala bakho imibuzo ngendlela yabo yokuziphatha ukusinceda sifumane iindlela zokunqanda ukunwena kwesi sifo. Kodwa ke, asiyiyo yonke imibuzo esiyibuzayo echaphazela i-AIDS.

1. Wakhe wakwenza oku kulandelayo?	Hayi	Ewe	Kokwe-ofisi
A. Uphume nomntu wakho rhoqo	1	2	34
B. Ube seluthandweni nzulu	1	2	
C. Wahlukane nendoda / nentombi	1	2	
D. Niphuzane nzulu (ngamalwimi)............................	1	2	
E. Niphathaphathane	1	2	
F. Utyhalwe ngumntu ukuba nilalane	1	2	
G. Ulahle ubunyulu – ube nendibano yesondo	1	2	
H. Ube nesifo sokulalana	1	2	
I. Uthathe utywala okanye iziyobisi kwiyure ezimbalwa phambi kokulalana	1	2	

7

Original Xhosa translation (M1 & E1)

	Office use
B4. How do people who are in love refer to each other in Xhosa?	44

B5. Did you have to READ question 5 **two** or more times?

Read once only	1
Read TWICE or more times	2

B6. Question 6 is about sharing needles, did you have to READ it **two** or more times?

Read once only	1
Read TWICE or more times	2

47

SECTION C	**Office use**
C1.1. What do you think **HIV/AIDS** is?	48
C1.2. Do you know what the meaning of the word *ubunyulu* is? Yes=1 No=2	
C1.3. Could you supply a better Xhosa word?	
C1.4. In question 1, which point was the most difficult for you?	
C1.5. Explain why this point was difficult to understand:	53

8

Original Xhosa translation (M1 & E1)

2. Ngaphandle kweendaba, iinkqubo ze TV ozibukelayo zi……

Nokulalana okuninzi…………………………………………… 1
Nokulalana okuninzana………………………………………… 2
Nokulalana okuncinci…………………………………………… 3
Azinakulalana…………………………………………………… 4
Andiyibukeli iTV………………………………………………… 5

43

Masiye kolunye uhlobo lwemibuzo. Le mibuzo ilandelayo ingokusetyenziswa kwekhondom.

3. Kukangaphi uceba ukusebenzisa ikhondom, nangona usenokungayisebenzisi?

Zange………………………………………………………… 1
Ngamaxesha athile…………………………………………… 2
Ngamanye amaxesha………………………………………… 3
Rhoqo………………………………………………………… 4
Lonke ixesha………………………………………………… 5

	Hayi	Ewe
	1	2

4. Uyayigcina ikhondom epokothweni, ebegini yakho?

Njengoko besele sitshilo ekuqaleni, namhlanje abantu abaninzi bathetha nge HIV/AIDS. Kubalulekile ukwazi ukuba abantu abancinci bacinga yaye bazi ntoni nge HIV/AIDS. Le mibuzo ingezantsi imalunga nalo mba

5. Bonisa ukuba ucinga ukuba ungazikhusela na kwi HIV/AIDS ngoku:

	Ewe	Qinisekanga	Hayi
A. Hlala neqabane elinye elinyanisekileyo ……………………………	1	2	3
B. Sebenzisa ikhondom xa unendibano yesondo ……..	1	2	3
C. Kuba nendibano yesondo nomntu onyulu ………………	1	2	3
D. Qinisekisa ukuba uhlatywa ngenaliti ecocekileyo ……………	1	2	3
E. Ngokubolekisana ngenaliti esetyenziswengomnye umntu yokufaka isiyobisiemzimbeni …………………	1	2	3
F. Ndingabi nendibano yesondo …………………………………	1	2	3

51

ICANDELO D

INGABA UYATSHAYA NA?

1. Yeyiphi kule ngcazelo ekuchaza kakuhle kakhulu? (KHETHA IMPENDULO IBENYE)		*Kokwe-ofisi*
Nditshaya okungenani kanye ngosuku	1	
Anditshayi mihla yonke, koko kanye evekini	2	
Anditshayi veki zonke, koko kanye enyangeni	3	
Nditshaya ngamaxesha athile	4	
Ndizama ukutshaya kanye emva kwethuba elide	5	
Ndiyekile ukutshaya emveni kokuba nditshaye okungenani kanye ngeveki	6	
Ndiyekile ukutshaya, bendisoloko nditshaya	7	
Ndikhe ndazama ukutshaya kanye, kodwa andisatshayi konke-konke	8	
Andizange ndatshaya icuba nakanye	9	52

9

Original Xhosa translation (M1 & E1)

	Office use

C2.1. Question 2, is about the TV and whether you prefer to watch sex. Is there something that you would like to add, e.g. –**nobundlobongela obuninzi** – too much violence? | Yes=1 | No=2 | | 54

C2.2. Explain what would you like to add if any:

C3. Did you have to READ question 3 more than once?

Read once only	1
Read TWICE or more times	2

C4. Explain where else you would keep a condom if you used one:

C5.1. Did you have to READ points A - F of question 5 **two** or more times?

	Once only	Twice or more times
5A	1	2
5B	1	2
5C	1	2
5D	1	2
5E	1	2
5F	1	2

64

C5.2. Explain what problems you had with the points you had to READ **two** or more times

----

SECTION D	Office use

D1.1. Can you give the meaning of **okungenani** in question 1.1?

65

D1.2. Write this question 1.1 in your own words as you understand it:

D1.3. Write question 1.6 in your own words as you understand it:

67

Original Xhosa translation (M1 & E1)

UKUBA NDIYATSHAYA . (OKANYE BENDINOKUTSHAYA)...

Umbuzo olandelayo uqala ngo 'ukuba ndiyatshaya(okanye bendinokutshaya)'. Okokuba uyatshaya nceda uphendule imibuzo ngokunyanisekileyo. Cinga okokubangaba ubutshaya belinokukuchaphazela njani icuba.

2. Ukuba ndiyatshaya(okanye bendinokutshaya) Bendinokuva: (KHETHA IMPENDULO IBENYE)		*Kokwe-ofisi*
Kumnandi kakhulu	1	
Kumnandi	2	
Kumnandana	3	
Kumnandi okanye kukubi	4	
Kukubana	5	
Kukubi	6	
Kukubi kakhulu	7	
Andazi	8	53
3. Ukuba ndiyatshaya (okanye bendinokutshaya)		
Beliyakundenza ndizive ndiphumle kakhulu	1	
Beliyakundenza ndiphumle	2	
Beliyakundenza ndibe nokuphumla okungephi	3	
Beliyakundenza ndizive ndiphumlile okanye ndidinwe ingqondo	4	
Beliyakundenza ndizive ndinokudinwa kwengqondo okungephi	5	
Beliyakundenza ndizivendidinwe igqondo	6	
Beliyakundenza ndizivendidinwe igqondo kakhulu	7	
Andazi	8	54

IFUTHE LOKUTSHAYA

Nge futhe lokutshaya sithetha ukuthi ucinga okokuba abanye abantu bafuna utshaye.Umzekelo,unabahlobo abambalwa omnye kubo unepakethe yecigarettes. Awunako nje ukulandula icigarette kuba usoyika okokuba akusayi kuba ngomnye wequmrhu. Omnye umzekelo kuxa umntu ekupha icigarette, uyasilandula kwaye uyakuthetha oko kodwa yena aqhubeke ekunyanzelisa okokuba utshaye.

4. Wakha wafumana ifuthe lokutshaya kwabanye abantu?		*Kokwe-ofisi*
Maxa onke	1	
Maxa amaninzi	2	
Maxa athile	3	
Amathuba ambalwa	4	
Zange	5	
5. Wakha wafumana ifuthe lokutshaya kotitshala bakho?		
Maxa onke	1	
Maxa amaninzi	2	
Maxa athile	3	
Amathuba ambalwa	4	
Zange	5	56

Original Xhosa translation (M1 & E1)

	Office use

D2.1. In question 2 what is the difference between **kubi** and **Kubana**?

67

D2.2. In question 2 what is the difference between **kumnandi** and **kumnandana**?

D3. Explain the difference between **Beliyakundenza ndizive ndiphumlile okanye ndidinwe ingqondo** in question 3.4 and **Beliyakundenza ndizive ndinokudinwa kwengqondo okungephi** in the next point:

D4. Which of the following terms is the most appropriate to use in the **explanation** to questions 4 and 5:

a) ipakethe yecigarettes	1
b) ipakethi yecigarettes	2
c) ipakethi ye-cigarettes	3
d) ipakethi yeesigarethi	4

70

D5.1 What is the meaning of the word – **ifuthe?**

D5.2 Do you think there is a difference between amaxa athile and amathuba ambalwa

Yes	1
No	2

D5.3 If YES what is the difference?

Original Xhosa translation (M1 & E1)

6. Yeyiphi kule ngcazelo ekuchaza kakuhle kakhulu **(Beka uphawu kwimpendulo kuphela)**			
Ndiqinisekile okokuba soze ndaqalisa ukutshaya	1		
Ndicinga okokuba soze ndaqalisa ukutshaya	2		
Ndicinga okokuba ndiyakuqalisa ukutshaya apha ekuhambeni kwethuba	3		
Ndicinga okokuba ndiyakuqalisa ukutshaya eminyakeni emihlanu ezayo	4		
Ndicinga okokuba ndiyakuqalisa ukutshaya kunyaka ozayo	5		
Ndicinga okokuba ndiyakuqalisa ukutshaya kwinyanga ezintandathu ezizayo	6		
Ndicinga okokuba ndiyakuqalisa ukutshaya kwinyanga ezayo	7		
Sele nditshaya kwangoku	8		57

Original Xhosa translation (M1 & E1)

D6. What points did you find difficult to understand in question 6, or had to READ it two or more times?

Tick the appropriate numbers you READ two or more times

Read **two** or more times		
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		
6.7		
6.8		82

Enkosi ngokuvuma kwakho ukuthabatha inxaxheba kolu phando!

14

APPENDIX D

MEDIESE EN EVALUERINGSVRAELYS

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AFDELING A

GEDRAG EN ALKOHOLINNAME | Kode

Dink daaraan hoe dit vir jou sal wees om gedurende die volgende 2 weke op een of ander geleentheid **5 of meer alkoholiese drankies** per keer (geleentheid) te drink.

BEANTWOORD NOU ASSEBLIEF ALLE VRAE, al drink jy nie.

Trek 'n sirkel om die syfer wat ooreenstem met jou antwoord

1a **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:**

Baie aangenaam	Aangenaam	Onaangenaam	Baie onaangenaam
1	2	3	4

1b **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:**

Baie opwindend	Opwindend	Vervelig	Baie vervelig
1	2	3	4

1c **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:**

Baie verstandig	Verstandig	Onverstandig	Baie onverstandig
1	2	3	4

1d **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:**

Baie ordentlik	Ordentlik	Onbehoorlik	Baie onbehoorlik
1	2	3	4

1e **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:**

Heeltemal reg	Reg	Verkeerd	Heeltemal verkeerd
1	2	3	4

AFDELING A

GEDRAG EN ALKOHOLINNAME

| Kode | | |

BEANTWOORD NOU ASSEBLIEF ALLE VRAE IN HIERDIE AFDELING

Trek 'n sirkel om die syfer wat ooreenstem met jou antwoord

1. **Het jy Afdeling A se verduideliking maklik gevolg of moes jy dit meer as een keer lees?**

Maklik gevolg	Meer as 1 keer gelees
1	2

1a. **Trek 'n sirkel om die vrae 1a tot 1e wat jy meer as EEN keer moes lees?**

1a	1b	1c	1d	1e

1b. **Trek 'n sirkel om die antwoord van jou keuse op die vraag hieronder:**
Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink sal vir my soos volg wees:

baie aangenaam	aangenaam	om 't ewe	onaangenaam	baie onaangenaam
1	2	3	4	5

1c. **Is die keuse *onbehoorlik* by vraag 1d 'n goeie teenoorgestelde keuse vir *ordentlik*?**

Goeie keuse	Swak keuse
1	2

1d. **Merk watter woord sou jy as teenoorgestelde vir *ordentlik* verkies?**

onfatsoenlik	1
onordentlik	2
onwelvoeglik	3
onbehoorlik	4
Eie keuse:	5

Gee jou mening oor die volgende stellings:

2. **Die mense wat belangrik is in my lewe dink ek moet 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke drink**

Stem volkome saam	Stem saam	Stem nie saam nie	Stem glad nie saam nie
1	2	3	4

3. **Ek is die soort persoon wat daarvan hou om te eksperimenteer en kanse te waag**

Stem volkome saam	Stem saam	Stem nie saam nie	Stem glad nie saam nie
1	2	3	4

4. **Ek dink aan myself as 'n partytjiedier**

Stem volkome saam	Stem saam	Stem nie saam nie	Stem glad nie saam nie
1	2	3	4

5. **Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink is teen my beginsels**

Stem volkome saam	Stem saam	Stem nie saam nie	Stem glad nie saam nie
1	2	3	4

AFDELING B

1. **Hieronder volg 'n paar stellings. Besluit of dit <u>jou</u> beskryf of nie. Moenie te lank oor 'n vraag nadink nie.**

   Merk die keuse wat jou dadelik opval as die naaste aan die waarheid

		Heeltemal waar	Meestal waar	Meestal onwaar	Heeltemal onwaar
A)	Wanneer ek 'n besluit neem, volg ek gewoonlik die reëls wat my ouers my geleer het	1	2	3	4
B)	Wanneer reëls en regulasies in my pad kom, ignoreer ek hulle somtyds	1	2	3	4
C)	As ek nie van 'n opdrag hou nie, sal ek dit miskien nie doen nie, of dalk net 'n deel daarvan doen	1	2	3	4
D)	Daar word dikwels gesê ek is 'n persoon wat gou kwaad word of 'n slegte humeur het	1	2	3	4
E)	Ek doen amper/byna nooit iets gevaarliks nie	1	2	3	4
F)	As ek nie lus voel om iets te doen wat vir my gesê word nie, stel ek dit dikwels uit, of doen dit net glad nie	1	2	3	4
G)	Ek het 'n ernstige lewenshouding en maak versigtige keuses	1	2	3	4

2. **Het jy vraag 2 maklik gevolg of moes jy dit meer as EEN keer lees?**

Maklik gevolg	Meer as 1 keer gelees
1	2

3. **By vraag 3 verkies jy *Stem volkome saam* of *Stem sterk saam* as 'n keuse?**

Stem **sterk** saam	Stem **volkome** saam
1	2

4. **Beskryf wat jy verstaan as 'n *partytjiedier*, sien vraag 4 hier langsaan**

5a. **Maak 'n kruis by die antwoord van jou keuse op die vraag hieronder:**
Om 5 of meer drankies per keer op een of ander geleentheid gedurende die volgende 2 weke te drink is teen my beginsels

stem volkome saam	stem saam	om 't ewe	stem nie saam nie	stem glad nie saam nie

5b. **By vraag 5, is *teen jou beginsels* vir jou dieselfde as om *teen jou morele waardes te gaan*?**

Dieselfde	Nie dieselfde nie
1	2

6. **Oor die algemeen, kon jy Afdeling A se vrae maklik volg en verstaan?**

Ja	Nee
1	2

AFDELING B

1a. **Merk die nommers (vraag 1A tot 1G) wat jy meer as een keer moes lees**

A)	B)	C)	D)	E)	F)	G)

1b. **Skryf vraag 1C in jou eie woorde oor soos jy dit verstaan**

1c. **Hoe leef iemand wat 'n *ernstige lewenshouding* het en *versigtige keuses* maak:**

2. **Hoe verkeerd (of reg) dink jy is die volgende?**

(Antwoord, al is dit nie op jou van toepassing nie)

		Heeltemal reg	Reg	Verkeerd	Heeltemal verkeerd	
A)	Om self 'n afwesigheidsbrief namens jou ouers/voogde aan die skool te skryf	1	2	3	4	
B)	Om saam met ander bymekaar te kom om te drink	1	2	3	4	
C)	Om dagga (marijuana of hashish) te rook	1	2	3	4	
D)	Om 'n gaatjie in jou kondoom te maak sonder dat jou maat (met wie jy seksueel verkeer) daarvan weet	1	2	3	4	

3. **Dui aan hoeveel van jou vriende met die volgende tipe gedrag verbind kan word**

Hoeveel van jou <u>vriende</u>		Geen vriende	Min vriende	Heelwat vriende	Meeste vriende	
A)	bank klasse (draai stokkies)	1	2	3	4	
B)	kul in eksamens	1	2	3	4	
C)	dink daaraan om skool te verlaat	1	2	3	4	
D)	raak betrokke by ernstige bakleiery by die skool	1	2	3	4	
E)	rook gereeld sigarette	1	2	3	4	
F)	drink alkohol (bier, wyn, sterk drank) ten minste een keer per week	1	2	3	4	
G)	het al ooit dagga (marijuana of hashish) gebruik	1	2	3	4	
H)	het al ooit enige ander onwettige dwelms gebruik, soos kokaïne, crack, heroïne of mandrax	1	2	3	4	
I)	het al ooit seks gehad	1	2	3	4	

Die volgende vrae gaan oor die mees ernstige romantiese verhouding wat jy met 'n ander persoon het, of gehad het as jy nie nou in een is nie. Omkring die antwoorde wat op jou van toepassing is.

4a. **Het jy op die oomblik 'n meisie (girlfriend) of outjie (burg)?**

Ja	1
Nee	2

Nog nooit 'n meisie of outjie gehad nie	3

▼

Gaan na vraag 5

4b. **Het jou huidige meisie of outjie of enige vorige meisie of outjie al ooit enige van die volgende dwelms of middels gebruik?**

(Jy kan meer as een kies)

Sigarette	Ja=1	Nee=2
Alkohol	Ja=1	Nee=2
Dagga (marijuana)	Ja=1	Nee=2
Ander onwettige dwelms (kokaïne, crack, heroïne, ens)	Ja=1	Nee=2

5. **Met hoeveel van jou dwelm-buddies het jy al dieselfde naald gedeel vir dwelms?**

Niemand nie	1
1 of 2 mense	2
3 mense	3
4 mense	4
5 of meer mense	5
Gebruik nie dwelms nie	6

3

2a. **Is om *'n verskoningsbriefie van die huis na te maak* vir jou dieselfde as om *'n afwesigheidsbrief namens jou ouers te skryf*?**

Dieselfde	Nie dieselfde nie
1	2

2b. **Merk watter punte (A tot D) by vraag 2 jy meer as EEN keer moes lees?**

A)	B)	C)	D)

3a. **Merk watter punte jy nie by vraag 3 verstaan het nie:**
As jy almal verstaan het, gaan na vraag 4a

A)	B)	C)	D)	E)	F)	G)	H)	I)

3b. **Verduidelik wat jy nie verstaan het nie:**

__ __

__ __

__ __

4a. **Is *burg* 'n algemene term wat jy en jou maats gebruik om van 'n outjie te praat?**

Ja	Nee
1	2

4b. **Het jy vraag 4b maklik gevolg of moes jy dit meer as EEN keer lees?**

Maklik gevolg	Meer as 1 keer gelees
1	2

5. **Kon jy vraag 5 maklik verstaan of moes jy dit meer as EEN keer lees?**

Maklik verstaan	Meer as 1 keer gelees
1	2

6. **As daar nog iets in Afdeling B is wat jy nie verstaan of gevolg het nie, skryf dit hier neer:**

__ __

__ __

AFDELING C

Een manier vir mense om MIV/vigs op te doen, is deur onverskillige seksuele gedrag. Daarom vra ons mense van jou ouderdom 'n paar vrae oor hulle gedrag om ons te help vasstel hoe om die verspreiding van hierdie siekte te stop. **Let op dat al die vrae nie net oor MIV/vigs gaan nie**.

1.	Het jy al ooit enige van die volgende gedoen of beleef?	Ja	Nee	Miskien	
A)	Gereeld uitgegaan met 'n meisie of outjie	1	2	3	
B)	Dolverlief geraak op iemand	1	2	3	
C)	'n Outjie of meisie afgesê	1	2	3	
D)	Verdiep geraak in tongsoenery (Franse soene)	1	2	3	
E)	Verdiep geraak in liefkosings (vryery)	1	2	3	
F)	Seks gehad omdat iemand jou onder druk geplaas het om dit te hê	1	2	3	
G)	Jou maagdelikheid (kroon) verloor (seks gehad)	1	2	3	
H)	'n Seksueel oordraagbare infeksie gehad	1	2	3	
I)	Alkohol of dwelms 'n paar uur voor seks geneem	1	2	3	

2. Afgesien van die nuus, het die televisieprogramme wat jy verkies om na te kyk ...

baie seks	1
heelwat seks	2
'n bietjie seks	3
feitlik geen seks nie	4
ek kyk nooit televisie nie	5

Kom ons kyk nou na 'n paar vrae wat oor die gebruik van kondome gaan

3. Hoe dikwels beplan jy om 'n kondoom te gebruik as jy seksueel aktief sou wees? (Meisies antwoord wat hulle van hulle seksmaats sou verwag)

Nooit	1
Af en toe	2
Somtyds	3
Dikwels	4
Altyd	5

4. Hou jy 'n kondoom in jou beursie, broek-, hemp- of roksak, of in jou handsak?

Ja=1	Nee=2

Soos vroeër genoem, praat baie mense deesdae oor MIV/vigs. Dit is belangrik om te weet wat jong mense glo en weet omtrent MIV/vigs. Die volgende vrae is oor hierdie onderwerp.

5. Dui aan of jy dink jy kan jouself teen MIV/vigs beskerm deur die volgende te doen:

		Ja	Nee	Onseker	Miskien	
A)	om by een maat te bly wat nie rondslaap nie	1	2	3	4	
B)	om kondome te gebruik as jy seksueel aktief is	1	2	3	4	
C)	om met 'n maagd seksuele omgang te hê	1	2	3	4	
D)	om seker te maak 'n skoon naald word gebruik vir enige inspuiting wat jy kry	1	2	3	4	
E)	om nie 'n naald met iemand anders te deel vir onwettige dwelmgebruik nie	1	2	3	4	
F)	om weg te bly van seksuele omgang	1	2	3	4	

AFDELING C

1a. Het jy die verduideliking oor MIV/vigs aan die begin van die Afdeling verstaan, of moes jy dit meer as EEN keer lees?

Maklik verstaan	Meer as 1 keer gelees
1	2

1b. Wat is die betekenis van MIV/vigs?

1c. Merk watter opsies jy by vraag 1 meer as EEN keer gelees het?

A)	B)	C)	D)	E)	F)	G)	H)	I)

2. Het jy vraag 2 maklik verstaan of moes jy dit meer as EEN keer lees?

Maklik verstaan	Meer as 1 keer gelees
1	2

3. By vraag 3 oor kondome, dink jy dit is belangrik dat meisies ook besluite moet neem by die gebruik van 'n kondoom?

Belangrik	Nie belangrik nie
1	2

4. Was vraag 4 vir jou duidelik of kan jy daarop verbeter?

Duidelik=1

Verbeter=2   : --

5a. Merk die punte by vraag 5 wat jy nie verstaan het nie, of meer as EEN keer gelees het:

A)	B)	C)	D)	E)	F)

5b. Verduidelik wat jy nie verstaan het nie: *[Verstaan almal=0]*

AFDELING D

ROOK JY?

1. **Kies EEN van die stellings hieronder wat jou die beste beskryf:**

Ek rook minstens een keer per dag	1
Ek rook nie elke dag nie, maar ten minste een keer per week	2
Ek rook nie elke week nie, maar ten minste een keer per maand	3
Ek rook soms	4
Ek het opgehou rook nadat ek minstens een keer per week gerook het	5
Ek het opgehou rook, nadat ek altyd minder as een keer per week gerook het	6
Ek het soms gerook, maar rook nie meer nie	7
Ek het nog nooit gerook nie, nie eers 'n dampie gemaak nie	8

AS EK ROOK, OF SOU GEROOK HET...

Die volgende vrae begin met 'as ek rook, of sou gerook het'. As jy rook, beantwoord asseblief die vrae eerlik. As jy nie rook nie, probeer jou indink hoe dit jou sou raak indien jy wel gerook het.

2. **As ek rook, of sou gerook het, sal ek dit beskou as:**

    (MERK SLEGS EEN ANTWOORD)

Baie aangenaam	1
Aangenaam	2
Redelik aangenaam	3
Redelik onaangenaam	4
Onaangenaam	5
Baie onaangenaam	6
Ek weet nie	7

3. **As ek rook, of sou gerook het, sal dit my:**

    (MERK SLEGS EEN ANTWOORD)

Baie ontspanne laat voel	1
Ontspanne laat voel	2
Bietjie ontspanne laat voel	3
Bietjie gestres laat voel	4
Gestres laat voel	5
Baie gestres laat voel	6
Ek weet nie	7

5

AFDELING D

ROOK JY?

1a. Merk al die stellings by vraag 1 wat jy meer as EEN keer moes lees:

1	2	3	4	5	6	7	8

1b. Was daar genoeg stellings om uit te kies by vraag 1?

(MERK SLEGS EEN ANTWOORD)

Genoeg stellings om uit te kies	1

Nie genoeg stellings om uit te kies nie	2

Nie genoeg stellings om uit te kies nie	2

1c. Verduidelik wat jy verstaan as *'n dampie gemaak*

-- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- --

-- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- --

AS EK ROOK, OF SOU GEROOK HET...

2a. Het jy hierdie vrae eerlik beantwoord?

Ja=1	Nee=2

2b. Het *aangenaam* vir jou dieselfde betekenis as *plesierig*?

(MERK SLEGS EEN ANTWOORD)

Dieselfde betekenis	1
Nie dieselfde betekenis nie	2

2c. Watter woord pas vir jou die beste by rook: *aangenaam* of *plesierig*?

(MERK SLEGS EEN ANTWOORD)

Plesierig	1
Aangenaam	2

3. Verkies jy die woord *gestres* bo *gespanne* by vraag 3?

(MERK SLEGS EEN ANTWOORD)

Ja ek verkies *gestres*	1
Nee ek verkies nie *gestres* nie	2

DRUK OM TE ROOK

Met druk bedoel ons jy dink ander mense wil hê jy moet rook. Byvoorbeeld, jy hang uit saam met jou vriende en een het 'n pakkie sigarette. Jy het nie die moed om 'n sigaret te weier nie omdat jy bang is die groep sal jou dalk nie aanvaar nie. Nog 'n voorbeeld is wanneer iemand vir jou 'n sigaret aanbied en daarop aandring dat jy rook al wil jy nie.

4. **Het jy al ooit gevoel dat ander mense druk op jou uitoefen om te rook?**

Baie dikwels	1
Dikwels	2
Soms	3
Byna nooit nie	4
Nog glad nie	5

5. **Het jy al ooit gevoel dat onderwysers druk op jou uitoefen om te rook?**

Baie dikwels	1
Dikwels	2
Soms	3
Byna nooit nie	4
Nog glad nie	5

6. Kies **EEN** van die stellings hieronder wat jou die beste beskryf?

Ek GLO nie ek sal ooit begin rook nie	1
Ek dink ek sal een of ander tyd in die toekoms begin rook	2
Ek dink ek sal binne die volgende vyf jaar begin rook	3
Ek dink ek sal binne die volgende jaar begin rook	4
Ek dink ek sal binne die volgende 6 maande begin rook	5
Ek dink ek sal binne die volgende maand begin rook	6
Ek rook alreeds gereeld	7
Ek rook net somtyds	8

DRUK OM TE ROOK

4a. **Kon jy die verduidelikings onder *druk om te rook* verstaan, of moes jy hulle meer as EEN keer lees?**

Almal verstaan	Meer as 1 keer gelees
1	2

4b. **Kon jy vraag 4 maklik volg, of moes jy dit meer as EEN keer lees?**

Maklik gevolg	Meer as 1 keer gelees
1	2

5. **Was dit maklik om vraag 5 te volg, of moes jy dit meer as EEN keer lees?**

Maklik gevolg	Meer as 1 keer gelees
1	2

6a. **Merk watter stellings jy meer as EEN keer moes lees?**

1	2	3	4	5	6	7	8

6b. **Was daar genoeg stellings om uit te kies by vraag 6?**

(MERK SLEGS EEN ANTWOORD)

Genoeg stellings om uit te kies	1
Nie genoeg stellings om uit te kies nie	2

7. **Skryf asseblief enige kommentaar of opmerkings in verband met enige van die vrae in dié vraelys wat jy onder ons aandag wil bring hieronder neer:**

_____

_____

_____

_____

_____

WEEREENS BAIE DANKIE VIR JOU HULP

APPENDIX E

MEDICAL QUESTIONNAIRE

ICANDELO A

Code		

Indlela yokuziphatha, nokusela utywala.

Nceda phendula yonke imibuzo nokuba awuseli. Phendula imibuzo ngokuzoba isangqa kwinani elihambelana nempendulo yakho.

Nceda uphendule yonke imibuzo, nokuba awuseli.

Answer the questions by circling the number that corresponds to your response.

1a. **Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo:**

Kungandonwabisa kakhulu	Kungandonwabisa	Akunakundonwabisa	Akunakundonwabisa kakhulu
1	2	3	4

1b. **Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo:**

Kungandidika kakhulu	Kungandidika	Akunakundidika	Akunakundidika kakhulu
1	2	3	4

1c. **Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo:**

Bubulumko kakhulu	Bubulumko	Asibobulumko	Asibobulumko kakhulu
1	2	3	4

1d. **Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo:**

Kulungile kakhulu	Kulungile	Akulunganga	Akulunganga kakhulu
1	2	3	4

1e. **Kum ukusela iziselo ezi-5 nangaphezulu ngexesha elinye ngethuba elithile kwezi veki zimbini zizayo:**

Kungandidika kakhulu	Kungandidika	Andikhethi ndiphakhathi	Akunakundidika	Akunakundidika kakhulu
1	2	3	4	5

1

Xhosa retranslation (M2 & E2)

2. **Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elithile ngethuba leeveki ezimbini ezizayo:**

ndiyavumelana kakhulu	ndiyavumelana	andivumelani	andivumelani kakhulu
1	2	3	4

3. **Mna ndingumntu othanda ukulinga izinto nokuthatha inxaxheba kwizinto ezinobungozi:**

ndiyavumelana kakhulu	ndiyavumelana	andivumelani	andivumelani kakhulu
1	2	3	4

4. **Ndizithatha njengosombadla:**

ndiyavumelana kakhulu	ndiyavumelana	andivumelani	andivumelani kakhulu
1	2	3	4

5. **Ingaba ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elinye kwithuba leeveki ezimbini ezizayo akulunganga ngokwemfundiso yethu:**

ndiyavumelana kakhulu	ndiyavumelana	andivumelani	andivumelani kakhulu
1	2	3	4

6. **Uninzi lwabantu ababalulekileyo kum lucinga ukuba ndifanele ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elithile ngethuba leeveki ezimbini ezizayo:**

ndiyavumelana kakhulu	ndiyavumelana	Andikhethi ndiphakhathi	andivumelani	andivumelani kakhulu
1	2	3	4	5

7. **Ingaba ukusela iziselo ezi-5 okanye ngaphezulu ngexesha elinye kwithuba leeveki ezimbini ezizayo akulunganga ngokwemfundiso yethu:**

ndiyavumelana kakhulu	ndiyavumelana	Andikhethi ndiphakhathi	andivumelani	andivumelani kakhulu
1	2	3	4	5

Evaluation

E4 **Explain question 4 "Ndizithatha njengosombadla" as you understand it to be:**

2

Xhosa retranslation (M2 & E2)

ICANDELO B

1.	Nazi iinkcazelo ngezantsi. Yenza isigqibo sokuba zichaza wena na okanye hayi. Sukucinga ixesha elide kumbuzo ngamnye. Qaphela uze umakishe oko kufika kuqala kusondeleyo enyanini.				
		Yinyani	Yinyani hayi kakhulu	Ayiyonyani hayi kakhulu	Ayiyonyani
A)	Xa ndisenza isigqibo ndisoloko ndihamba ngendlela abazali bam abandifundise ngayo	1	2	3	4
B)	Ngamanye amaxesha andiyihoyi imithetho nemimiselo emi phambi kwam	1	2	3	4
C)	Ukuba andiwuthandi umyalelo endiwunikiweyo, ndingangawenzi, okanye ndenze isuntswana lawo	1	2	3	4
D)	Kusoloko kusithiwa ndineenkani okanye ndifane ndicaphuke	1	2	3	4
E)	Phantse andikhe ndiyenze into eyingozi	1	2	3	4
F)	Ukuba ndiziva ndingafuni ukwenza into endiyixelelweyo, ndiyadukisa okanye ndingayenzi	1	2	3	4
G)	Ndinendlela ekhathalayo nezimiseleyo yokuziphatha ebomini	1	2	3	4

Evaluation

E5	Please mark the questions you had to read more than once?						
	1A	1B	1C	1D	1E	1F	1G

2.	Koku kulandelayo, nceda bonisa ukuba akulunganga njani na				
		Kulungile Kakhulu	Kulungile	Akulunganga	Akulunganga Kakhulu
A)	Ukubhala ileta yeqhinga osuka nalo ekhaya	1	2	3	4
B)	Ukudibana nabanye nisele	1	2	3	4
C)	Ukutshaya intsangu	1	2	3	4
D)	Ukwenza umngxuma kwikhondom ngaphandle kokuxelela iqabane lakho	1	2	3	4

Evaluation

E6	Please mark the questions you did not understand:			
	2A	2B	2C	2D

3

3.	**Nceda ubonise ukuba bangaphi abahlobo bakho ababandakanyekayo bechazwa koku kulandelayo**				
	Bangaphi abahlobo bakho….	Abekho abahlobo	Bambalwa abahlobo	Abanye abahlobo	Baninzi kakhulu abahlobo
A)	Abadoja iiklasi	1	2	3	4
B)	Abaye baqhathe kwiimviwo	1	2	3	4
C)	Abangayeka esikolweni	1	2	3	4
D)	Abakhe balwa esikolweni	1	2	3	4
E)	Abatshaya iisigarethi rhoqo	1	2	3	4
F)	Abasela utywala (ibhiya iwayini, umqombothi) kanye ngeveki	1	2	3	4
G)	Abakhe batshaya intsangu	1	2	3	4
H)	Abakhe basebenzisa iziyobisi ezingekho mthethweni ezifana ne-cocaine, ne-crack, ne-heroin, ne-mandrax	1	2	3	4
I)	Abakhe badibana ngesondo	1	2	3	4

Evaluation

E7	**Mark those questions you had to read more than once?**								
	3A	3B	3C	3D	3E	3F	3G	3H	3I

4.	**Le mibuzo ilandelayo ngeyonxibelelwano lothando oluqinisekileyo onalo okanye owakhe wanalo nomnye umntu**		
4a.	Ngokwagoku ingaba unaye na umntu othandana naye?	Ewe	1
		Hayi	2
	Andizange ndibenalo iqabane eliyintombazana/ eliyinkwenkwe/elingumfana		3

4b.	**Ingaba iqabane lakho eliyindoda/elingumfazi selikhe lazisebenzisa ezi ziyobisi zingezantsi? Enza isangqa ku –1 ukuba zange libe nengxaki yesiyobisi.**		
	Isigarethi	Ewe 1	Hayi 2
	Utywala	Ewe 1	Hayi 2
	Intsangu	Ewe 1	Hayi 2
	Ezinye Iziyobisi ngaphandle kwentsangu	Ewe 1	Hayi 2

5.	**Bangaphi abantu owabelane nabo ngeenaliti zokusebenzisa iziyobisi?**	
	Abekho	1
	1 okanye 2	2
	3	3
	4	4
	5 okanye ngaphezulu	5

Evaluation

E8	**Please indicate if there was anything else you did not understand**
	....

4

Xhosa retranslation (M2 & E2)

ICANDELO C

Enye indlela umntu anokufumana ngayo i-HIV/AIDS yindlela yokuziphatha ngokwesondo. Ngoku ke sibuza abantu abalingana nawe imibuzo ngendlela yokuziphatha ukusinceda sifumane iindlela zokunqanda ukunwena kwesi sifo. Kodwa ke, asiyiyo yonke imibuzo esiyibuzayo echaphazela i-AIDS

1.	**Wakhe wakwenza oku kulandelayo?**		
A)	Uphume nomntu wakho rhoqo	Hayi 1	Ewe 2
B)	Ube seluthandweni nzulu	Hayi 1	Ewe 2
C)	Wahlukane neqabane lakho eliyindoda / elingumfazi	Hayi 1	Ewe 2
D)	Niphuzane nzulu (ngamalwimi)	Hayi 1	Ewe 2
E)	Niphathaphathane	Hayi 1	Ewe 2
F)	Unyanzelwe ngumntu ukuba nilalane	Hayi 1	Ewe 2
G)	Ulahle ubumsulwa – ube nendibano yesondo	Hayi 1	Ewe 2
H)	Ube nesifo sokulalana	Hayi 1	Ewe 2
I)	Usele utywala okanye uthathe iziyobisi kwiiyure ezimbalwa phambi kokulalana	Hayi 1	Ewe 2

2.	**Ngaphandle kweendaba, iinkqubo ze-TV ozibukelayo zi......**	
	Nokulalana okuninzi	1
	Nokulalana okuninzana	2
	Nokulalana okuncinci	3
	Azinakulalana	4
	Andiyibukeli iTV	5

Masiye kolunye uhlobo lwemibuzo. Le mibuzo ilandelayo ingokusetyenziswa kwekhondom.

3.	**Kukangaphi uceba ukusebenzisa ikhondom, nangona usenokungayisebenzisi?**	
	Zange	1
	Ngamaxesha athile	2
	Ngamanye amaxesha	3
	Rhoqo	4
	Lonke ixesha	5

4.	**Uyayigcina ikhondom epokothweni, ebhegini (bag) yakho?**	Hayi 1	Ewe 2

Evaluation

E9	**Please indicate which questions you had to read two or more times**											
	1A	**1B**	**1C**	**1D**	**1E**	**1F**	**1G**	**1H**	**1I**	**2**	**3**	**4**

Xhosa retranslation (M2 & E2)

> *Njengoko besele sitshilo ekuqaleni, kule mihla abantu abaninzi bathetha nge-HIV/AIDS. Kubalulekile ukwazi ukuba abantu abatsha bacinga yaye bazi ntoni nge-HIV/AIDS. Le mibuzo ingezantsi imalunga nalo mba.*

5.	**Bonisa ukuba ucinga ukuba ungazikhusela na kwi-HIV/AIDS ngoku:**				
A)	Hlala neqabane elinye elinyanisekileyo	Ewe 1	Hayi 2	Andiqinisekanga 3	
B)	Sebenzisa ikhondom xa unendibano yesondo	Ewe 1	Hayi 2	Andiqinisekanga 3	
C)	Ngokuba nendibano nomntu omsulwa (umntu ongazange alalane nomnye umntu)	Ewe 1	Hayi 2	Andiqinisekanga 3	
D)	Qinisekisa ukuba xa uhlatywa kusetyenziswe inaliti ecocekileyo	Ewe 1	Hayi 2	Andiqinisekanga 3	
E)	Ngokungabolekisani ngenaliti esetyenziswe ngomnye umntu ekufakeni iziyobisi emzimbeni	Ewe 1	Hayi 2	Andiqinisekanga 3	
F)	Ndingabi nendibano yesondo	Ewe 1	Hayi 2	Andiqinisekanga 3	

	Evaluation				
E10	**Mark the questions you did not understand above**				
	5A	5B	5C	5D	5E	5F

ICANDELO D

Ingaba uyatshaya na?

1. **Yeyiphi kwezi nkcazelo ekuchaza kakuhle kakhulu?**   (KHETHA IMPENDULO IBENYE)

Nditshaya kanye ngosuku	1
Anditshayi yonke imihla, koko kanye evekini	2
Anditshayi ngazo zonke iiveki, koko kanye enyangeni	3
Ndizama ukutshaya kanye emva kwethuba elide	4
Ndiyekile ukutshaya emva kokuba nditshaye kanye ngeveki	5
Bendisoloko nditshaya, kodwa ngoku ndiyekile	6
Ndikhe ndazama ukutshaya ngamaxesha athile kodwa andisatshayi konke-konke	7
Andizange ndatshaya icuba nakanye	8

Ukuba ndiyatshaya (okanye ukuba bendinokutshaya)
Umbuzo olandelayo uqala ngo "ukuba ndiyatshaya (okanye ukuba bendinokutshaya)". Ukuba uyatshaya nceda uphendule imibuzo ngokunyanisekileyo. Ukuba awutshayi cinga okokuba ubutshaya belinokukuchaphazela njani icuba

2. **Ukuba benditshaya (okanye ukuba bendinokutshaya) bendinokuva:**

   (KHETHA IMPENDULO IBENYE)

Kumnandi kakhulu	1
Kumnandi	2
Kumnandana	3
Kukubana	4
Kukubi	5
Kukubi kakhulu	6
Andazi	7

3. **Ukuba benditshaya (okanye ukuba bendinokutshaya):**

Beliyakundenza ndizive ndiphumle kakhulu	1
Beliyakundenza ndiphumle	2
Beliyakundenza ndibe nokuphumla okungephi	3
Beliyakundenza ndisiva ndinokudinwa kwengqondo okungephi	4
Beliyakundenza ndidinwe igqondo	5
Beliyakundenza ndidinwe igqondo kakhulu	6
Andazi	7

IFUTHE LOKUTSHAYA

Ngefuthe lokutshaya sithetha ukuthi ucinga okokuba abanye abantu bafuna utshaye. Umzekelo, unabahlobo abambalwa omnye wabo unepakethe yeesigarethi. Awunakho nje ukulandula isigarethi kuba usoyika okokuba akusayi kuba ngomnye weqela labahlobo. Omnye umzekelo kuxa umntu ekupha isigarethi uze wena ulandule kodwa yena aqhubeke ekunyanzela ukuba utshaye

4. **Wakha wafumana ifuthe lokutshaya kwabanye abantu?**

Amaxa onke	1
Amaxa amaninzi	2
Amathuba ambalwa	3
Phantse zange	4
Zange	5

5. **Wakha wafumana ifuthe lokutshaya kootitshala bakho?**

Amaxa onke	1
Amaxa amaninzi	2
Amathuba ambalwa	3
Phantse zange	4
Zange	5

6. **Yeyiphi kwezi nkcazelo echaza wena kakuhle**   (KHETHA IMPENDULO IBENYE)

Ndiqinisekile okokuba soze ndaqalisa ukutshaya	1
Ndicinga okokuba soze ndaqalisa ukutshaya	2
Ndicinga okokuba ndiyakuqalisa ukutshaya apha ekuhambeni kwethuba	3
Ndicinga okokuba ndiyakuqalisa ukutshaya eminyakeni emihlanu ezayo	4
Ndicinga okokuba ndiyakuqalisa ukutshaya kunyaka ozayo	5
Ndicinga okokuba ndiyakuqalisa ukutshaya kwiinyanga ezintandathu ezizayo	6
Ndicinga okokuba ndiyakuqalisa ukutshaya kwinyanga ezayo	7
Sele nditshaya ngoku	8

Xhosa retranslation (M2 & E2)

	Evaluation	
E11	**Please indicate if there were any questions you did not understand in Section D:**	

	Evaluation	
E12	**Write down any other comments that you think will improve the questions in Xhosa:**	

E13	**Write down what you think the purpose of this study is:**	