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# An analysis of translation strategies employed in the translation of COVID-19-related medical texts from English into Tshivena: A corpus-based approach

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**2025**
University of the Witwatersrand, Johannesburg
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Madiba, Maria Livhuwani . (2025). An analysis of translation strategies employed in the translation of COVID-19-related medical texts from English into Tshivena: A corpus-based approach [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/48548

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# An analysis of translation strategies employed in the translation of COVID-19-related medical texts from English into Tshivenḓa: A corpus-based approach

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This thesis is submitted in accordance with the requirements for the award of the degree

**Master of Arts in Translation Studies**

**by**

**Coursework and Research Report**

At the University of the Witwatersrand

**Supervisor: Dr Colfar Hlongwana**

**2025**

## DECLARATION

I, Maria Livhuwani Madiba, declare that this research report titled:

“**An analysis of translation strategies employed in translation of COVID-19 related medical texts from English to Tshivenḓa: A Corpus-Based Approach”**

is my original work and has not been submitted to any other institution or university for any academic qualification.

It has been conducted in accordance with the ethical guidelines and principles of research as defined by the University of Witwatersrand.

Appropriately acknowledges all the sources consulted during the research.

I further declare that I am fully responsible for the content of this report, and any errors or omissions contained herein are entirely my responsibility.

Signature: mlmadiba

## ACKNOWLEDGEMENTS

I extend my deepest gratitude to my Lord God Almighty for His grace and protection throughout this academic journey.

I wish to express my appreciation to my supervisor, Dr Colfar Hlongwana, for his guidance and support.

I am also profoundly grateful to my editor, Dr Arendse, for the exceptional work and meticulous attention to detail that contributed significantly to the quality of this research.

Finally, I would like to acknowledge my husband, Mbulungeni, and my son, Gundo, for their unwavering support, love, sacrifice, and constant encouragement. Their steadfast belief in me has been a source of strength and motivation throughout this journey.

## ABSTRACT

This research investigated the strategies used in translating COVID-19-related medical texts from English into Tshivenḓa, a South African indigenous language. Effective communication is critical in public health, and translating medical materials into various languages ensures accessibility for diverse populations, particularly in non-English speaking regions. However, translating medical texts from English to Tshivenḓa presents significant challenges due to limited terminology and the language's limited use in technical fields, such as health. This study sought to identify and analyse the strategies employed in translating medical texts from English to Tshivenda to bridge linguistic and conceptual gaps and evaluate their effectiveness. It employed a corpus-based approach to examine these strategies. Corpus-based tools such as ParaConc have been used to explore linguistic and cultural strategies to provide solutions for non-equivalence in translation. Through this analysis, the study provided an analysis of strategies for translating medical texts from English into Tshivenḓa, enhancing public health communication in indigenous languages and contributing to translation studies.



**Keywords:** *Translation strategies, corpus-based approach, corpus, COVID-19, Tshivenda and English texts, medical texts, analysis, translation studies, parallel corpus, translators and ParaConc*.

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# CHAPTER ONE

## 1. INTRODUCTION TO THE STUDY

### 1.1 Background to the study

The global COVID-19 pandemic has underscored the critical importance of effective communication in public health. Therefore, translating medical-related texts such as COVID-19 materials into various languages was crucial during COVID-19 to ensure that information is accessible to diverse populations, particularly those in non-English speaking regions. One of the most pressing challenges during this period was ensuring that critical health information reached all sectors of society, including linguistically and culturally diverse communities. In many multilingual countries, such as South Africa, English is often the primary language used in official communication; however, it is not the first language for a significant portion of the population. Consequently, those who speak indigenous languages like Tshivenḓa faced potential exclusion from critical health messaging if translations were not available. This language barrier heightened the risk of misinformation, misinterpretation, and lack of access to life-saving information, thereby exacerbating existing inequalities.

Tshivenḓa language is spoken primarily in the northeastern region of South Africa, particularly in the Limpopo Province. According to Guthrie's classification of Bantu languages, it is grouped under Zone S as language S.21, highlighting its distinct linguistic features within the Southern Bantu languages. Statistics South Africa (Census 2011) reports that approximately 1.2 million people, or 2.1% of the national population, speak Tshivenḓa as their home language. Its status as one of South Africa's eleven official languages plays a significant role in its development, as official recognition supports its use in education, media, and government, though continued efforts are needed to ensure its growth and preservation.

This research focuses on the translation strategies employed in the translation of COVID-19-related medical texts from English to Tshivenḓa, a language spoken by the Tshivenḓa people in South Africa. Translation plays a significant role not only in facilitating communication and understanding linguistic divides but also in promoting cultural diversity and social and economic development. It is significant in various specialised domains like health, finance, legal and many more.

In the health domain, translation of medical texts from developed languages such as English into South African Indigenous languages like Tshivenḓa, which is comparatively less developed, presents numerous challenges. The primary challenge in translating from English into Tshivenḓa is the scarcity of terminology (Madiba, 2000, p. 51). This study explored translation strategies employed in translating COVID-19-related medical texts from English into Tshivenḓa. Corpus-based tools are used to identify translation strategies that are used in the translation of COVID-19-related medical texts from English to Tshivenḓa.

The motivation for this research stemmed from the researcher's personal experience as a professional translator. The researcher recently participated in a translation project involving COVID-19-related documents from English to Tshivenḓa, which afforded the researcher valuable insights into the complexities of translating medical texts into Tshivenḓa and the potential translation strategies to be used in translation. Research has been conducted on the translation strategies employed in the translation of technical texts from English into indigenous African languages. For instance, Ndhlovu (2012) investigated the approaches utilized by Ndebele translators in addressing specialized terminology and cultural taboos within HIV/AIDS texts. This study explores the methods by which Ndebele translators confront the challenges associated with translating HIV/AIDS documents intended for public dissemination. Ndhlovu posits that the term "prevention" poses significant translation difficulties in Ndebele due to the absence of a standardized equivalent. Translators have resorted to terms such as *ukuvikela* (to protect/rescue) and *ukuvimba* (to block), which only partially convey the intended meaning (Ndhlovu, 2012). Specifically, *ukuvikela* lacks precision in the context of disease prevention, while *ukuvimba* implies a physical obstruction rather than a behavioral or medical intervention (Ndhlovu, 2012). Such translations may lead to misconceptions among the general public, who might interpret "prevention" in a broad or literal manner, rather than as a series of proactive measures aimed at halting the spread of HIV. This underscores the necessity for the development of clear, standardized terminology in Ndebele to facilitate effective public health communication. The findings of this study hold significant relevance for the translation of medical texts related to COVID-19, as the strategies employed by Ndebele translators to navigate challenges associated with scientific terminology and cultural sensitivities can be similarly applied to texts concerning COVID-19. Moropa

(2004) in her article ‘A parallel corpus as a terminology resource for Xhosa: *A study of strategies used to translate financial statement*' also identifies and discusses the strategies used to translate some of the financial terms in a sub-corpus of English and Xhosa texts, though it falls outside the scope of the present study, but in her study, Moropa (2004, p, 171) found that certain English financial terms, such as *call deposit - imali efitmaneka nanini*, money that you get at any time) *depreciation*, *ukuhla kwamaxabiso* (the going down of value) and *cash flow - ukungena nokuphuma kwemali* (the coming in and going out of money) were not directly translated into Xhosa but instead paraphrased to convey their meaning more clearly, due to the lack of direct equivalents in the target language. While this paraphrasing strategy ensured semantic accuracy, it often resulted in longer and more complex translations that may be challenging for laypeople to understand (Moropa, 2004). Overall, the findings highlight the difficulty of translating semantically dense financial terms for general audiences and suggest the need for standardised, accessible terminology in indigenous languages. Although her study focuses on financial statements, her use of a parallel corpus to identify translation strategies is relevant to this study because the same terminology resource, a parallel corpus was used to analyse translation strategies. This relevance is further underscored by the fact that there is not enough research undertaken in the Tshivenḓa language, necessitating the need to examine the translation strategies employed in the translation of medical texts from English into Tshivenda.

## 1.2 Research Problem

Leedy and Ormrod (2015, p. 43) argue that the core of any research is the problem itself, which is crucial to the success of the research endeavour. They emphasise that recognising the problem with absolute clarity and articulating it in precise and unambiguous terms is the initial and essential step in the research process.

Despite the abundance of COVID-19-related information available in English, there is a significant gap in the availability of this information in indigenous languages such as Tshivenḓa. There is a need to analyse the translation strategies used to bridge this gap and to identify potential challenges and solutions in the translation process.

The primary hurdle in translating medical documents, such as those pertaining to medical terminologies like those in COVID-19-related materials, lies in the absence of linguistic and conceptual equivalence, leading to inconsistencies. For instance, terms like '*virus'* and *germs*' are both translated as (*zwitzhili* meaning *germs*) in Tshivenḓa, even though 'germs' and 'virus' have distinct meanings. The term 'infection' is translated in Tshivenda as '*vhulwadze*', which is synonymous with 'disease' instead of 'u kavhiwa'. Thus, at the linguistic level, precise terminology is paramount for medical text translation. Specialised information encoded in the source language necessitates robust terminologies for successful transmission to the target language (Alberts, 2002, p. 91). Moreover, terminology facilitates communication between subject matter experts and lay individuals. However, in South Africa, indigenous languages have scarcely penetrated the scientific, medical, or economic spheres, resulting in a dearth of equivalent terminologies and resources like multilingual medical dictionaries and terminology lists (Moropa, 2009). This dearth complicates the task for translators, often leading to ad hoc strategies that yield inconsistent terminology usage in translated texts, thereby compromising quality and standard.

While research exists on translation strategies for medical texts into Indigenous African languages such as Xhosa (Moropa, 2004), not enough attention has been paid to the Tshivenḓa language. For instance, there are few bilingual dictionaries and glossaries for medical terms, including terminology lists developed by the City of Tshwane Language Services during the COVID-19 pandemic, which are limited in scope. Consequently, there is a pressing need to investigate translation strategies for medical texts from English to Tshivenḓa. Despite numerous medical texts having been translated into Tshivenḓa (e.g., legislative documents and government publications), research on applicable translation strategies and guiding principles remains lacking. Although some studies have explored term formation strategies in Tshivenḓa (Madiba, 2000), none have specifically focused on the health domain. Given that term formation strategies may vary across subject fields, it is imperative to identify translation strategies for medical texts from English to Tshivenḓa, a gap this study seeks to address.

## 1.3 Research Question(s)

A research question is a clear, focused, and specific query that a study aims to answer. It guides the research process by defining the scope, direction, and objectives of the study. A well-formulated research question identifies the key problem or issue being investigated, the variables or phenomena involved, and the context of the research. It serves as the foundation for developing hypotheses, selecting methodologies, and interpreting findings (Creswell, 2014, p. 130). In this study, the primary research question is: What translation strategies are employed in translating COVID-19-related texts from English into Tshivenḓa to address the issues of non-equivalence?

The following are subsidiary questions:

- What translation strategies have been used in translating COVID-19-related medical texts from English to Tshivenḓa?
- What are the linguistic and cultural strategies that can be employed in translating medical texts from English to Tshivenḓa to address the issues of non-equivalence?
- How can the translation strategies identified in study (b) be employed to develop a theoretical/practical model for translating any medical-related texts from English to Tshivenḓa?

## 1.4 Aim and objectives of the study

According to Creswell (2014, p. 57), the study aim is a general statement of the purpose of the study, which identifies the overall goal or the main objective of the research. The aim of the study is generally followed by the objectives of the study, which Leedy and Ormrod (2015, p. 43) define as specific steps taken to accomplish the aim of the study. They translate the broad aims into specific, actionable tasks. Study objectives in research are specific, precise statements that describe what the research intends to achieve. They break down the general aim of the study into smaller, manageable components, providing clear, measurable goals that the research seeks to accomplish. Objectives guide the methodology, data collection, and analysis processes, ensuring that the research stays focused and systematic. The aims and objectives of this research are:

### 1.4.1 Aim

Considering the limited availability of translated medical text in Tshivenḓa, as well as the prevalence of inaccuracies in existing translations. The main aim of this study is to analyse translation strategies employed in the translation of COVID-19-related medical texts from English into Tshivenḓa.

### 1.4.2 Objectives

- To compile a corpus of COVID-19-related medical texts translated from English to Tshivenḓa: This objective involves gathering a substantial number of translated texts for analysis.
- To identify the translation strategies used in the translation of medical-related texts in the corpus using the ParaConc tools and evaluate the accuracy and clarity of the translations.
- To assess the translation strategies identified using existing theories in translation studies.

## 1.5 Significance of the Study

Creswell (2014, p. 115) posits that the significance of the study provides a rationale for why research is important. It highlights the potential contributions of the research to existing knowledge, theory, or practice. It refers to the importance and value of the research project in contributing to the existing body of knowledge, addressing a gap, solving a specific problem, or informing policy and practice (Ṋevhulaudzi, 2022). This section explains why the research is worth conducting and highlights the potential impact and benefits of the study's findings. Leedy and Ormrod (2015, p. 43) state that in the significance section, researchers explain why their study is important and how it would contribute to the field. This includes addressing any gaps in the literature and the potential practical applications of the findings.

This study is significant as it aligns with the Constitution of the Republic of South Africa’s requirements to promote the development of all official languages and promote their use in all domains. Researching translation strategies for Tshivenḓa would contribute to the preservation and promotion of the Tshivenda language. As globalisation and dominant languages like English often overshadow Indigenous

languages (Tshivenḓa in this case), efforts to translate important texts like COVID-19-related medical texts into Tshivenḓa would help maintain its linguistic and cultural heritage. Practically, the study aims to enhance the quality of medical text translation in Tshivenḓa, addressing the challenges posed by linguistic and conceptual non-equivalence. Medical-related texts are crucial for disseminating essential medical information to diverse populations.

However, literal translation may not always effectively convey the intended meaning, especially across languages and cultures. By analysing translation strategies, the researcher can assist in ensuring that health information is culturally sensitive and linguistically appropriate for the Tshivenḓa-speaking population. Studying translation strategies in a specific context, such as medical-related texts, contributes to the advancement of translation theories and research methodology. The study provides insights into effective translation techniques and challenges, informing future translation practices and theoretical frameworks.

## 1.6 Definition of Terms

### 1.6.1 Translation

Translation refers to the process of converting written text from one language (the source language) into another language (the target language) while maintaining the original meaning and context. It involves not only linguistic proficiency but also cultural understanding to ensure that the translated text is accurate and appropriate for the target audience (Munday, 2016).

### 1.6.2 Corpus

A corpus is a large, structured set of texts that are used for linguistic research. These texts are systematically collected and can be written or spoken. Corpora are used to analyse language use, study linguistic patterns, and develop linguistic theories (Biber, Conrad & Reppen, 1998).

### 1.6.3 Corpus-based approach

A corpus-based approach involves the use of corpora to conduct linguistic analysis. Researchers analyse large sets of text data to uncover patterns, frequencies, and

structures within the language. This method is empirical and relies on actual language use rather than theoretical speculation (Sinclair, 1991).

### 1.6.4 Translation strategies

Translation strategies are specific techniques or methods used by translators to achieve an accurate and effective translation. These strategies can include literal translation, paraphrasing, adaptation, domestication, foreignization, semantic shift and others, depending on the context and the goals of the translation (Newmark, 1998).

### 1.6.5 COVID-19

COVID-19 is an infectious disease caused by the novel coronavirus SARS-CoV-2. It was first identified in December 2019 in Wuhan, China, and has since led to a global pandemic. Symptoms of COVID-19 include fever, cough, and difficulty breathing, and it can lead to severe respiratory illness and death [World Health Organization (WHO), 2023].

### 1.6.6 ParaConc software

ParaConc is a software tool used for parallel corpus analysis. It allows researchers to align texts in two languages and analyse their translations. ParaConc facilitates the examination of translation strategies, equivalence, and other linguistic features in bilingual corpora (Baker, 1995, pp. 22-243).

### 1.6.7 Parallel corpus

A parallel corpus is a collection of texts in two or more languages that are aligned so that corresponding segments (such as sentences or paragraphs) can be analysed side by side. This type of corpus is used extensively in translation studies and comparative linguistics (House, 2014). Kenny (2001, p. 62) describes a parallel corpus as a body of texts that are available in two or more languages as an original text with its translations.

### 1.6.8 Corpora

Corpora (plural of corpus) are large collections of texts used for linguistic research. They can be composed of written or spoken language and are often used to study language patterns, frequency, and usage (Kennedy, 1998).

### 1.6.9 Non-equivalence in translation

Non-equivalence in translation refers to situations where there is no direct or exact equivalent in the target language for a word, phrase, or concept from the source language. This challenge often requires translators to use various strategies to convey the intended meaning effectively (Baker, 2011).

## 1.7 Chapter Division

**Chapter One: Introduction**

This chapter introduces the study's purpose, scope, and significance. It contextualises the research within translation studies, particularly focusing on translating medical texts from English into Tshivenḓa. Key challenges, research questions, and objectives are outlined, emphasising the study's relevance to public health communication and translation in African contexts. Definitions of critical terms are provided to ensure clarity.

**Chapter Two: Literature Review**

This chapter reviews the literature on translation strategies, especially for African languages with limited technical vocabulary. It discusses translation theories and strategies, focusing on technical/medical text translation. Moreover, it covers corpus-based approaches for analysing translation strategies, setting a foundation for the research's theoretical and analytical framework.

**Chapter Three: Research Methodology**

This chapter describes the study's qualitative and quantitative methodologies, detailing research design, data collection, population and data sampling, corpus construction, and software tools like ParaConc for analysis. Criteria for text selection, corpus alignment and ethical considerations.

**Chapter Four: Data Analysis**

In this chapter, the translation strategies used in COVID-19-related texts are analysed. The analysis includes terminology lists and concordance analyses alongside qualitative methods to identify patterns and challenges in translating technical terms. This analysis provides insights into how linguistic and cultural nuances are managed in translation.

**Chapter Five: Findings, Conclusion and Recommendations**

Key findings from the analysis are summarised in this chapter, with recommendations for translators, public health officials, and policymakers. It highlights the need for standardised Tshivenḓa medical terminology and improved resources to support translation efforts, enhancing the accessibility of health information.

# CHAPTER TWO

## 2. LITERATURE REVIEW

### 2.1 Introduction

A literature review involves examining scholarly writings related to a specific topic and tracking developments in a particular area. Sethibe and Steyn (2015, p. 326) propose that a literature review serves as a means for researchers to contextualise their work within the broader scholarly conversation. They emphasise that by conducting a thorough examination of existing scholarly writings on a specific topic, researchers can gain valuable insights into the current state of knowledge and identify gaps or areas for further investigation. Additionally, they suggest that literature review enables researchers to understand the evolution of ideas and developments within a particular field, providing a foundation upon which new research can build.

In this study, the researcher reviewed the literature of different scholars, which examined existing research on translation strategies, both in a general sense and specifically concerning the translation of medical-related texts from English to Tshivenḓa.

The chapter begins by exploring the literature on translation theories. It then focuses on translation strategies, with a special emphasis on African languages and medical texts. Following this, the review examined research on corpus-based approaches and their application in identifying translation strategies, particularly those used in translating medical texts from English to Tshivenḓa.

### 2.2 Translation Theories

Translation theories provide frameworks for understanding the process, principles, and challenges of translating texts from one language to another (Ṋevhulaudzi, 2022, p. 37). The purpose of translation theory is to explain and predict translational phenomena, thereby producing general or partial theories. This study is underpinned by translation theories such as functionalism and descriptive translation theories, with a special focus on translation strategies.

### 2.2.1 Functionalism translation theory

The evolution of translation theory has seen a significant shift from source-oriented approaches to more target-oriented models. Among the most influential of these is the functionalist translation theory, pioneered by Hans J. Vermeer and Katharina Reiss in the late 20th century. This approach, which includes Vermeer's *"skopos*" theory, emphasises the functional purpose of the translation within the target culture, rather than striving for a direct equivalence with the source text (Munday, 2016, p. 122).

Vermeer introduced the "*skopos*" theory, which posits that the primary criterion for any translation should be its purpose or "*skopos*" in the target context. This theory marked a departure from traditional views of translation, which often focused on achieving equivalence between the source and target texts. According to Vermeer, "the translation process is determined by the purpose of the translation". This approach suggests that the translator's primary task is to produce a text that fulfils the intended function in the target culture, even if this requires significant adaptation of the source material

Reiss & Vermeer (2013) further developed this functionalist perspective by integrating it into a broader framework for translation, arguing that the function of the target text could differ from that of the source text, depending on the translation brief provided by the client or commissioner. This brief typically outlines the intended purpose, target audience, and context of the translation, guiding the translator in choosing appropriate strategies. Reiss emphasised that a successful translation should meet the needs of the target audience, even if it means departing from the source text's structure or content.

Earlier, Nida (1964, pp. 159-167) introduced the concepts of formal and dynamic equivalence in his seminal work "*Principles of Correspondence*." Formal equivalence, or formal correspondence, refers to a translation approach that aims to replicate the form and content of the source text as closely as possible. Nida described this as a gloss translation, where the reader can "observe the language and customs of the original culture". This method prioritises a faithful representation of the source text, but it often leads to translations that are less accessible to the target audience.

Munday (2016, p.36) supports the perspective introduced by Nida (1964), arguing that due to the inherent differences between languages, achieving complete equivalence in translation is impossible. The translation process is not merely an interaction between two languages but also an engagement between two distinct cultures. The translator's knowledge of the target culture significantly influences the quality of the translation. The translator must do more than translate words and sentences; they must also interpret the cultural contexts of the readers. A lack of understanding of the culture's history and traditions can lead to misinterpretations and inaccuracies in daily communication and overall language competence.

In contrast, dynamic equivalence focuses on the effect of the translation on the target audience. Nida (1964, p. 166) argued that the translation should evoke the same response in the target audience as the original did in its audience. This approach allows for greater flexibility in translation, permitting the adaptation of the source text to fit the cultural and linguistic context of the target audience. However, Nida acknowledged the challenges inherent in this approach, noting that "complete equivalence is impossible" due to the fundamental differences between languages and cultures (Munday, 2016, p. 36).

The functionalist approach also redefines the role of the translator. According to Nord (1991, p. 28), the translator acts as a "text producer" who must understand the function of the source text before determining how to fulfil the intended function in the target text. The translation brief, which outlines the *skopos,* guides the translator's decisions regarding which strategies to employ. For instance, when translating for an audience with a limited educational background, complex concepts might need to be simplified through specific translation strategies to ensure comprehension (Nord, 1997, p. 123).

This functionalist perspective has broad implications for translation practice. It shifts the focus from achieving a strict equivalence between source and target texts to ensuring that the translation effectively communicates its intended message within the target culture. The translator’s role, therefore, extends beyond linguistic conversion to include cultural mediation, where the translator adapts the source text to meet the needs and expectations of the target audience.

In summary, the functionalist translation theory, particularly through the lens of Skopos theory, offers a target-oriented approach that prioritises the function and purpose of the translation in the target culture. While this approach has been influential, it has also been critiqued for its potential to overlook the importance of maintaining equivalence with the source text. Nevertheless, functionalist approaches have significantly expanded the role of the translator, positioning them as active participants in the creation of the target text, with the responsibility of ensuring that the translation meets the communicative needs of its intended audience.

The application of functionalist principles in the translation of COVID-19-related medical texts ensures that the translations are not only accurate but also effective in achieving their intended communicative goals. By prioritising the purpose of the translation, adapting content to the cultural and contextual realities of the target audience, and ensuring clarity and functional equivalence, translators can contribute to the global effort to manage the pandemic and protect public health. For instance, translators might simplify complex medical terms, use culturally appropriate analogies, or adjust the tone to ensure the message resonates with the audience. Functionalism ensures that the translation serves its intended purpose, whether it is to inform, instruct, or persuade. For example, the translator might choose to explain technical terms in simple language or provide additional context that is culturally relevant, e.g., *'sterilise*' can be translated as '*u vhulaha zwitzhili*' meaning '*to kill germs*' ensuring that the text's function as a public health advisory is effectively fulfilled in Tshivenḓa.

### 2.2.2 Descriptive translation theory

Descriptive Translation Studies (DTS), as articulated by Gideon Toury, has become a foundational framework for understanding the practices and outcomes of translation within specific cultural and historical contexts. Toury's emphasis on analysing translations as they exist in the target culture, rather than imposing prescriptive norms, has significantly influenced how translations are approached, particularly in fields requiring high accuracy and cultural sensitivity, such as medical translations during the COVID-19 pandemic.

According to Toury (1995, pp. 24-27), the concept of translation norms, rules and expectations that guide translation practice highlights how translators must navigate

the expectations of the target culture when dealing with medical texts. In translating COVID-19-related materials, understanding these norms is crucial, as public health communications must be clear, culturally appropriate, and effective in conveying vital information. The identification and application of these norms help ensure that translations are not only linguistically accurate but also resonate with the target audience, thereby enhancing the effectiveness of health directives and safety protocols.

Venuti (2017, pp. 11-114), though not exclusively based on DTS, complements this approach by focusing on the visibility and invisibility of the translator in the target culture. Venuti's ideas are particularly relevant in the context of COVID-19 translations, where the translator's role must be both visible in terms of ensuring clarity and accuracy, yet invisible in the seamless integration of cultural nuances. This balance is critical in medical texts, where the goal is to communicate health information without drawing attention to the translation itself, thereby maintaining the authority and reliability of the original content.

Venuti (2012, pp. 172-185) further reinforces the importance of DTS by distinguishing between descriptive and theoretical approaches in Translation Studies. Venuti suggests that DTS should focus on the actual practice and translation products, which aligns with the practical needs of translating medical texts during a global health crisis. By concentrating on what translations achieve in real-world settings, DTS provides a framework for developing translation strategies that are responsive to the immediate and practical needs of the target audience.

Bassnett's (2013, p. 23) exploration of how translations reflect, and shape cultural contexts aligns with DTS's descriptive approach. In the translation of COVID-19-related medical texts, Bassnett's insights suggest that understanding the cultural implications of translation choices is essential for ensuring that health information is both accessible and acceptable to diverse audiences. The cultural context in which these texts are received can significantly impact their effectiveness, making the role of the translator critical in adapting messages to suit different cultural realities.

In summary, Descriptive Translation Studies offer a robust framework for understanding and guiding the translation of COVID-19-related medical texts. By

focusing on the norms, cultural contexts, and practical outcomes of translations, DTS provides valuable insights that help ensure translations are both accurate and effective in conveying critical health information to diverse audiences. This approach is essential in managing the global health crisis, where clear and culturally sensitive communication can save lives.

## 2.3 Translation strategies

Baker (1992) have written extensively on translation strategies and has made a significant contribution to understanding translation strategies. Baker's comprehensive approach addresses various levels of equivalence and provides practical frameworks for analysing and applying translation strategies. Her work emphasises the importance of cultural and contextual understanding in translation, making it a cornerstone in translation studies. By offering a range of strategies for different types of equivalence, Baker equips translators with the tools necessary to produce accurate and culturally sensitive translations.

Baker's (1992, p. 28) taxonomy comprises eight strategies, including translation by a more general word or superordinate, translation by a more neutral expressive word, cultural substitution, the use of loan words or loan words with explanation for culture-specific items or modern concepts, paraphrasing using related words when the source item is accepted in the target language but in a different form, paraphrasing using unrelated words when the source item is not accepted in the target language, and translation by omission when the conveyed meaning of a particular expression is deemed unimportant for comprehension in the translation context. These strategies enable translators to produce accurate, fluent, and culturally appropriate translations, thus facilitating effective cross-linguistic communication.

### 2.3.1 Levels of equivalence

Baker identifies several levels of equivalence that translators must navigate, ranging from words to larger textual units. Her framework is instrumental in examining how meaning is transferred across languages and contexts. Below is the list of levels of equivalence according to Baker.

### 2.3.2 Word-level equivalence

Baker (1992, pp. 11-29) explores the complexities of achieving equivalence at the word level, noting that direct translations are often impossible due to cultural and linguistic differences. Baker emphasises the need for translators to consider connotations, collocations, and polysemy. Baker discusses various challenges and strategies for word-level equivalence, such as finding appropriate synonyms and dealing with non-equivalent lexical items.

### 2.3.3 Above word-level equivalence

At this level, Baker (1992, pp. 30-59) examines fixed expressions, idioms, and collocations. Baker highlights the importance of understanding and preserving the figurative meanings and cultural nuances embedded in such expressions. Baker covers strategies for translating idioms and collocations, including literal translation, paraphrasing, and cultural substitution.

### 2.3.4 Grammatical equivalence

Baker (1992, pp. 60-93) addresses the differences in grammatical structures between languages and how these differences impact translation. She discusses aspects such as number, gender, tense, and voice, providing strategies for maintaining grammatical consistency. Baker explores grammatical equivalence with examples of how different languages handle these grammatical elements and the implications for translation.

### 2.3.5 Textual equivalence

This level focuses on coherence and cohesion within texts. Baker emphasises the role of cohesive devices, such as conjunctions, pronouns, and lexical ties, in creating a unified and comprehensible target text. Baker analyses strategies for ensuring textual coherence, including maintaining thematic progression and using appropriate cohesive ties.

### 2.3.6 Pragmatic equivalence

Pragmatic equivalence involves understanding and conveying the intended meaning, tone, and context of the source text. Baker discusses speech acts, implicature, and politeness, stressing the importance of context in interpreting and translating meaning.

Baker provides strategies for achieving pragmatic equivalence, such as adapting politeness levels and preserving the speaker's intent and tone.

## 2.4 Strategies for Addressing Translation Challenges

Baker outlines specific strategies to handle the challenges posed by different levels of equivalence (Baker,1992).

### 2.4.1 Cultural substitution

This strategy involves replacing a culturally specific item in the source text with a culturally appropriate item in the target text, enhancing relatability and comprehension for the target audience. Baker discusses the application and effectiveness of cultural substitution in various contexts.

### 2.4.2 Paraphrasing

Paraphrasing is used when a direct translation is not possible. It involves rephrasing the source text while retaining its meaning, making it accessible to the target audience.

Baker provides examples of paraphrasing in action and discusses its advantages and limitations.

### 2.4.3 Borrowing

Baker also discusses borrowing (taking words directly from the source language) and calquing (literal translation of phrases). These strategies are useful when dealing with culturally unique terms or expressions. Baker examines the circumstances under which borrowing and calquing are appropriate and their potential effects on the target text.

Equivalently, Chesterman (1997, pp. 107-115) also provides a thorough and systematic framework for understanding translation strategies, which he categorises into syntactic, semantic, and pragmatic types. This model is influential in the field of translation studies due to its detailed approach to analysing how translators handle different linguistic and contextual challenges.

Syntactic strategies focus on structural changes between the source and target texts. For example, transposition involves altering grammatical structures, such as

converting a noun phrase into a verb phrase, while unit shifts and clause structure changes adjust linguistic units and sentence constructions, respectively. These strategies are essential for maintaining the natural flow and coherence of the target language.

Semantic strategies address meaning and its transfer between languages. Synonymy and antonymy involve using synonyms or antonyms to convey equivalent meanings, while hyponymy and hypernymy use more specific or general terms to match the source text's intent. These strategies help translators navigate the nuances of meaning and ensure accurate representation in the target language.

Pragmatic strategies consider the target audience and communicative context. Cultural filtering adapts cultural references to make them more relatable to the target audience, while explicitness change involves making implicit information explicit or vice versa to enhance clarity. Information change adjusts the content to better suit the target audience's expectations or knowledge. These strategies ensure that translations are not only accurate but also culturally and contextually appropriate.

Chesterman's framework is comprehensive and structured, emphasising the importance of various linguistic and extralinguistic factors in translation. His work aids translators in making informed decisions to achieve equivalence between source and target texts, providing both theoretical insights and practical applications. Overall, Chesterman's model remains a cornerstone in translation studies, offering a nuanced understanding of the complexities involved in the translation process.

Baker's and Chesterman's frameworks provide a robust analytical foundation for translation strategies. Baker's strategies emphasise the importance of cultural and contextual adaptation, ensuring that critical public health information is accessible and understandable across diverse populations. Chesterman's strategies, on the other hand, offer a detailed approach to maintaining accuracy and coherence at both the micro (syntactic and semantic) and macro (pragmatic) levels.

Both frameworks highlight the need for a careful balance between fidelity to the source text and adaptability to the target audience's linguistic and cultural context. In the context of the COVID-19 pandemic, where timely and clear communication can directly impact public health, the application of these strategies is not just relevant but

crucial. Thus, integrating these theoretical perspectives into the analysis of translation strategies in medical texts provides valuable insights into how translators navigate the complex challenges of translating life-saving information during a global crisis.

### 2.5 Translation strategies in African languages

Several studies have been conducted on translation strategies in African languages. Mabasa (2006) conducted a comparative analysis of translation equivalents between the Department of Sport, Arts and Culture (DSAC) Multilingual Glossary of Medical/Health Terminology and a specialised health glossary in Xitsonga compiled by health experts. The aim was to identify prevalent translation strategies and reasons for inadequate equivalents in the DSAC glossary. Mabasa found a lack of equivalents for certain terms and observed that health specialists favoured paraphrasing while DSAC terminologists often used general terms.

Paraphrasing was used to aid comprehension due to a lack of standardised terms in Xitsonga. Additionally, terms remained untranslated due to lexical gaps. The study suggested less use of compounding, transliteration, semantic extension, and direct loan as strategies. Mabasa's study is relevant to this study as the researcher deals with the health domain and provides valuable insights into term formation strategies in Xitsonga, although this study focuses on translation strategies in Tshivenḓa.

Nokele (2015) investigates the translation strategies employed by Jordan in rendering cultural elements from the Xhosa classic novel "*Ingqumbo Yeminyanya*," specifically focusing on "*The Wrath of the Ancestors*." It suggests that Jordan's utilisation of the foreignization strategy, to some extent, effectively connects his audience with the original text's author. By encouraging readers to derive meaning from context, Jordan's approach enhances comprehension on a broader scale. However, the study argues that sole reliance on this strategy may not align with the translator's objectives. Furthermore, the research acknowledges its limitations, noting that while only a small group of readers participated and were given a limited number of questions, their responses reveal unexplored issues related to foreignization strategy, including exoticism, cultural borrowing, or calque. It posits that this study lays the groundwork for future investigations into the overlooked impacts of foreignization strategy. Even

though her study is based on a classic novel, it is relevant to this study because it focuses on investigating translation strategies, which this research is all about.

Moropa (2004) in her article ‘A parallel corpus as a terminology resource for Xhosa: *A study of strategies used to translate financial statement*' identifies and discusses the strategies used to translate some of the financial terms in a sub-corpus of English and Xhosa texts. In this study, Moropa identifies various translation strategies which including the use of loan words, in which she indicates that translators should not avoid the use of loan words that are known by the target audience and those that express the original meaning well to the target audience. Although her study focuses on financial statements, her use of a parallel corpus to identify translation strategies is relevant to this study because the same terminology resource, which is a parallel corpus, was used to analyse translation strategies.

Madiba’s (2000) investigation into the strategies used for the modernisation of Tshivenḓa offers valuable insights that are directly applicable to these challenges. Madiba identified a pragmatic approach to the modernisation of Tshivenḓa, which is divided into two key stages: the borrowing stage and the indigenisation stage. In the borrowing stage, new terms are rapidly incorporated into the language, allowing for quick communication of urgent and novel concepts. This approach is particularly relevant in the context of the COVID-19 pandemic, where terms such as "social distancing," "quarantine," and "vaccination" needed to be translated and disseminated quickly to Tshivenḓa-speaking communities. Madiba’s framework suggests that these borrowed terms may initially be foreign to the language but are essential for immediate understanding. Over time, these terms could undergo indigenisation, where they are replaced by more culturally and linguistically appropriate equivalents.

Madiba’s research further identifies several language-internal strategies for term formation, including semantic shift, derivation, compounding, paraphrasing, initialisms, acronyms, clipping, and the creation of new words. These strategies are highly relevant to the translation of COVID-19-related content into Tshivenḓa. For example, the process of semantic shift could be employed to adapt existing Tshivenḓa words to convey new meanings related to the pandemic. Similarly, derivation and compounding could help create new terms that resonate with the cultural and linguistic norms of the Tshivenḓa-speaking population. The flexibility offered by these strategies is crucial in

ensuring that the translation is both accurate and accessible. Madiba emphasises the need for expertise in language, culture, and technology when utilising these term formation strategies. This insight is particularly pertinent to the translation efforts during the COVID-19 pandemic. The complexity of medical and scientific terminology necessitated a deep understanding of both the source and target languages, as well as the cultural context in which the terms would be used. Translators needed to ensure that the newly created terms were not only accurate but also culturally relevant and easily understood by the Tshivenḓa-speaking population.

Madiba's work underscores the importance of drawing on well-researched principles and methodologies to achieve this goal. Finally, Madiba highlights the challenges posed by the lack of a systematic approach to the modernisation of Tshivenḓa in the past. During the missionary and colonial periods, term formation strategies often relied on the natural knowledge of the language, rather than on well-investigated principles. This led to inconsistencies and challenges in the development of new terminology. In the context of the COVID-19 pandemic, such an unsystematic approach would likely have resulted in confusion and miscommunication. Madiba's call for a more structured and research-driven strategy is therefore highly relevant, as it suggests that effective translation of COVID-19-related content requires a rigorous and systematic approach to term formation.

In summary, Madiba's (2000) investigation into the strategies for modernising Tshivenḓa provides a critical foundation for understanding the challenges and opportunities involved in translating COVID-19-related medical texts into Tshivenḓa. His emphasis on a pragmatic approach, the use of diverse term formation strategies, and the need for expertise and systematic methodologies highlight the complexities of this task. As such, Madiba's work offers valuable guidance for developing effective translation strategies that meet the linguistic and cultural needs of Tshivenḓa-speaking communities during the COVID-19 pandemic.

Maḓadzhe and Mashamba (2014) investigate the influence of culture on the translation of medical terms, specifically between English and Tshivenḓa. They believe that translation involves more than just converting words from one language to another. Each language is influenced by its respective culture, creating challenges for translators in achieving accurate translations. Translators must understand the cultural

contexts of both the source language and the target language. The lack of terminology in specialised fields like medicine and science leads to referential gaps and translation difficulties. The issue is further complicated when translations are done by untrained individuals, highlighting the need for proper training for translators.

Maḓadzhe and Mashamba propose effective translation methods and procedures to address the cultural problems in translation and suggest solutions by answering questions about what translation methods and strategies can achieve equivalence when translating English medical terms into Tshivenḓa, and how concepts or words from the source language can be adapted to another language. By exploring these questions, Maḓadzhe and Mashamba seek to provide translators with effective strategies for translating low-translatability medical terms and concepts. They employ a qualitative method to compare and analyse various translation strategies to enhance the interaction between translation and cultural adaptation, making translated medical texts meaningful to the target audience.

The study emphasises the importance of understanding cultural influences on translation, which is critical when dealing with medical terminology during a global pandemic. This is relevant to this study since COVID-19-related terms and concepts need to be accurately translated while considering cultural nuances to ensure effective communication and public health education. Their study also highlights the difficulties translators face due to the lack of equivalent medical terminology in Tshivenḓa. This issue is particularly pertinent to COVID-19, where new medical terms and concepts have emerged that need precise translation to avoid misinformation and ensure clarity.

the study points out the importance of proper training for translators to handle specialised fields like medicine. This is crucial for COVID-19-related translations, where accurate and reliable information dissemination can have significant health implications. The study proposes investigating suitable translation methods and strategies to achieve equivalence and adapt concepts between languages. This is directly applicable to translating COVID-19 medical texts, where developing effective strategies can help bridge the linguistic and cultural gaps. The study's use of qualitative methods to analyse and compare translation strategies is relevant for studying COVID-19-related translations. Such an approach can provide deeper insights into the effectiveness of different translation strategies in conveying critical

health information. The principles and challenges outlined in the study provide a foundational understanding for analysing how COVID-19 medical texts can be effectively translated from English to Tshivenḓa, ensuring accurate and culturally appropriate communication. Their qualitative study highlighted challenges such as referential gaps and the importance of proper translator training. The study's relevance is underscored by the recent need for accurate COVID-19-related translations.

Ndlovu (2009) investigates the strategies employed by Zulu translators to make health texts accessible to their target audience. Data were collected using self-administered questionnaires from respondents in Gauteng and KwaZulu-Natal, two provinces with significant Zulu-speaking populations. Additional methods, including focus groups and semi-structured interviews, complemented the data collection.

A parallel concordance tool, ParaConc, was utilised to extract and analyse data from the compiled corpus, focusing on the strategies used to simplify the translated health texts. Ndlovu's study identifies several strategies used in translating English health texts into Zulu, such as the use of loan words, paraphrasing, and incorporating cultural terms. The findings suggest that ParaConc could be further utilised to explore new translation strategies, to enhance the accessibility of health texts. Additionally, this software can be applied to study translation strategies in other types of texts, such as journalistic works. Ndlovu's study is relevant to this study because it focuses on analysing Zulu-translated medical texts to identify translation strategies, even though the researcher analysed Tshivenḓa-translated medical texts.

Ndhlovu (2012) investigates strategies used by Ndebele translators for specialised terms and cultural taboos in HIV/AIDS texts. The study examines how Ndebele translators tackle challenges in translating HIV/AIDS documents for public dissemination. It explores how translators handle complex, science-based HIV/AIDS concepts unfamiliar to the Ndebele language, which has a limited literary history in scientific discourse. The scarcity of resources forces translators to rely on their creativity, a task made more difficult due to their lack of formal training. The researcher also investigated how translators navigate cultural taboos related to sex, body parts, bodily functions, and illnesses in Ndebele culture, which is crucial for the acceptance of translations by target readers. It seeks to identify factors that could help establish

translation as a recognised discipline and profession in Zimbabwe, aiming to improve the quality of translations and services offered.

The findings of this study are highly relevant to translating COVID-19-related medical texts. The strategies used by Ndebele translators to address challenges with scientific terms and cultural taboos can be applied to COVID-19 texts. The translation of COVID-19 terminology requires similar originality and adaptation to fit the target language's context. COVID-19 information must respect cultural norms and taboos to ensure effective communication and adherence to health guidelines. Establishing translation as a formal discipline can enhance the quality and accuracy of translations, crucial for disseminating vital health information during the pandemic. Understanding these strategies can improve the translation of COVID-19-related medical texts, ensuring they are accurate, culturally appropriate, and accessible to the target readers.

## 2.6 Corpus-based approach and its use to determine translation strategies

Laviosa (2002, p. 7) defines the corpus-based approach as a method that involves the empirical study of linguistic phenomena through the analysis of large collections of naturally occurring texts (corpora). This approach emphasises the importance of real-life language use and relies on computational tools to manage and analyse extensive linguistic data. It entails the development of a corpus, that is, a collection of translated texts that may be used for the analysis required for the study. In this study, this implies the use of a corpus to determine and analyse translation strategies. This study focuses mainly on those scholars who investigated the use of a corpus-based approach to determine translation strategies. Laviosa (2002, pp. 21-34) provides a comprehensive view of the corpus-based approach to understanding and determining translation strategies. Laviosa advocates for the use of empirical data derived from large corpora to study translation strategies. She argues that this approach offers concrete evidence that can validate or challenge traditional theoretical models, which often rely on subjective and subjective evidence (Laviosa, 2002).

Laviosa introduces the concept of translation universals, such as simplification and normalisation. By examining corpora, she demonstrates that these features consistently appear in translated texts across different languages, indicating inherent tendencies in the translation process. Laviosa's analysis reveals distinct lexical and

syntactic patterns in translated texts, such as a higher frequency of common words and a lower frequency of rare words, reflecting a simplification strategy. Laviosa also identifies frequent use of certain collocations, suggesting reliance on conventionalised expressions for fluency and readability. Laviosa discusses how corpus-based methods can be used to assess translation quality. By comparing translations with source texts and other translations, researchers can identify deviations and areas for improvement, thereby refining translation strategies. She emphasises the role of corpora in translator training. By exposing trainee translators to corpus data, they can gain a better understanding of effective translation strategies and develop their skills accordingly. Laviosa explores the development of translation tools, such as translation memories and terminology databases, which are built using corpora. These tools help translators maintain consistency and accuracy, and they embody effective translation strategies identified through corpus analysis.

Equivalently, Baker, Francis and Tognini-Bonelli (1993, pp. 233-250) outlined several key contributions of corpus-based approaches to translation studies. Baker emphasised the empirical nature of corpus linguistics, which relies on real language data to study translation phenomena. This approach contrasts with theoretical models that may lack grounding in actual language use. She introduced the concept of translation universals, recurring features in translated texts regardless of the source language. Using corpora, researchers can identify patterns such as simplification, explicitation, and normalisation, which may reflect universal tendencies in translation practice. Baker highlighted the value of corpora in conducting comparative studies between source texts and their translations. This allows for the systematic analysis of how specific translation strategies are applied across different languages and contexts.

Baker et al. (1993) believes that by analysing large corpora of translated texts, researchers can uncover norms and conventions that guide translators' decisions. This includes stylistic preferences, syntactic choices, and adherence to genre-specific conventions. She also points out the importance of integrating computational tools with linguistic analysis, which allows for handling large volumes of text and conducting complex searches and analyses. According to her, corpus-based studies enhance the

description and explanation of translation phenomena, providing a more detailed and nuanced understanding of translation practices.

While both Baker and Laviosa are key figures in the field of corpus-based translation studies, their approaches differ significantly in scope, corpus design, and theoretical orientation. Baker's focus on descriptive analysis of translational norms contrasts with Laviosa's quantitative investigation of universal translation features. These differences in methodology highlight the diversity within corpus-based approaches to translation studies and offer complementary perspectives for understanding how translation strategies can be empirically analysed. The differing approaches of Baker and Laviosa offer valuable perspectives for analysing the translation strategies employed in translating COVID-19 texts from English to Tshivenḓa. Baker's descriptive, norm-based approach can highlight how translators deal with the challenges of transferring technical information to a non-specialised audience, while Laviosa's quantitative methods can empirically measure the frequency and density of lexical choices. Together, these perspectives offer a comprehensive framework for evaluating how effectively COVID-19 information is translated into Tshivenḓa, ensuring that crucial health information is accessible and comprehensible.

Zanettin (2013, pp. 45-65) discusses the significance of corpus-based approaches in translation studies. He emphasises that this method allows for the empirical analysis of translations through large, structured sets of texts (corpora). By examining parallel corpora (source texts and their translations), researchers can identify patterns, frequencies, and contexts of specific translation strategies. This approach aids in understanding how translators deal with linguistic and cultural challenges, providing insights into consistent practices and revealing potential improvements in translation techniques. According to Zanettin (2013, p. 61) corpus-based approach is used to determine translation strategies through empirical evidence by providing quantitative data, revealing which strategies are most employed and in what contexts.

By identifying patterns by analysing large datasets, researchers can identify recurring translation techniques, such as literal translation, adaptation, or omission. It also helps in understanding how cultural nuances and context-specific challenges are handled across different texts. Lastly, corpus analysis can highlight errors and inconsistencies, informing training programs to enhance translator competence. The corpus-based

approach assisted in analysing COVID-19-related medical texts by comparing translated texts with a corpus of validated translations, one can ensure medical terminologies are accurately translated. Analysing how cultural taboos and sensitive information have been previously handled can guide translators in addressing these aspects effectively in COVID-19 texts. It can help in standardising translations of frequently used terms, ensuring consistency across different documents.

Even though there are many corpus-based studies on translation strategies, the use of corpora may differ from language to language depending on the availability of parallel texts in the target domain. For example, corpus-based studies of (Moropa, 2004) and Ndlovu (2012) have focused on domains such as food, bible translation and health texts and employed different computer software tools.

Similarly, Kenny's (2001, p. 57) work in corpus-based translation studies has also significantly influenced the field by demonstrating how large text corpora can inform and analyse translation practices. Kenney provides empirical data, making translation studies more robust and reliable. Kenny explores translation universals, such as simplification, explicitation, and normalisation, with detailed examples and discussions that reveal the common patterns in translators' lexical choices.

Kenny's analysis also highlights the tendency of translators to normalise and standardise language, aligning their work with the norms of the target language. This process reduces variability and brings translated texts closer to conventional language forms. Additionally, Kenny investigates the creative aspects of translation, showing how translators can make unique lexical choices that diverge from the source text while still preserving its meaning. Her comprehensive overview of the methodology involved in corpus-based studies provides a solid framework for selecting, compiling, and analysing corpora. Through her research, Kenny demonstrates that corpus-based studies are effective in identifying prevalent translation strategies.

By analysing large volumes of translated texts, researchers can uncover patterns that may not be apparent through traditional qualitative methods. Strategies such as explicitation, where translators add information to enhance clarity, and simplification, where complex structures are made more accessible, are common practices identified

in Kenny's work. Standardisation, the tendency to conform to target language norms, is another strategy highlighted in her studies.

The perspectives of Federico Zanettin and Dorothy Kenny on corpus-based translation studies are highly relevant for investigating the translation strategies employed in translating COVID-19-related texts from English to Tshivenḓa. Zanettin's focus on specialised corpora provides a framework for understanding how translators navigate technical language and terminology, while Kenny's emphasis on terminology and machine translation ensures that translated texts maintain consistency and clarity. Together, their views offer valuable insights into how corpus-based methods can be applied to the translation of health-related texts, contributing to more effective and accurate public health communication in Tshivenda during the COVID-19 pandemic.

## 2.7 Summary

The objective of this chapter was to undertake a comprehensive review of the literature on translation theories, with a particular emphasis on the contributions of functionalist scholars such as Hans J. Vermeer and Katharina Reiss, who introduced the "skopos" theory, as well as the works of Nida, Munday, and House. Additionally, the chapter explored the perspectives of Descriptive Translation Studies scholars, including Toury and Venuti. In terms of translation strategies, the chapter delved into the frameworks proposed by Mona Baker and Chesterman. Furthermore, the review extended to the examination of translation strategies within the context of African languages, highlighting the work of scholars such as Mabasa, Moropa, Madiba, Ndlovu, Nokele, Ndhlovu, Maḓadzhe, and Mashamba.

Subsequently, the review also focused on the corpus-based approach, particularly its application in identifying translation strategies employed in translating medical texts from English to Tshivenḓa. The analysis revealed a significant gap in the literature concerning the investigation of translation strategies used in translating medical texts from English to Tshivenḓa, especially in the context of COVID-19-related medical content. The corpus-based approach offers a valuable methodological framework for identifying and analysing the translation strategies employed in these contexts, thereby contributing to the advancement of research in this area.

# CHAPTER THREE

## 3. RESEARCH METHODOLOGY

### 3.1 Introduction

In this study, the methodology is centred on a corpus-based approach, which is an effective tool for analysing translation strategies used in the translation of COVID-19-related medical texts from English to Tshivenḓa. A corpus-based approach involves the systematic collection and analysis of textual data, allowing researchers to observe patterns and trends within the language used in the translations (Baker et al., 1993, p. 235). By compiling a specialised corpus of both the source and target texts, this method facilitates a detailed examination of the translation strategies employed, such as direct translation, adaptation, or omission, and their frequency and context of use (Laviosa, 2002, p. 45).

The corpus-based approach is particularly suited for this study as it enables the identification and classification of translation strategies through both qualitative and quantitative analyses. It provides a robust framework for investigating how translators handle the complexities of medical terminology, cultural nuances, and the urgency of public health information during the COVID-19 pandemic (McEnery & Hardie, 2012, p. 78). The insights gained from this analysis were crucial for understanding the effectiveness and challenges of translating medical texts into Tshivenḓa, a language that has limited resources for specialised terminologies.

### 3.2 Research Design

The overall design of this study is analytical and descriptive, employing both qualitative and quantitative methods to explore the translation strategies used in the translation of COVID-19-related medical texts from English to Tshivenḓa. The study sought to systematically identify, describe, and analyse the various translation strategies applied in these translations, providing insights into how complex medical information is conveyed across languages with distinct linguistic and cultural backgrounds (Creswell, 2014, p. 245).

An analytical design was appropriate for this research because it allowed for a detailed examination of the texts, focusing on specific aspects of translation such as lexical

choices and syntactic structures. The descriptive element of the study involved cataloguing the translation strategies used and providing contextual explanations for their usage (Miles, Huberman & Saldaña, 2014, p. 87). This approach was beneficial in understanding the nuances of translating specialised medical content, where accuracy and clarity are paramount.

Through these approaches, the study not only identified the strategies employed but also interpreted the underlying reasons and implications of these strategies, offering a comprehensive understanding of the translation dynamics involved (Denzin & Lincoln, 2018, p. 118).

### 3.3 Data Collection Process

The collection of COVID-19-related medical texts for this study was conducted through a multi-step process that involved identifying, accessing, and compiling relevant texts from various reputable sources. The goal was to build a comprehensive and diverse corpus that accurately represents the translation strategies used during the pandemic. The primary sources of texts were official documents published by government health departments, such as the South African Department of Health, which provided translations of health guidelines and public service announcements, provincial legislatures, Government Communication and Information System (GCIS). These documents were essential for understanding how critical public health information was conveyed to Tshivenḓa-speaking communities.

The selection of COVID-19-related medical texts for this study was carried out using a systematic approach designed to ensure that the texts were relevant, accessible, and within a specific time frame. This process involved the following criteria. The texts were chosen based on their direct relevance to the COVID-19 pandemic, focusing on medical and public health information. This included documents such as health guidelines, newsletters and informational brochures that were translated from English into Tshivenḓa. Priority was given to texts that addressed critical aspects of the pandemic, such as symptoms, prevention measures, treatment options, vaccine information, and public health protocols.

Texts that provided general information or were not specific to COVID-19 were excluded to maintain the study's focus on the pandemic. The selected texts were

obtained from publicly accessible sources, including government health departments. Texts were selected that were available in both English (as the source language) and Tshivenḓa (as the target language). This ensured that a direct comparison could be made between the original and translated versions.

Efforts were made to include texts that addressed culturally specific aspects of the Tshivenḓa-speaking community, recognising that effective translation often involves adapting content to meet the cultural and linguistic needs of the target audience. The rigorous selection process ensured that the corpus compiled for the study was both representative of the translation challenges posed by COVID-19-related medical texts and relevant to the study's objectives.

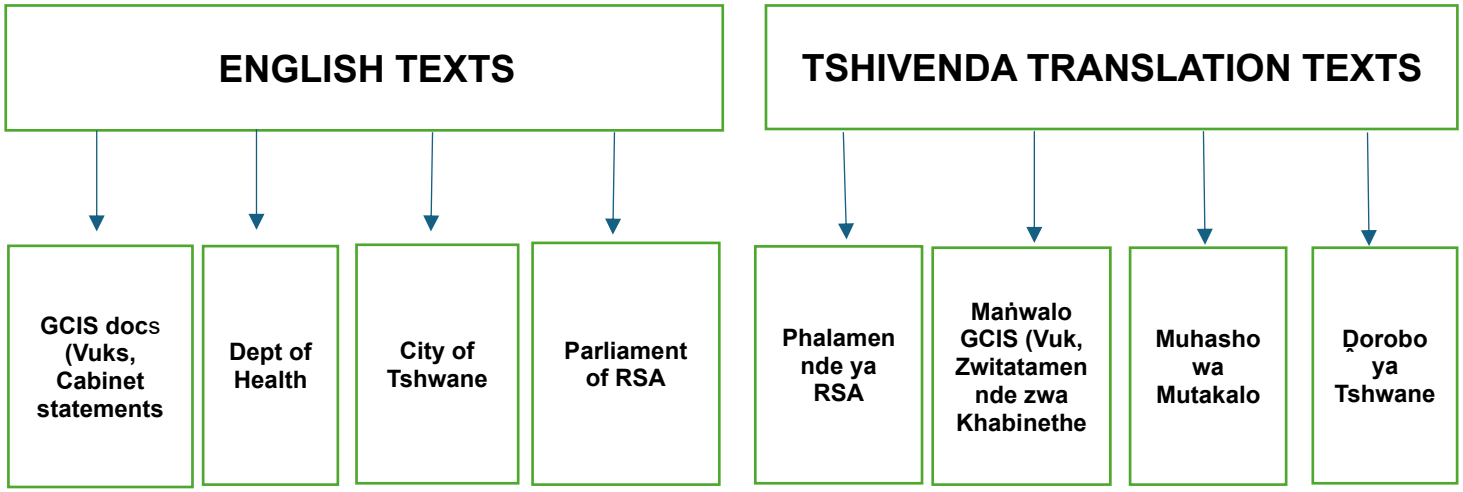


**Figure 3.1: English and Tshivenḓa Corpus Files**

Many of the documents were accessed through the official online websites of the organisations. For instance, the GCIS and the South African Department of Health made many of their COVID-19 resources freely available online, which were downloaded for inclusion in the corpus. Where necessary, direct contact was made with relevant provincial legislatures to obtain specific translations, for example, the City of Tshwane, to obtain materials that may not have been readily available online but were crucial for the study. The following selection criteria were used to select the texts: Relevance, the texts must relate directly to COVID-19, focusing on public health guidelines, symptoms, treatment, and prevention. Language availability, texts must have both English and Tshivenḓa versions to allow for comparative analysis and the

texts are selected from reputable sources, such as government agencies and health organisations, ensuring their reliability.

### 3.4 Population and Data Sampling

According to Bryman (2016, p. 120**)**, data sampling refers to the "selection of a segment of the population to investigate the features and dynamics that apply to the whole population. In research, sampling is essential because it allows researchers to make inferences about the larger population based on the analysis of a smaller, manageable subset. Bryman emphasises that sampling is necessary when the entire population is too large to study comprehensively, and it ensures that the selected subset is representative enough to allow for generalizable findings.

The choice of sampling method depends on the research objectives, the nature of the data, and the desired level of representativeness. Bryman notes that the representativeness of the sample is critical in drawing valid conclusions about the whole population from the sampled data. Tognini-Bonelli (2001, p. 45) notes that sampling should aim for representativeness so that the patterns identified in the sample can be confidently extrapolated to the wider corpus. The selection of texts for sampling may be random, stratified, or purposive, depending on the specific research question and the nature of the corpus being studied.

According to Taherdoost (2016, pp. 18-27) sampling techniques are generally categorised into two main types, namely, probability sampling and non-probability sampling. Probability sampling is a sampling technique where each member of the population has a known and equal chance of being selected (Creswell, 2014). It ensures that each item in the population has a known and equal chance of being selected, while non-probability sampling does not guarantee this equal chance and often relies on subjective selection criteria.

This study employed a probability sampling technique, specifically stratified random sampling. Stratified random sampling is a probability sampling technique in which the population is divided into distinct subgroups or "strata" based on specific characteristics and then random samples are drawn from each stratum to ensure a representative selection of texts across different categories (Creswell and Creswell, 2018). The sample included various text types, such as government guidelines,

cabinet statements, public health advisories, and vaccine-related information, to capture the diversity of translation practices. The population for this study comprised COVID-19-related medical and public health texts originally produced in English and translated into Tshivenḓa. The study did not involve human participants but focused on textual data, forming a bilingual corpus for the analysis of translation strategies. These texts reflect how essential health information was communicated across language barriers to support Tshivenḓa-speaking communities in South Africa.

### 3.4.1 Corpus Size

The corpus compiled for this study consists of 30 COVID-19-related medical texts, totalling approximately 35,000 words. This corpus includes a diverse range of documents such as health guidelines, public health announcements, newsletters, and government newsletters, all translated from English to Tshivenḓa. The size of the corpus is adequate for the analysis of translation strategies. The corpus includes a variety of text types, each representing different aspects of medical communication during the COVID-19 pandemic. This diversity ensures that the analysis captures a wide range of translation strategies, from the handling of complex medical terminology in research articles to the adaptation of public health messages for local communities. With 30 texts, the corpus is sufficiently large to provide a representative sample of the translations produced during the pandemic. It reflects the translation practices across different institutions and text types, allowing for a comprehensive analysis of the strategies used. The word count of 35 000 words strikes a balance between depth and breadth of analysis. It is large enough to identify and analyse recurring patterns and strategies, but also manageable enough to allow for detailed qualitative analysis of specific examples within the texts. This balance is essential for capturing the nuances of translation without overwhelming the analytical process. The corpus size allows for effective comparative analysis between different texts and translation strategies. By comparing how different texts handle similar content, the study can identify consistent strategies and highlight variations, providing insights into the translation norms and practices in medical translation during the pandemic.

A corpus of this size provides a robust empirical foundation for the study. The substantial word count ensures that the findings are grounded in a significant amount of data, enhancing the reliability and validity of the results. This is particularly important

in a field like medical translation, where precision and accuracy are critical. Overall, the corpus size of 30 texts and 35,000 words is well-suited to the objectives of this study, providing a comprehensive and representative dataset for analysing the translation strategies used in COVID-19-related medical texts from English to Tshivenḓa.

### 3.5 Data analysis

Corpus-based studies rely on specialised software tools to systematically examine linguistic data. In this research, *ParaConc* software was employed to analyse the parallel corpus, enabling the identification and comparison of translation strategies used in the English and Tshivenḓa COVID-19 medical texts. The tools for data analysis are explicitly discussed below.

#### 3.5.1 Corpus Analysis Tools

*ParaConc* software is the primary tool used for corpus analysis. ParaConc is a parallel concordance which was developed by Barlow (2003). Barlow designed ParaConc for linguists and translators who wish to work with translated texts (Moropa, 2009, p.188). This software program is widely recognised in the field of corpus linguistics and translation studies for its ability to handle large datasets, perform complex searches, and identify linguistic patterns across parallel corpora.

ParaConc is specifically designed for parallel corpus analysis, making it ideal for comparing texts in two languages, English and Tshivenḓa, in this case. It allows for a side-by-side comparison of source and target texts, which is crucial for identifying translation strategies. ParaConc automatically aligns parallel texts, allowing researchers to directly compare corresponding segments (e.g., sentences or paragraphs) in the source and target languages. The software generates concordances, which are lists of occurrences of a particular word or phrase along with its immediate context in both languages. This helps in identifying how specific terms or phrases are translated. ParaConc provides frequency counts of words and phrases, which can be used to identify common translation strategies.

ParaConc was installed into Desktop Windows 10. The program can take more than two languages, but for this study, the researcher used two languages, namely, English

and Tshivenḓa. The translated texts, both English and Tshivenḓa, were in electronic format, PDF and were not ready to be utilised. The second step was to convert the PDF documents into plain text. In the process of conversion, some information may shift and need thorough editing and proofreading to correct spelling mistakes or funny characters that developed during conversion.

### 3.5.2 Alignment of the texts

During the alignment process, texts are matched at the sentence level, ensuring that each sentence in the source text corresponds to an equivalent sentence in the target text. Parallel concordance was selected as the tool for analysing the English-Tshivenḓa parallel corpus in this study due to its ability to align texts at the sentence level. This alignment process is critical for the effective operation of the software, as it facilitates the identification of terms, their potential translations, and the generation of frequency lists.

## 3.6 Categorisation of Translation Strategies

After generating concordances and identifying key terms and phrases within the corpus, the researcher manually categorised the translation strategies employed, following the framework outlined by Mona Baker in her model of translation strategies. Baker's model provides a comprehensive set of criteria for understanding the methods translators use when approaching linguistic and cultural challenges in text translation. The manual categorisation involved an in-depth evaluation of specific instances where translators employed strategies such as literal translation, cultural substitution, paraphrasing, or omission, depending on the context of the original and target texts.

This methodology, which integrates software-driven analysis with manual categorisation, enabled a more nuanced understanding of translation practices. The use of corpus analysis tools allowed for the identification of recurrent patterns, while manual evaluation ensures a qualitative assessment of how these strategies are applied in practice. By systematically documenting these patterns, the researcher was able to provide a detailed analysis of the overall translation approach used in translating COVID-19-related medical texts from English to Tshivenḓa. This dual approach ensured both breadth and depth in the study, ultimately leading to more

robust conclusions regarding the strategies employed and their effectiveness in the context of medical translation.

### 3.7 Ethical Considerations

Ethics in research refers to the established norms and standards that distinguish acceptable conduct from unacceptable behaviour within the research process. Ethical considerations are fundamental in ensuring the protection of participants, the integrity of the research, and the credibility of its outcomes. As Bresler (1995, p. 29) explains, ethical issues encompass the principles of right and wrong recognised by a particular group, with a code of ethics designed to uphold individuals' rights to dignity, privacy, and confidentiality, while also safeguarding them from potential harm. Ethical guidelines serve as a critical framework for researchers, particularly when human participants or sensitive data are involved, ensuring that research is conducted responsibly and respectfully.

In the context of this study, the data utilised is publicly accessible and does not contain personally identifiable information, thereby significantly reducing the risks to participants' privacy and confidentiality. Nonetheless, to further ensure ethical integrity, the data is issued strictly for this study, and measures are taken to ensure secure storage, protecting it from unauthorised access. Adhering to ethical standards ensures that the analysis of translation strategies in the translation of medical texts upholds the principles of integrity, responsibility, and respect for the sources. By securing the data and maintaining transparency throughout the research process, the study not only respected the ethical guidelines of translation research but also contributed to the broader understanding of how medical information was communicated during the pandemic in multilingual contexts. This commitment to ethical standards reflects the researcher's responsibility to maintain the confidentiality and security of the data, adhering to the principles of transparency and respect for public information.

As part of the ethical requirements for conducting this research, the researcher completed formal ethics training to ensure full understanding and adherence to ethical principles governing academic research. In alignment with institutional protocols, the researcher obtained official Ethics Clearance Certificates, which authorise the use of publicly available data and confirm that the study meets the ethical standards set by

the relevant review board. These certificates validate the researcher's commitment to responsible conduct of research, particularly in handling data with integrity, transparency, and respect for the public and institutional sources involved. Supporting documentation is provided in Appendices B and C.

### 3.8 Quality Criteria

This research adopted Lincoln and Guba's (1988, p 3) framework to ensure trustworthiness, addressing credibility, transferability, dependability, and confirmability. To ensure the trustworthiness of this research, attention was given to the four key criteria: credibility, transferability, dependability, and confirmability.

Lincoln and Guba (1988) described credibility as the confidence in the truth of the findings. It involves establishing that the results of qualitative research are believable and accurate from the perspective of the participants in the research. Credibility was achieved by triangulating data through both automated corpus analysis using Paraconc software and manual qualitative evaluation of translation strategies, supported by existing translation theory. Additionally, consultations with Tshivenda language experts helped validate the interpretation of translated terms and strategies.

Transferability refers to the extent to which the findings of a qualitative study can be applied or transferred to other contexts or settings (Lincoln & Guba, 1988). It is achieved when the researcher provides sufficient detail and context so that the reader can determine whether the findings apply to other contexts. Transferability was ensured by providing a detailed description of the corpus construction process, including the selection criteria for COVID-19-related texts, the nature of the source and target materials, and the sociolinguistic context of Tshivenda.

Dependability refers to the stability and consistency of the research process over time. It ensures that the study could be repeated with similar results under similar conditions (Lincoln & Guba, 1988). To enhance dependability, a transparent and systematic methodological procedure was followed, including an audit trail documenting how translation strategies were identified, categorized, and interpreted. Peer debriefing and discussions with supervisors further contributed to methodological consistency.

Confirmability refers to the extent to which the findings of a study are shaped by the participants and not researcher bias, motivation, or interest (Lincoln & Guba, 1988). It was established by grounding all interpretations in data extracted directly from the bilingual corpus and by maintaining a reflexive stance throughout the research process. This included acknowledging personal biases and ensuring that the findings were derived from the data rather than preconceived assumptions. Together, these strategies strengthened the overall rigor and reliability of the study.

### 3.9 Summary

The study utilised a comprehensive methodology to analyse translation strategies in COVID-19-related medical texts from English to Tshivenḓa. The process began with the selection of relevant texts, focusing on materials published between 2020 and 2022. A total of 30 texts, amounting to approximately 35,000 words, were collected from reputable databases and institutional sources. These texts were then aligned and standardised using ParaConc to facilitate detailed comparison and analysis. The study employed ParaConc for both quantitative and qualitative analysis, focusing on frequency counts, concordances, and contextual understanding of translation strategies. ParaConc, a software suitable for querying parallel texts, is used to align and extract terms from the corpus. Mona Baker's model was used as the framework for categorising and interpreting these strategies.

The corpus-based approach proved significant in providing a structured, data-driven analysis of translation practices, revealing patterns and trends that offer a comprehensive understanding of how medical texts are translated. Furthermore, ethical considerations were prioritised to ensure the responsible handling of data, with particular attention to privacy, confidentiality, and data security. Given that the data is publicly accessible and free of personal identifiers, risks to confidentiality were minimal, but strict measures were implemented to store and use the data exclusively for research purposes, ensuring compliance with ethical standards throughout the study. This methodology enhanced the reliability and validity of the findings, contributing valuable insights into translation strategies and improving practices in the field.

# CHAPTER FOUR

## 4. ANALYSIS AND INTERPRETATION OF THE DATA

### 4.1 Introduction

This chapter provides a detailed analysis of the data collected. According to Miles et al. (2014, p. 381), data analysis involves systematically reviewing and interpreting the data to identify patterns and gain insights. It is a process that organises raw data into a structured and meaningful format, enabling researchers to extract relevant conclusions. This process requires creativity and critical thinking to effectively handle and examine the data, as well as to present the findings and recommendations clearly and persuasively.

In this chapter, the translation strategies employed by translators in the context of COVID-19-related texts are thoroughly examined. The researcher utilised dictionaries and terminology lists to cross-reference and verify the meaning of key terms extracted from the English-Tshivenḓa Parallel Corpus. Additionally, English and Tshivenḓa bilingual dictionaries and various online sources such as the COVID-19 Multilingual Terminology List compiled by the City of Tshwane were consulted to compare the meanings of the source terms with their translations in the target text, ensuring accuracy and clarity in the translation process.

### 4.2 The use of ParaConc Software

The ParaConc, a software program developed by Barlow (2003), specifically designed to assist linguists and translators in working with translated texts, was used. A crucial aspect of the software's functionality is the alignment process, which links the source text to its corresponding target text, enabling effective analysis. Screenshots illustrating the alignment of texts at the sentence level, along with the merging and splitting of sentences, word frequency lists, and parallel concordances, are presented as part of the demonstration. Additionally, the author highlights how ParaConc's features, particularly parallel concordance and sentence alignment, have been employed to identify terms within the English-Tshivenḓa Parallel Corpus. The following figures show how ParaConc works as a tool for corpus-based translation studies.

### 4.2.1 ParaConc screen

Figure 4.1 shows what the ParaConc screen looks like before loading the corpus files.




**Figure 4.1: Initial ParaConc Screen**

### 4.2.2 ParaConc file menu

The following screen shows the ParaConc file menu. A few options appear on the dialogue box, such as *load corpus file*, *open workspace*, *save workspace*, *recent workspace, tags setting, print setup* and *exit,* as seen below in Figure 4.2.

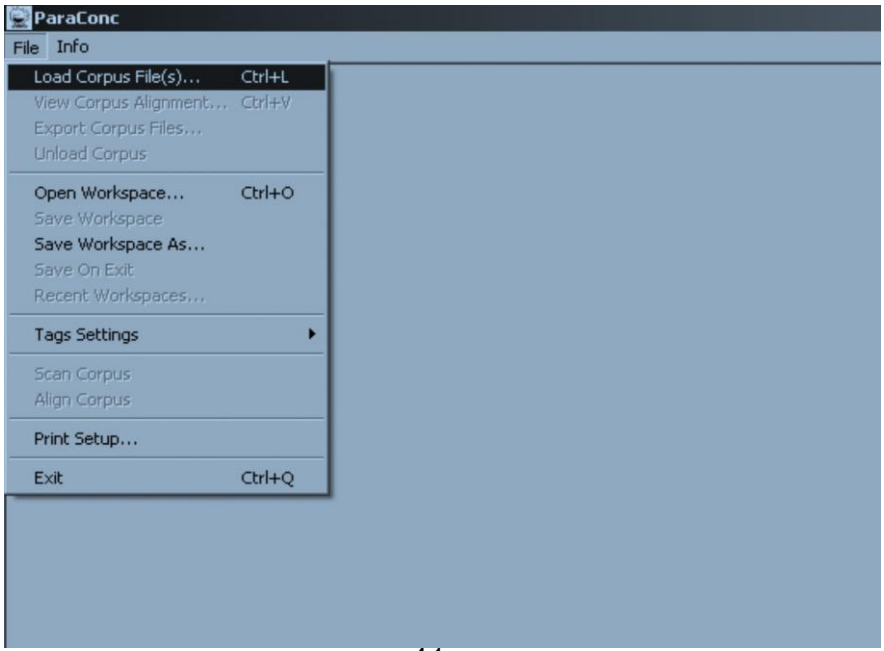

**Figure 4.2: File menu**

### 4.2.3 Load Corpus file box

The dialogue box allows the loading of corpus files, as seen in Figure 4.3. There are options for several languages which one can work with. However, for this study, two languages were selected. *English* and *Additional 1(representing Tshivenḓa)* languages were chosen since Tshivenḓa does not appear in the list of languages displayed in the dialogue box, as seen in Figure 4.3.

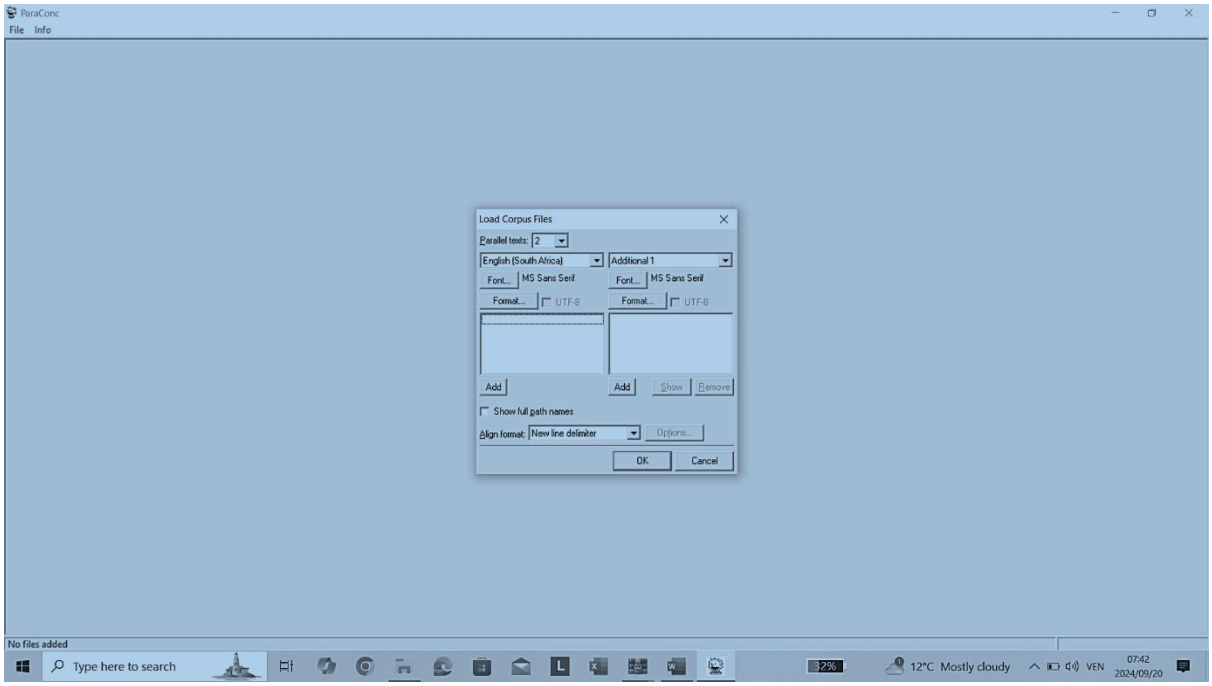


**Figure 4.3: Workspace where two parallel corpora are loaded**

### 4.2.4 Parallel Corpus Files loaded

Both texts are automatically loaded and saved in different boxes, as seen in Figure 4.4.

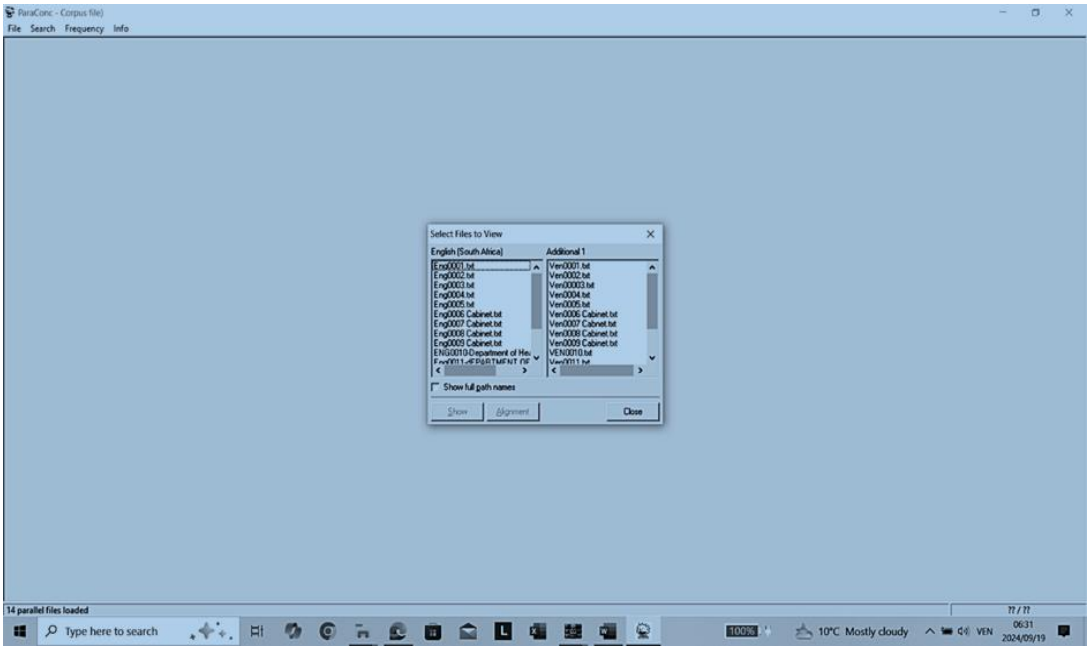

**Figure 4.4: English and Tshivenḓa *(Additional 1)* Parallel corpus loaded**

### 4.2.5 Frequency list

Once the files are loaded on the workspace as seen in (Figure 4.4), the corpus frequency can now create a word list for the two parallel texts and the results are displayed in two parallel windows. The word list gives an overall idea of what information can be searched for, and it is very useful for the identification of terminology. The word list may be arranged according to the order of frequency or alphabetically (Moropa & Nokele, 2023, p. 152) as seen in Figure 4.5.

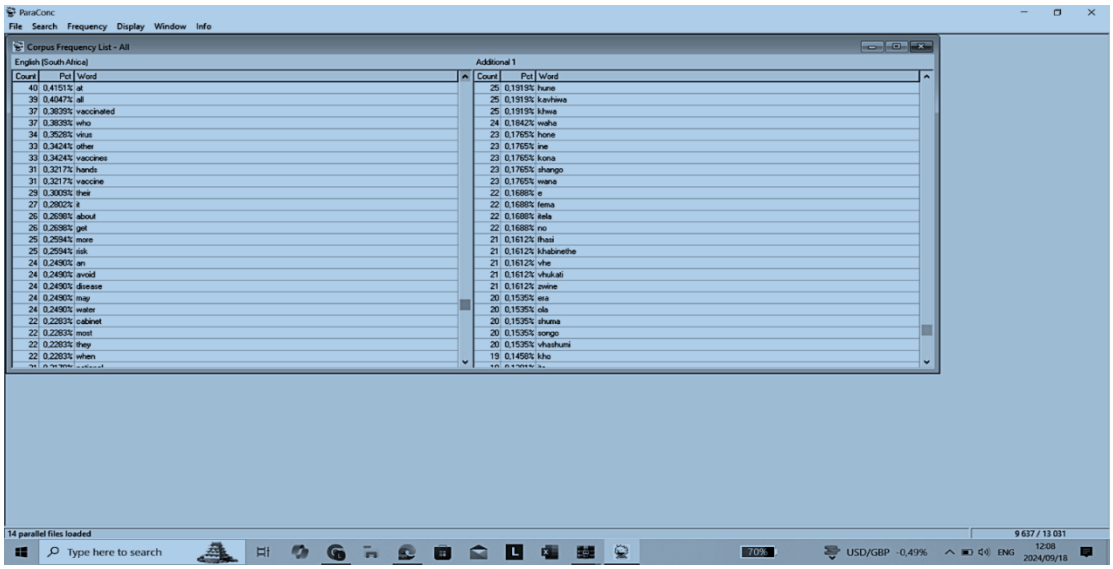

**Figure 4.5: Frequency order of English and Tshivenḓa corpus**

### 4.2.6 Text alignment

In aligning the text, a sentence is used as a basic alignment segment, however, it doesn't mean that each sentence in the English corpus is aligned with a similar single sentence in the Tshivenḓa corpus, because all the time since one sentence in English may equal two sentences in the Tshivenḓa. To correct this, the software has a merge and split alignment function that permits the segment to move from one space to another by merging/splitting sections appropriately (Figure 4.6).

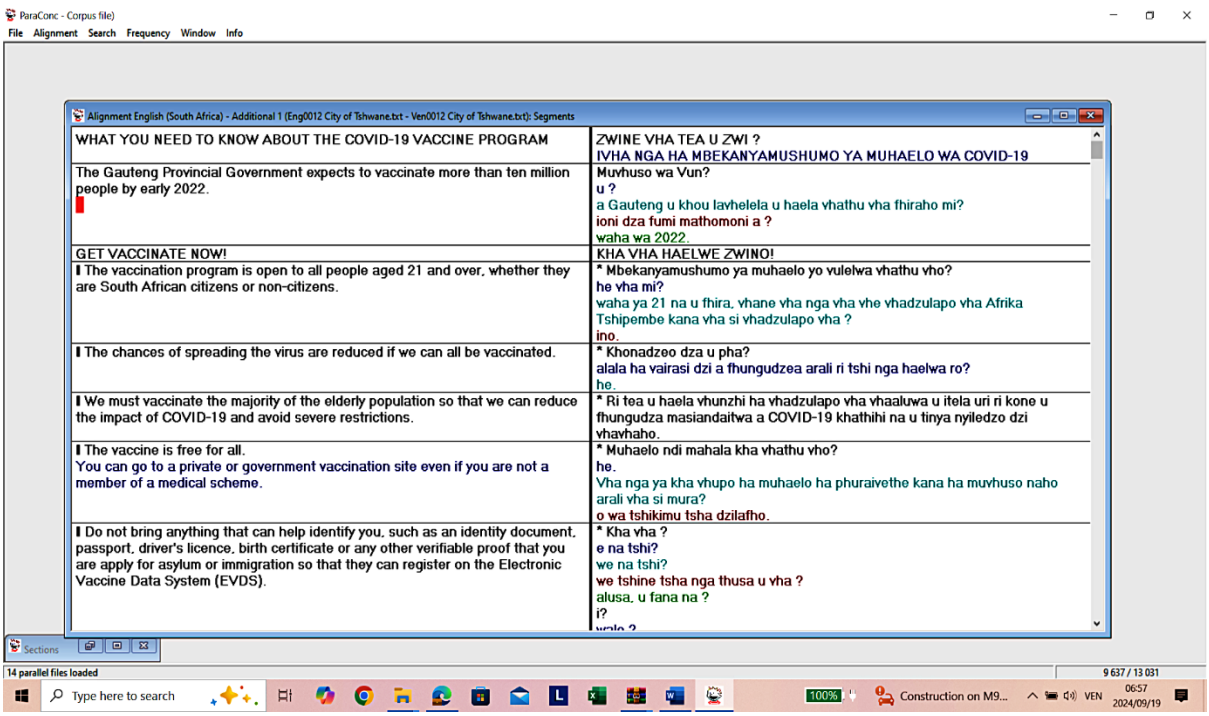


**Figure 4.6: Example of Parallel text alignment at the sentence level**

### 4.2.7 Parallel concordance list

The figure below shows how concordances for key terms and phrases were generated. This helped to identify how specific medical terminology, idiomatic expressions, and culturally specific references are translated. By examining the context in which these terms appear, the researcher could infer the translation strategies used. ParaConc was used to perform frequency analysis of words and phrases in the source and target texts. These highlighted terms are frequently translated in particular ways, revealing patterns in translation strategies.




**Figure 4.7: Example of a Parallel concordance list of the term (*Pandemic>Dwadze)***

## 4.3 Translation Strategies used in the translation of COVID-19 medical-related Texts

This section explores the translation strategies employed in the translation of COVID-19 medical texts, with a particular focus on the framework proposed by Baker (1992). Baker's strategies, as discussed in detail in Chapter Two, including translation by a more general word (superordinate), translation by a more neutral/less expressive word, translation by cultural substitution, and translation by a loan word with explanation, offer a comprehensive toolkit for handling complex translation scenarios. These strategies allow translators to navigate linguistic and cultural differences, ensuring that the meaning and intent of the source text are preserved while remaining accessible to the target audience.

This section analysed how translators have utilised these approaches to translate key medical terms, acronyms, and phrases from English into Tshivenḓa, with particular attention to the challenges posed by medical jargon, unfamiliar acronyms, and culturally specific references.

### 4.3.1 Translation by a More General Word (Superordinate)

This strategy involves replacing a specific or technical term with a more general term in the target language. According to Baker (1992, p. 27), the strategy of using a

superordinate term is among the most frequently employed techniques to address various forms of non-equivalence at the lexical level. It is used to overcome a relative lack of specificity in the target language compared to the source language (Ṇevhulaudzi, 2022, p. 155). The following examples show how this strategy is used by translators. The examples below demonstrate how this strategy is used in the English-Tshivenḓa Parallel corpus, where Tshivenḓa appears as Additional 1 in the ParaConc (see Figure 1 below). The researcher used the abbreviations of English (Source Text) (ST), Tshivenḓa (Target Text) (TT) and Back Translation (BT) as shown below.

**Table 4.1: Translation in more general words**

| ST | TT | BT |
|---|---|---|
| 1. …is then tested by a laboratory for the ***virus*** or its antibodies (GCIS) | *i mbo ḓi lingiwa nga laborathari uri i na* ***tshitzhili*** *kana zwithivheli zwayo* | Is the tested by a laboratory for (***germs/bacteria/viruses*** ) or its immune system |
| 2. Vaccines reduce your risk of severe disease, but you can still contract the ***disease*** and spread it to others, so it is important to get vaccinated. (GCIS) | *Khaelo dzi fhungudza khovhakhombo ya uri vha lwale lwo kalulaho, fhedzi vha nga kha ḓi kavhiwa nga* ***vairasi*** *na u i phadaladza kha vhaṅwe, ngauralo ndi zwa vhuṱhogwa u haelwa.* | Vaccines reduce your risk of severe disease, but you can still contract the ***virus*** and spread it to others, so it is important to get vaccinated. |
| 3. [COMMUNITY HEALTH ***SCREENING*** DURING THE NATIONAL LOCKDOWN 01 APRIL 2020 @19H00] (GCIS) | ***ṬHAṬHUVHO*** *YA MUTAKALO TSHITSHAVHANI NGA TSHIFHINGA HETSHI TSHA NYILEDZA YA U BVA HAYANI YA LUSHAKA 01 LAMBAMAI 2020 @19H00]* | COMMUNITY **HEALTH EXAMINATION** DURING THE NATIONAL LOCKDOWN 01 APRIL 2020 @19H00 |
| 4. Together, we can ***flatten the curve (GCIS)*** | *Nga kha u shumisana ri nga kona* ***u tsitsela fhasi tshikalo tshi re nṱha*** | Through cooperation, we **can** ***reduce the high level*** |

*(1) Virus > tshitzhili*

The term "*virus*" appears frequently in the English-Tshivenḓa corpus and is predominantly translated as ***"tshitzhili,***". The term '**virus**' in general designation is

used to refer to "*bacteria,*" or "***germs,***" in the Tshivenḓa language. The target audience is more accustomed to the word "***tshitzhili***," and, within this context, they often perceive "***virus***" and "***germs***" as synonymous, and this may lead to a loss of precision, as viruses are biologically different from bacteria and other germs. As a result, when the COVID-19 pandemic first emerged, many individuals did not perceive the virus as a serious threat, under the assumption that "germs" or "bacteria" were not lethal. It was only through public health campaigns that the community came to understand that the "*virus*" was significantly more dangerous than the germs they were familiar with. The translators accurately identified an equivalent term within the constraints of Tshivenḓa, a language that lacks the lexical specificity found in English. In doing so, they opted for a more general term, "***tshitzhili,***" which resonates with the target readership, ensuring comprehension, even if the distinction between the scientific terms remains less precise. The translation of *"virus"* as *"tshitzhili"* demonstrates the interplay between descriptive and functionalist approaches. Descriptively, it reflects a typical strategy employed when working within a linguistically constrained system. Functionally, it represents a deliberate attempt to make critical health information accessible to the general population, even at the expense of scientific precision.

*(2) Disease > vairasi*

In the case of the term "***disease***," which has a direct equivalent in Tshivenḓa as '*vhulwadze'*, it appears to have been inaccurately translated as ***"vairasi***" by GCIS translators, the term used by the City of Tshwane translators to translate '***virus***' (*see translation by Loan words*). This translation choice may stem from a generalised association between viruses and diseases, particularly in the context of COVID-19, which is a viral disease. However, this decision to substitute ***'vhulwadze'*** (disease) with "***vairasi***" (virus) is problematic and could lead to confusion among the target audience. The distinction between "***disease***" and "***virus***" is important, as the two terms are not synonymous: a virus refers to a specific pathogen, whereas a disease refers to the condition caused by such pathogens, among other causes. By conflating these terms, translators risk misinforming readers, who may struggle to understand the precise meaning of the text. The choice to generalise "***disease***" as "***virus***" was both incorrect and unnecessary, as it undermines the clarity and accuracy of the translation. In terms of translation theories, descriptively, it shows a deviation from standard usage

and highlights inconsistencies in terminology management and functionally, it demonstrates a failure to meet the communicative needs of the target audience, thereby reducing the effectiveness of the translated message.

*(3) Screening > ṱhaṱhuvha*

The term “screening” (which refers to a series of basic questions about a person's health condition and recent history) appears several times in the City of Tshwane and GCIS documents and is translated as “ṱhaṱhuvho” “meaning examination” The examples below demonstrate how this strategy is used in English-Tshivenḓa Parallel Text.

In examining the definition of the source text, the phrase "series of basic questions about a person's health condition and recent history" does not explicitly suggest a medical examination. As a result, the translators should have opted for the phrase "mbudziso nga ha *mutakalo,*" which directly translates to "asking health-related questions," rather than using the term "*ṱhaṱhuvha*." The choice of "*ṱhaṱhuvha"* could lead to confusion among the target audience, as it may be misunderstood as referring to a physical examination, like one conducted by a medical professional. Consequently, this misinterpretation could cause hesitation or reluctance among readers to engage in health screenings. Although "*ṱhaṱhuvha*" is a broad term that can also refer to examinations in academic contexts, in terms of *skopos* theory, this may obscure the intended meaning of the source text, leading to ineffective communication.

*(4) Flatten the curve > u tsitseli fhasi tshikalo tshi re ntha*

The concept of "flattening the curve," which refers to slowing the spread of a virus to reduce the peak number of cases and the associated demands on hospitals and health infrastructure, was translated in the *COVID-19 Multilingual Terminology List* using the phrase "*u tsitsela fhasi tshikalo tshi re ntha*." This translation, rendered more generally as "reduce the level that is high," fails to capture the critical aspect of "flattening the curve"—namely, the need to reduce the spread of the virus over time. The generalised translation omits the explanation of what "level" is being reduced, which could confuse the target audience. Specifically, the reduction of the virus’s spread, which is central to the original term’s meaning, is not adequately conveyed in the translation. Consequently, this translation may lead readers to misunderstand the underlying goal

of the public health directive, particularly regarding its emphasis on slowing transmission rather than just lowering a high number or level and demonstrates a failure to meet the communicative needs (*skopos*) of the target audience, thereby reducing the effectiveness of the translated message.

### 4.3.2 Translation by a more neutral or less expressive word

Translation using more neutral or less expressive terms is a strategy employed to reduce the emotional or cultural impact of certain words in the target text, ensuring greater clarity and appropriateness for the audience. This approach helps avoid misunderstandings that may arise from directly translating emotionally charged or culturally specific terms. As noted by Newmark (1998, p. 46), functional equivalence allows the translator to convey the meaning of the original text without additional emotional weight, while Baker (2018, p. 29) emphasises that neutralisation ensures readability and cultural adaptation. This strategy is particularly useful in technical fields like legal, medical, or scientific texts where precision and clarity are crucial.

**Table 4.2: Translation of More Neutral or Less Expressive Word**

| ST | TT | BT |
|---|---|---|
| 1. Testing includes collecting a biological sample from a patient, such as a ***swab test*** or a blood sample | *Ndingo dzi katela u dzhiiwa ha tsumbotopolwa kha muvhili wa mulwadze i nga ho* ***ndingo ya ningoni*** *kana tsumbotopolwa ya malofha* | Testing includes collecting a body sample from a patient, such as a ***nose test*** or a blood sample. |
| 2. Possible vaccines and some specific drug treatments are under investigation. They are being tested through ***[clinical trials].*** | *Khaelo dzine dza nga vha hone na dzilafho ḽo khetheaho dza zwidzidzivhadzi zwi fhasi ha ṱhoḓisiso. Dzi khou lingiwa nga kha* ***[ndingo dza mushonga]*** | *Vaccines that can be available and some specific drug treatments are under investigation. They are being tested through* ***[medical test.*** |

*(1) Nasal swab >* ***ndingo ya ningoni***

The concept of a "**nasal *swab***," which refers to collecting a sample from the back of the nasal cavity for laboratory analysis to determine the presence of viral genetic material, was translated by City of Tshwane translators as "***ndingo ya ningoni***," meaning "***nose test***." While this translation is less expressive, it provides greater

clarity and is highly appropriate for the target audience. The translation effectively conveys that the test involves the nose and is used to detect the presence of a virus, aligning with the familiarity that target readers have with such procedures. By opting for this neutralised term, the translators avoided adding unnecessary emotional weight, successfully ensuring clarity without overwhelming the audience.

*(2) Clinical trials* > ***ndingo ya mushonga***

The concept of a "*clinical trial*" which appears eight times in English- Tshivenḓa Parallel corpus is defined as a research investigation where individuals volunteer to test new treatments, interventions, or diagnostic tests to manage, treat, or prevent diseases, was translated as "***ndingo ya dzilafho***" or ***ya mushonga***," meaning "*testing medical treatment" or "tests for medicine*." Although this translation is also less expressive, it is understandable to the target audience as it implies testing for medical treatments. However, the translation lacks specificity, as it does not clarify that the trial involves new treatments or medications, which could lead to a misunderstanding of the seriousness of the tests. While this neutralisation strategy helps reduce potential anxiety, it may leave the target audience unaware of the experimental nature of the trials.

### 4.3.3 Translation by a Loan Word

Translation by a loan word is a strategy where a term from the source language is directly borrowed and incorporated into the target language, usually because there is no exact equivalent in the target language, or the borrowed term has gained widespread acceptance. This technique is often used for technical, scientific, or culturally specific concepts that would otherwise be difficult to convey (Ndhlovu, 2012, p. 149).

For example, Baker (2018, p. 30) discusses loan words as a form of "borrowing" that allows translators to maintain the authenticity of the source text while introducing new terms to the target language. The use of loan words can help preserve the original meaning without altering the technical or specialised nature of the term.

**a) Pure loan words**

Pure loan words refer to words borrowed from the source language without undergoing any modification in the target language. These words are directly imported and retain their original spelling, pronunciation, and meaning. Pure loan words are typically used when there is no direct equivalent in the target language, especially in areas like technology, medicine, and culture, where the concept being introduced is foreign or novel to the receiving language.

According to Newmark (1998, p. 82), pure loan words are commonly used in technical translations where precision is paramount, as they help in maintaining the integrity of the source text. The use of pure loan words is particularly prevalent in fields such as information technology, where terms like "wipes" or "clinic" are often borrowed without translation. Venuti (1995, p. 36) also notes that pure loan words serve a functional purpose when no equivalent term exists in the target language or when the original word is considered more prestigious or widely understood. The following table shows how this strategy is used, for example, from the English-Tshivenḓa Parallel corpus.

**Table 4.3: Pure loan terms and Pure loan terms with explanation**

| ST | TT | BT |
|---|---|---|
| 1. Department of Health, which included ***epidemiology*** (the branch of medicine which deals with the incidence, distribution and control of diseases and other factors relating to health) and surveillance | *Muhasho wa Mutakalo, ine ya katela* ***epidemiology*** *(davhi ḽa zwa mishonga ḽine ḽa lavhelesana na vhuhone, phaḓaladzo na ndango i konadzeaho ya vhulwadze na zwi elanaho na mutakalo) na ndavheleso* | Department of Health, which includes ***epidemiology*** *(*the branch of medicine that deals with the prevention, spread and possible management of disease and health-related conditions) and surveillance |
| 2. ***Corona****virus* Disease (COVID-19) Social Relief of Distress (SRD) Grant (GCIS) | *Mundende wa Phalalo ya Tshitshavha (SRD) kha Tsikeledzo ya Vhulwadze ha Tshitzhili tsha* ***corona*** (COVID-19**)** | Social Relief Demand (SRD) for ***Corona***virus Disease (COVID-19) Relief |
| 3. ***Remdesivir*** is approved for the treatment of coronavirus disease 2019 (COVID-19), the illness caused by severe acute respiratory syndrome | *Mushonga wa* ***Remdesivir*** yo *tendelwa u lafha vhulwadze ha tshitzhili tsha corona 2019 (COVID-19), vhulwadze vhu vhangwaho nga u* | ***Remdesivir medicine*** is approved for the treatment of coronavirus disease 2019 (COVID-19), a disease caused by coronavirus infection. |

| | | |
|---|---|---|
| | *kavhiwa nga tshitzhili tsha corona* | |

*(1) Corona > corona*

The term "corona" has been directly transferred from the source language (English) into the target language (Tshivenḓa) without any modification to its form, structure, or pronunciation. The Government Communication and Information System (GCIS) chose to retain the noun "corona" in the translation of "coronavirus," resulting in the phrase ***tshitzhili tsha corona*** (virus of corona). This approach contrasts with that of other translators who rendered the term "corona" as "***khorona"*** in the adapted form ***khoronavairasi*** (coronavirus). The difference between the unchanged form "***corona***" and the modified version ***khorona*** demonstrates a notable inconsistency in translation practices among different translators.

This variation in morphological treatment introduces the potential for confusion among target readers. By keeping the term "***corona*"** unmodified, the GCIS adheres closely to the source language, which may be viewed as a strategy to maintain lexical precision, given that "***corona***" is a specific scientific term. However, this choice stands in contrast to other translators who have applied Tshivenḓa phonological and morphological rules to adapt the word "***corona***" into ***khorona***, aligning more closely with the phonetic patterns of the target language.

*(2) Remdesivir > mushonga wa Remdesivir*

The term "***Remdesivir***," which is the name of a specific pharmaceutical drug, has been directly transferred from the source language (English) to the target language (Tshivenḓa) without undergoing any modifications in terms of its form, structure, or pronunciation. In this instance, the term "*Remdesivi***r**" has been retained as is, with the addition of the noun "***mushonga*"** (medicine***)*** to ensure clarity for the target audience. This strategy was likely employed to help Tshivenḓa-speaking readers understand that "Remdesivir" is a type of medication, rather than a general term or unrelated concept.

By opting to transfer the term "***Remdesivi*r**" into Tshivenḓa as a medicine used to treat COVID-19, the translators were able to convey the intended meaning accurately to the

target readership. The retention of the original term serves to preserve the specificity and scientific integrity of the medicine's name, while the inclusion of the word "medicine" ensures that readers, who may not be familiar with the term "***Remdesivir***," can easily understand its function and relevance in the context of the ongoing pandemic.

This approach exemplifies a common translation strategy known as loaning, wherein a term from the source language is transferred directly into the target language without alteration. In cases involving technical or scientific terminology, such as the name of a medication, borrowing is often preferred to preserve the precision of the original term, which aligns with the descriptive theory. Furthermore, the combination of this strategy with a brief explanation or categorisation enhances comprehension (skopos), particularly in situations where the target audience may not have prior knowledge of the term.

*(3) Epidemiology > epidemiology (with explanation)*

The term "***epidemiology***" has been transferred directly into the target language in a manner that maintains its lexical and phonetic properties, as found in the source text. However, to facilitate comprehension among target readers, explanatory notes or clarifications have been provided alongside the term. This strategy ensures that while the term retains its original form and meaning, it is also adapted to the cultural and linguistic context of the target audience, thus enhancing readability and comprehension. By preserving the integrity of the term, this approach allows it to be integrated into the target text without losing its essential characteristics, ensuring both fidelity to the source language and accessibility for the readers.

**b) Acronyms and abbreviations**

The use of acronyms as a translation strategy involves directly transferring the abbreviated form of a term from the source language to the target language. Acronym retention ensures consistency and allows for ease of reference in scientific and medical texts. Baker (1992, p. 185) highlights that, in some cases, the translated text may include an explanation or expansion of the acronym when it is first introduced, providing readers with clarity about its meaning while maintaining the use of the acronym for subsequent references. This method helps maintain the brevity and

efficiency of communication without sacrificing understanding. In addition to loan words, this approach extends to the treatment of abbreviations and acronyms.

**Table 4.4: Acronyms and abbreviations**

| ST | TT | BT |
|---|---|---|
| 1. Vaccine manufacturers are required to declare their ingredients to ***SAHPRA*** before the use of the vaccine is approved | *Vhabveledzisi vha khaelo vha fanela u ḓivhadza zwitimbanywa zwavho kha* ***SAHPRA*** *phaṋa ha musi tshumiso ya khaelo i tshi tendelwa* | Vaccine manufacturers must notify their ingredients to ***SAHPRA*** before the use of the vaccine is approved. |
| 2. Infection with ***SARS-Cov-2***, the virus that causes COVID-19, can result in a range of symptoms, from mild symptoms to severe illness and death. | *U kavhiwa nga* ***SARS-CoV-2,*** *vairasi ine ya vhanga COVID-19, zwi nga vhanga tsumbadwadze dza tshaka dzo fhambanaho, u nga tsumbadwadze dzine dza sa tou lwadza nga maaṋa u ya kha vhulwadze ha khombo na vhu isaho lufuni* | Infection with ***SARS-Cov-2***, the virus that causes COVID-19, can cause a variety of symptoms, ranging from mild symptoms to severe and fatal illness. |
| 3. South Africa received one million doses of the ***COVID-19*** vaccine in February from the Serum Institute of India (SII). | *Afrika Tshipembe ḽo ṱanganedza ngelo dza ḓhaelo dza* ***COVID-19*** *dzi linganaho miḽioni nthihi nga ṅwedzi wa Luhuhi u bva kha tshiimiswa tsha Serum Institute of India (SII).* | South Africa received one million doses of ***COVID-19*** vaccines in February from the Serum Institute of India (SII) |

As illustrated by the examples presented above, it is apparent that the translators chose to retain acronyms in their original English form within the Tshivenḓa target language. The English-Tshivenḓa parallel texts effectively highlight this translation strategy, demonstrating a preference for preserving the acronyms without modification. However, this approach raises concerns regarding the comprehension of these acronyms by the target audience. There is no assurance that the intended readers are familiar with the acronyms and abbreviations used, particularly complex terms such as "SARS-Cov-2," which refers to the novel coronavirus responsible for causing COVID-19.

In this context, the translators should have employed a more accessible approach, such as a pure loan translation combined with explanatory notes. Loan translation, or

calque, involves directly translating the components of the acronym into the target language while maintaining the original meaning. Accompanying this with a brief explanation would enhance the readers' understanding, ensuring that they grasp the significance of the acronym in the context of the COVID-19 pandemic. This strategy would not only preserve the integrity of the original text but also provide clarity for the target audience, many of whom may not be familiar with technical or scientific terminology. By offering a clear explanation, the translators could bridge the gap between the source and target languages, fostering better communication and comprehension.

**c) Indigenised loan words**

Indigenised loan words are borrowed terms that have been adapted to fit the phonological, morphological, or syntactic norms of the target language. This process of indigenisation helps integrate foreign terms into the linguistic and cultural framework of the target audience, making the borrowed words more accessible and easier to pronounce. This process of adaptation makes the term sound more familiar and natural to native speakers, thereby facilitating communication and understanding (Newmark, 1998, p. 83). Similarly, Munday (2016, p. 88) highlights that indigenized loan words are often employed when the borrowed term needs to be integrated into everyday speech, rather than remaining as a specialised or technical term. Below are examples of this translation strategy from English- Tshivenḓa Parallel Texts.

**Table 4.5: Indigenised loan terms**

| ET | TT | BT |
|---|---|---|
| 1. Testing includes collecting a biological sample from a patient, such as a nasal swab or a blood sample, which is then tested by a ***laboratory*** for the virus or its antibodies. | *Ndingo dzi katela u dzhiiwa ha tsumbotopolwa kha muvhili wa mulwadze i nga ho tshiluḓi tsha ningo kana tsumbotopolwa ya malofha, hune ha kona u itwa ndingo* ***ḽaborothari*** *dza tshitzhili kana bakitheria dzi sa faneli u vha muvhilini.* | Testing involves taking a sample from the patient's body, such as a nasal swab or a blood sample, where ***laboratory*** tests can be done for viruses or bacteria that should not be in the body. |

| | | |
|---|---|---|
| 2. Continue to wear a ***mask*** when in public, keep a safe distance between yourself and others and… (City of Tshwane)<br>The wearing of masks in public places is still mandatory, and failure to wear a ***mask*** when required remains a criminal offence (GCIS) | *Kha ri bvele phanḓa na u ambara **maski** musi ri vhukati ha vhaṅwe vhathu, u sia tshikhala tsho tsireledzeaho vhukati hashu na vhaṅwe vhathu khathihi na…*<br>*U ambarwa ha **masiki** fhethu ha nnyi na nnyi ndi khombekhombe, nahone u kundelwa u ambara **masiki** musi zwo tea ndi mulandu muhulu*. | Let's continue to wear ***masks*** when we are around other people, keeping a safe distance between ourselves and other people and…<br><br>***Mask-wearing*** in public places is mandatory, and failure to wear a ***mask*** when appropriate is a serious offence. |
| *3. … Wash your hands regularly with soap and water or use hand **sanitize**r* | *…u ṱamba zwanḓa zwashu misi yoṱhe nga maḓi na tshisibe kana u shumisa **sanithaiza** ya zwanḓa* | ...wash our hands regularly with soap and water or use hand **sanitize**r |

*(1) Laboratory > laborothari*

The term "laboratory" has been translated into Tshivenḓa as "***laborithari***," a translation that conforms to the phonological, morphological, and syntactic norms of the target language. In the analysis of the English-Tshivenḓa parallel corpus, the term "***laborithari***" has gained widespread recognition among speakers of Tshivenḓa. This adaptation resonates well with the target audience, as it aligns with the linguistic structure of the language, ensuring that the meaning is accurately conveyed. Furthermore, the usage of "***laborithari"*** does not cause confusion or misinterpretation among Tshivenḓa speakers, making it a successful translation.

*(2) Mask > maski and/ masiki*

In the analysis of the English-Tshivenḓa parallel corpus, the term **"*mask*"** frequently appears, particularly in translations related to COVID-19 health guidelines and public safety measures. However, an examination of the corpus reveals notable inconsistencies in the translation of this term across different institutions. For instance, the City of Tshwane translators have rendered "mask" as ***"maski"***, while the Government Communication and Information System (GCIS) and Parliament translators have opted for the spelling ***"masiki"***.

Although these variations in spelling—***"maski"*** versus *"masiki"*—do not appear to cause significant confusion among the target audience since they are familiar with the concept of a mask as a protective covering, regardless of the slight orthographic differences, they do highlight a broader issue of lexical inconsistency in Tshivenḓa translations. In this case, both terms likely derive from a phonetic adaptation of the English word "***mask***" into Tshivenḓa, aligning it with the phonological patterns of the target language. However, the variation reflects a lack of standardisation in how loanwords from English, particularly those related to contemporary or technical terminology, are integrated into Tshivenḓa. Both translations employ an indigenised loan translation strategy, in which foreign words are adapted to conform to the phonological and morphological structures of the Tshivenḓa language. This strategy has proven effective in preserving the meaning of the original terms while making them more accessible to the target readers.

*(3) Sanitiser> sanithaiza*

Additionally, the term "***sanitizer***" has been translated as "***sanithaiza***" by various institutions, including the City of Tshwane, GCIS, and Parliament translators. This term has become familiar to the target audience, who understand it as a liquid used for hand hygiene that effectively kills germs. The widespread familiarity with this term indicates that the transliteration process adopted by these translators has been successful in conveying its intended meaning within the Tshivenḓa-speaking community.

### 4.3.4 Translation by paraphrasing

Paraphrasing as a translation strategy involves rewording or rephrasing the source text to achieve clarity, naturalness, and cultural appropriateness in the target language while maintaining the original meaning. According to Baker (2011, p. 233), the translator must ensure that technical information remains accurate while making it more accessible and comprehensible to non-specialist readers in the target language. Paraphrasing also helps when there is no direct equivalent in the target language for a concept or phrase found in the source language**.** It helps in bridging the gap by finding functional equivalents or rephrasing content in ways that resonate with the

target audience (Venuti, 1995, p. 41). The following examples illustrate how this strategy is used to overcome the problem of non-equivalence at the word level.

**Table 4.6: Some of the specialised terms are translated by paraphrasing**

| ST | TT | BT |
|---|---|---|
| ***1. Asymptomatic*** (City of Tshwane) | ***U sa sumbedza tsumbadzwadze*** | Not showing symptoms |
| 2. ***Comorbidity*** **(**City of Tshwane) | *U bvelela ha vhulwadze vhu fhiraho vhuthihi kha muthu muthihi* | The occurrence of more than one disease in a single individual |
| *3. The "**incubation period**" (City of Tshwane)* | *Tshifhinga tsha vhukati ha kavhiwa na u thoma u vha na tsumbadwadze* | Time between infection and onset of symptoms |
| 4. We also want to acknowledge the huge number of ***volunteers*** who have helped and the many initiatives by local leaders. (*GCIS)* | *Ri khou dovha ra livhuwa **vhathu vho dinetshedzelaho u thusa** khathihi na vharangaphanda vhapo* | We would also like to thank the volunteers and local leaders. |

*(1) Asymptomatic > U sa vha na tsumbadwadze*

The examples in Table 4.6 above show how specialised terms are translated to make them clearer and more accessible to the target readers. The term **"*asymptomatic*"** in medical contexts refers to an individual who is affected by a condition but does not display any observable symptoms. This term is crucial in understanding the transmission of diseases like COVID-19, where individuals may carry the virus and spread it without exhibiting signs of illness. In the process of translating "***asymptomatic***" into Tshivenḓa, it has been rendered as ***"u sa vha na tsumbadwadze"***, which translates to "not having any symptoms."

While this translation appears to convey the idea of the absence of symptoms, it falls short of capturing the full medical meaning of **"**asymptomatic." Specifically, the Tshivenḓa translation omits the critical aspect of the definition: the individual is still affected by the condition, even though symptoms are not present. The translation ***"u sa vha na tsumbadwadze"*** could potentially mislead target readers into thinking that the person is entirely free from illness or infection, as it suggests "not having any signs of sickness" without addressing the possibility of being a carrier of the disease.

*(2) Comorbidity > "u vha na malwadze manzhi**"***

The term "comorbidity" is defined as the co-occurrence of more than one disorder in the same individual. In Tshivenḓa, it has been translated as "***u vha na vhulwadze vhu fhiraho vhuthihi manzhi***" (GCIS) and "***malwadzenyingekan***o" (City of Tshwane), both of which mean "having more than one disease." These translations maintain the original meaning of the term and effectively communicate the concept to the target audience. The term is easily understood by Tshivenḓa speakers as it conveys the simultaneous presence of multiple diseases, preserving the core idea of comorbidity without ambiguity.

*(3) Incubation period > "tshifhinga tsha vhukati ha kavhiwa na u vha na tsumbadwadze"*

Another term from the analysis, "incubation period," is defined as the time between an individual's exposure to a virus and the appearance of symptoms. This term is translated into Tshivenḓa as "***tshifhinga tsha vhukati ha kavhiwa na u vha na tsumbadwadze,***" meaning "the time between contracting the virus and the onset of symptoms." The translation accurately captures the intended meaning, which the main function (skopos) of the term. By reflecting the temporal sequence between exposure and symptom onset, the translation effectively conveys the concept, ensuring clarity for Tshivenḓa speakers.

(4) *Volunteer > "vhathu vho ḓiṋetshedzelaho u thusa***"**

The term "*volunteer*," defined as someone who freely offers to do something, is translated into Tshivenḓa as "***vhathu vho ḓiṋetshedzelaho u thusa***," meaning "people who are committed to helping." This translation not only conveys the notion of volunteering but also emphasises the willingness and commitment of individuals to offer their assistance. It resonates well with the target audience, aligning with the cultural understanding of selfless service.

These examples illustrate the use of ordinary words to explain specialised concepts. In each case, the translators effectively conveyed complex medical and social terms by explaining (skopos) them in terms of their function or nature. This strategy allows for the preservation of the original meaning while making the terms accessible to the

target audience. By using familiar language to explain technical concepts, the translators ensured that the terms were understood without confusing Tshivenḓa speakers.

### 4.3.5 Translation by omission

Translation by omission is a common strategy in the field of translation studies, particularly when translating specialised texts like medical documents. This strategy involves deliberately leaving out certain terms, phrases, or even entire sections that may be redundant, overly technical, culturally irrelevant, or unnecessary for the target audience to understand the core message (Baker, 2018). In medical translations, especially those related to COVID-19, certain terms or phrases may be omitted when translating from English to another language (like Venda) without significantly affecting the meaning. This is usually done to improve readability, clarity, or cultural appropriateness. Below are some examples of terms that have been translated by omission in COVID-19 medical texts.

**Table 4.7: Translation by omission**

| ST | TT | BT |
|---|---|---|
| 1. Cabinet is conscious of the hardships caused by the COVID-19 ***pandemic*** and the recent public violence (GCIS) | *Khabinethe i khou vhilahedzwa nga vhuleme he ha vhangwa nga* ***dwadze*** *ḽa COVID-19 na khakhathi dza tshitshavha* | Cabinet is concerned about the difficulties caused by the COVID-19 ***disease*** and civil unrest. |
| *2. Respiratory infection (CMTL)* | *vhulwadze ha mufemo* | *Breathing disease* |
| *3. The safety of frontline staff is a priority (GCIS)* | *Tsireledzo ya* ***tshiṱafu tshashu tshi shumaho phanḓa*** *ndi ya vhuṱhogwa* | The safety of our *front-line staff* is paramount. |

*(1) Pandemic > dwadze*

However, the translation of the term "***pandemic*****"** presents a different issue. In English, a "***pandemic***" is defined as an epidemic that has spread across multiple countries or continents, typically affecting many people. In the translation, the term was rendered as "***dwadze*****,"** meaning "dangerous disease" in Tshivenḓa. This translation omits a critical aspect of the term "pandemic"—its global spread. By translating it merely as

"***disease,***" the translation fails to convey the scale and severity of the situation. The target audience might interpret "***dwadze***" as referring to any common disease, rather than understanding it as a global crisis affecting many nations. This omission could mislead readers into underestimating the seriousness of the pandemic, as they may perceive it as a localised illness with limited impact and does not deliver the functional purpose (skopos) to communicate a medically complex concept.

To ensure accuracy and retain the full meaning of the term, the translators should have rendered "pandemic" as "***dwadze ḽi phaḓalalaho na ḽifhasi***," which translates to (*a disease that spreads all over the world*) which was translation by paraphrase. This translation would preserve the notion of a widespread, global outbreak and prevent potential misunderstandings regarding the severity and scope of the COVID-19 pandemic.

(2) *Respiratory infection > vhulwadze ha mufemo*

In the English-Tshivenḓa Parallel Corpus, the translation of the medical term **"*respiratory infection*"** which refers to a viral infection affecting the nose, throat, and airways—has been rendered as ***"vhulwadze ha mufemo"*** in the *COVID-19 Multilingual Terminology*, meaning "***breathing or lungs disease***." While this translation attempts to convey the concept of a disease affecting the respiratory system, it fails to fully capture the medical specificity of the original term. Notably, the translation omits key elements of the source concept: the viral nature of the infection and the fact that it also affects the nose and throat.

The omission of these critical details can lead to a misunderstanding of the term among the target audience. In its translated form, ***"vhulwadze ha mufemo"*** may be understood by the target readers as referring to any disease that affects breathing or the lungs, without recognising the involvement of the upper respiratory tract, such as the nose and throat. This incomplete rendering could cause the audience to overlook the fact that respiratory infections like COVID-19 are primarily viral and can affect the entire respiratory system, not just the lungs.

Furthermore, the lack of emphasis on the viral component of the infection might downplay the communicable aspect which is conveying the correct intended meaning of such diseases. Respiratory infections, particularly viral ones, can be highly

contagious, and proper public health communication requires that this risk be articulated to ensure that individuals understand the importance of preventive measures.

*(3) Frontline staff > tshitafu tshi shumaho phanda*

The concept of "frontline workers" refers to employees within an organisation who provide essential services to the public and are required to work outside their homes, thereby exposing themselves to a higher risk of infection or harm. Examples of frontline workers include those employed in grocery stores, healthcare professionals, and individuals providing critical services, such as police officers and firefighters. This term was translated into Tshivenḓa as *'tshitafu tshi shumaho phanda,'* which means "staff that work in front."

However, this translation is problematic. Firstly, the translators borrowed the word *'tshitafu'* for "staff" instead of using the more accurate Tshivenḓa term *'vhashumi,'* which better aligns with the concept of employees. More significantly, the translation omits the essential aspect of the original term—namely, the provision of essential services. Without this key element, the translation is incomplete, leaving the target readers confused as to which "staff" is being referred to, and in what context they are "working in front." By failing to convey the intendent meaning, the translation does not adequately reflect the concept of frontline workers, potentially leading to misunderstanding among the target audience.

### 4.3.6 Translation by cultural substitution

Baker (2018, p. 45) defines cultural substitution as a strategy in which culturally specific terms in the source language are replaced by culturally neutral or culturally equivalent terms in the target language. Baker points out that this strategy is particularly significant in contexts where the source language contains terminology or concepts that do not exist in the target culture. In such cases, the translator must either explain the unfamiliar term using concepts familiar to the target audience or find a culturally equivalent term that carries the same connotations. Baker also highlights the importance of this strategy in medical translation, where specialised terminology must often be adapted to ensure that target readers can understand critical health information.

**Table 4.8: Translation by cultural substitution**

| ST | TT | BT |
|---|---|---|
| 1. Stay away from older people and people with a compromised immune system or underlying conditions such as high blood pressure or ***diabetes***. (GCIS) | *Kha vha dzulele kule na vhaaluwa na vhathu vhane sisiṱeme dzavho dza maswole a muvhili dzi vho kundelwa kana vha re na mańwe malwadze a no nga mutsiko wa malofha na* ***vhulwadze ha swigiri*** | Stay away from the elderly and people with compromised immune systems or other illnesses such as high blood pressure and ***diabetes****.* |
| 2. People with a compromised ***immune system*** or underlying condition (GCIS) | *Vhathu vhane sisiṱeme dzavho dza* maswole a muvhili *dzi vho kundelwa kana vha re na mańwe malwadze* | People with compromised ***body soldiers*** or other illnesses |

*(1) Diabetes > vhulwadze ha swigiri*

The English term "***diabetes***" (which refers to a condition in which the body's ability to produce or respond to the hormone insulin is impaired, leading to abnormal carbohydrate metabolism and elevated blood glucose levels) is culturally substituted in Venda as "***vhulwadze ha swigiri***" which translates to "***disease of sugar***." This substitution reflects the culturally familiar understanding of diabetes in Tshivenḓa, where the condition is often described as affecting sugar levels in the body. The term "***vhulwadze ha swigiri"*** effectively conveys the medical concept to the target audience because it aligns with the culturally accepted perception of the disease.

*(2) Immune systems > maswole a muvhili*

The term **"*immune system*",** which in English refers to the complex network of cells, tissues, and organs that help the body fight infections. In Venda, the '*immune system'* is translated as "***maswole a muvhili"***, meaning "soldiers of the body." This metaphorical substitution connects with the cultural context of the target audience, who are familiar with the concept of soldiers as protectors. By using the culturally resonant term "***soldiers***," the translator successfully conveys the defensive role of the immune system in a manner that the target readers can easily grasp and relate to.

These examples demonstrate how cultural substitution functions as an essential strategy in translation, especially in medical texts, where precise understanding is

crucial. By adapting terms to fit the cultural knowledge and linguistic structures of the target audience, translators can ensure that their translations are both accurate and accessible. Both examples represent a systematic strategy used to mediate between differing linguistic and conceptual systems (descriptive) and also fulfill the communicative aim *(skopos)* of ensuring that technical medical knowledge is conveyed in a culturally appropriate and accessible form.

### 4.4 Summary

This chapter provided a comprehensive definition, analysis, and interpretation of the various translation strategies employed by Tshivenḓa translators in their work. Specifically, the strategies discussed include translation by a more general word (superordinate), translation by a more neutral or less expressive word, translation by cultural substitution, translation by a loan word with an accompanying explanation, and translation by omission. Examples drawn from the English–Tshivenḓa parallel corpus were presented to demonstrate how these strategies were applied in practice, highlighting how translators navigated both linguistic and cultural challenges when rendering specialised terminology.

The analysis was guided by descriptive translation studies (DTS) and functionalist theories, particularly the Skopos theory. The application of functionalist principles in the translation of the above examples ensures that the translations are not only accurate but also effective in achieving their intended communicative goals (Vermeer, 2000). It stresses the importance of context, purpose, and audience in shaping translation decisions. Descriptive theories allowed for the systematic observation and categorisation of translation strategies without prescriptive judgment, focusing on what translators do in real-world scenarios.Toury (1995) defines Descriptive translation Theory as an approach that studies what translations *are* and how they function in a given socio-cultural system, rather than what they *should be* based on ideal standards.

For instance, the use of cultural substitution and loan words with explanations reflects a functionalist concern for relevance and accessibility, ensuring that target language audiences understand critical health messages even when direct equivalents are unavailable. Similarly, the use of neutral or less expressive words demonstrates the

translator's intent to preserve clarity and tone, which are vital when dealing with sensitive health information.

Thus, the combination of descriptive observation and functionalist interpretation enabled a well-rounded analysis of how Tshivenḓa translators responded to the demands of specialised communication. These strategies reflect not only linguistic adaptation but also deliberate functional decisions aimed at achieving effective cross-cultural communication.

# CHAPTER FIVE

## 5. FINDINGS, RECOMMENDATIONS AND CONCLUSION

### 5.1 Introduction

This chapter presents the study's research findings, Creswell (2014, p. 175-176) describes findings as the specific data outcomes from the study, where the researcher interprets the results in the context of the research questions. In other words, findings are the principal outcomes of the research study or what the research study has shown.

The findings from this chapter are based on the corpus analysis. By providing the views of various translation strategies, the study presented a broader picture of strategies used by translators in the translation of COVID-19-related medical texts from English to Tshivenḓa. The study succeeded in achieving the aims and objectives of the research by identifying and reviewing the strategies that have been used by translators in the translation of COVID-19-related medical texts.

### 5.2 Findings on Translation Strategies for COVID-19 Medical Texts from English to Tshivenḓa

The COVID-19 pandemic presented unique challenges for translators, particularly in rendering medical terminology and health guidelines accurately and accessibly. Due to the novel nature of the pandemic, most terms used in COVID-19 discourse, ranging from vaccination processes to health safety regulations, were unfamiliar to the translators and the public. Many of these terms lacked direct equivalents in Tshivenḓa, a language not traditionally equipped with extensive medical or scientific vocabulary. This absence of equivalent terminology meant that translators had to find translation strategies to convey concepts accurately in Tshivenḓa, while simultaneously ensuring comprehensibility for the general population.

Among the strategies frequently used were generalisation, paraphrasing, loaning (borrowing), omission, and cultural substitution. Paraphrasing was common for concepts lacking direct Tshivenḓa equivalents, allowing translators to explain ideas rather than providing direct translations and overall, it was used successfully. Borrowing, or loaning terms directly from English, was another solution for

untranslatable terms, especially those that had already gained recognition globally (e.g., "sanitizer" or "virus"). It is important to note that whereas some borrowed words were used with adaptation, others were used without any modification, thus violating the Tshivenda grammatical system.

The omission was used selectively when non-essential information could be excluded without significantly impacting comprehension. Finally, generalisation involved replacing specific terms with broader, more accessible language to ensure that the primary message was retained even if technical specificity was lost.

**a) Translation by a more general word (Use of Superordinate)**

The frequent application of superordinate terms (e.g., translating "virus" to "*tshitzhili*") is a common strategy for managing non-equivalence between English and Tshivenḓa, aligning with Baker's (1992) theory. However, this choice occasionally leads to a loss of specificity. For instance, "virus" and "germs" become somewhat synonymous in Tshivenḓa due to the generalisation, potentially causing misconceptions. During the COVID-19 pandemic, this led to a public underestimation of the virus's severity, as many assumed it was akin to non-lethal germs or bacteria.

Translating "disease" as "*vairasi*" (virus) instead of "*vhulwadze*" results in a critical loss of clarity. A "virus" is a specific pathogen, whereas "disease" describes the health condition resulting from various pathogens, including viruses. This imprecise translation might confuse readers about the differences between a disease and its causes, impacting their understanding of health information.

Translating "screening" as "*ṱhaṱhuvho*" (examination) might mislead readers into thinking that a physical examination is implied, rather than a preliminary health assessment via questions. This could discourage people from engaging in screenings due to misconceptions about the process.

The phrase "flatten the curve" was translated as "*u tsitsela fhasi tshikalo tshi re ntha*" (reduce the high level), which overlooks the essential concept of slowing viral spread over time. Without this key context, the translation risks being misunderstood as a directive to lower a generalised "high level," which may weaken the intended impact of the health message.

**b) Translation by using neutral or less expressive terms**

Translators opted to use neutral or less emotive terms in the translation of certain medical concepts, aligning with the strategies discussed by Newmark (1998) and Baker (2018). Newmark emphasises that functional equivalence allows the translator to convey meaning without added emotional weight, which is critical in technical fields where clarity and impartiality are essential. Similarly, Baker's concept of neutralisation ensures readability by removing culturally specific or emotionally charged connotations, making the translation suitable for a diverse audience. This strategy is particularly effective in medical, legal, and scientific texts, where maintaining objectivity can help prevent misunderstandings and anxiety. By choosing neutral terms, translators achieved greater precision and cultural adaptability, allowing readers to focus on the content without being swayed by unintended emotional implications.

The term "nasal swab," a medical procedure for collecting samples from the nasal cavity, was translated as "*ndingo ya ningoni*" (meaning "nose test") by the City of Tshwane translators. This translation aligns with the strategy of neutralisation by avoiding technical jargon that might confuse the audience. "*Ndingo ya ningoni*" is a familiar, culturally accessible phrase that provides a clear, literal understanding that the test involves the nose without delving into technical details. This approach achieves the primary objective of translating medical procedures by ensuring that the reader understands the essence of the procedure without being overwhelmed by unfamiliar terminology or additional emotional weight.

The term "clinical trials," which denotes a structured process for testing new treatments or medications, was translated as "*ndingo ya dzilafho*" or "*ya mushonga*" (meaning "testing medical treatment" or "tests for medicine"). This term is appropriate for the target audience in that it conveys that a health-related procedure is involved. However, it lacks the precision needed to convey the experimental or investigational nature of clinical trials. The neutral translation may help reduce potential anxiety but risks causing an underestimation of the trials' seriousness. Without explicitly indicating that the trials involve unproven or new treatments, the target audience might assume these tests involve regular or established medications, potentially creating confusion about the risks or significance of participation in clinical trials.

**c) Translation by using pure loan words**

Translators have used pure loan words in the Tshivenḓa translation of COVID-19 terminology to retain lexical precision and accommodate the scientific specificity of terms without modification. This practice aligns with Newmark's (1998) assertion that loan words are essential in technical translations where precision is paramount. The use of pure loan words, especially in specialised fields like medicine and technology, supports the accuracy of the translation by preserving the original meaning and form, thereby maintaining the technical integrity of the source text. For instance, retaining terms such as "corona," *"Remdesivir*," and "*epidemiology*" helps ensure that the scientific terminology remains unaltered, allowing for consistent meaning across languages.

There is a noticeable inconsistency in how the term “corona” has been treated by various translators. While the Government Communication and Information System (GCIS) retained the term in its original English form, other translators adapted it to "*khorona*" to align more closely with Tshivenḓa phonetic patterns. This inconsistency may lead to confusion among target readers, especially those unfamiliar with COVID-19 terminology, as it introduces variability in the understanding and pronunciation of the term. The unaltered term “corona” may provide lexical precision but might feel less accessible or relatable to Tshivenḓa speakers than the phonologically adapted version, *"khorona*."

For loan words that might not be familiar to the target audience, translators have often paired the original term with an explanatory word in Tshivenḓa. For instance, “Remdesivir” is rendered as "*mushonga wa Remdesivir*" (medicine of Remdesivir) to help readers understand that it is a type of drug. Similarly, the direct borrowing of “epidemiology” is supplemented with explanatory notes to make its purpose and meaning clearer. This approach enhances comprehension and provides context without sacrificing the scientific precision of the terms.

Translators have effectively used indigenised loan words by adapting English terms to fit the linguistic norms of Tshivenḓa, a strategy widely recognised for integrating foreign terms into local language frameworks. For example, "laboratory" has been translated to "*laborithari,*" and "sanitizer" has become "*sanithaiza*," both of which have gained

recognition among Tshivenḓa speakers. According to Newmark (1998), indigenisation can be a successful strategy, as it enables foreign words to blend into the phonological and morphological norms of the target language. This approach is beneficial because it preserves the terms' intended meanings while making them easier to pronounce and more relatable for native speakers.

Analysis of the English-Tshivenḓa parallel corpus reveals inconsistency in the rendering of certain terms across translations by different institutions. For instance, "mask" has been rendered as both "*maski*" and "*masiki*" by various translators (such as the City of Tshwane and the Government Communication and Information System). While these variations do not drastically alter the meaning, they could introduce confusion or hinder standardisation, especially in public health messaging where uniformity is crucial. This inconsistency reflects a broader issue in the standardisation of contemporary terminology within Tshivenḓa translations and highlights the need for harmonised language practices

**d) Translation by using paraphrasing**

Paraphrasing has been used effectively in translating COVID-19-related medical texts from English to Tshivenḓa. This strategy involves rewording or rephrasing complex terms in the source language to ensure that they are clear, accessible, and culturally appropriate in the target language. As noted by Baker (2011), paraphrasing is particularly useful for making technical information understandable for non-specialist readers, and it is effective in overcoming non-equivalence at the word level (Venuti, 1995). For instance, "asymptomatic" is translated as "*u sa vha na tsumbadwadze*," or "not having any symptoms." While this translation is accessible, it lacks precision by omitting the aspect that asymptomatic individuals may still carry the disease, potentially leading to misunderstanding.

Paraphrasing in this context has also helped retain the conceptual meaning of certain terms where a direct equivalent in Tshivenḓa is unavailable. For example, "comorbidity" is translated as "*u vha na malwadze manzhi*" or "*malwadzenyingekano*," accurately conveying the idea of multiple co-occurring conditions. Similarly, the "incubation period" is paraphrased as "*tshifhinga tsha vhukati ha kavhiwa* na u vha na *tsumbadwadze*," meaning "the time between contracting the virus and the onset of

symptoms." By describing these terms functionally, the translation aligns closely with the original medical concepts, ensuring comprehensibility while avoiding ambiguity.

Certain terms, such as "volunteer," have been paraphrased to emphasise culturally resonant ideas. For example, "volunteer" is translated as "*vhathu vho ḓiṋetshedzelaho u thusa*," which emphasises a sense of commitment and willingness to help. This approach enhances the term's relevance and resonance within Tshivenḓa-speaking communities, where selfless service is a valued concept. The paraphrased form aligns with the cultural context and reflects a shared understanding of volunteering as a communal act of support and generosity.

**e) Translation by using omission**

In translating COVID-19-related medical texts from English to Tshivenḓa, omission as a strategy has led to the loss of essential meaning in some terms. This approach involves leaving out certain technical details or aspects that are deemed redundant, culturally irrelevant, or overly complex for the target audience. Baker (2018) notes that omission can help improve readability and make content more culturally accessible. However, omitting critical aspects of terms like "pandemic" and "respiratory infection" can create misunderstandings or understatements of serious health concerns. For example, "*pandemic*" was translated as "***dwadze"*** (meaning "dangerous disease"), which omits the global spread element and may lead readers to perceive the COVID-19 pandemic as a localised illness rather than a global health crisis.

The omission of specific attributes, particularly in terms describing respiratory diseases, can obscure vital information needed for public health understanding. "Respiratory infection" was translated as "***vhulwadze ha mufemo***" (meaning "breathing or lung disease"), which leaves out the viral nature of the infection and its effects on the entire respiratory system, including the nose and throat. This incomplete rendering may cause Tshivenḓa readers to overlook the communicable nature and full scope of the respiratory infections, potentially impacting their awareness of preventive measures.

The translation of "frontline staff" as "***tshitafu tshi shumaho phanda***" (literally "staff that work in front") presents both lexical and conceptual issues. The term "***tshitafu*"** is borrowed from "*staff*" instead of using the native term "***vhashumi***" (employees), which

better conveys the concept of a worker. More significantly, omitting the notion of essential services reduces the accuracy of the translation, leaving the term open to misinterpretation. In the context of COVID-19, "frontline workers" refers specifically to those offering essential services, often at personal risk. Without this clarity, the translation may not fully communicate the critical role and exposure risk of these workers, potentially confusing readers about who qualifies as "frontline staff."

**f) Translation by using cultural substitution**

Cultural substitution has proven to be effective in translating medical terms that may be unfamiliar or conceptually distant from the target audience. According to Baker (2018), this approach involves substituting culturally specific terms from the source language with culturally equivalent or familiar expressions in the target language. For instance, the term “*diabetes*” has been translated into Tshivenḓa as "***vhulwadze ha swigiri***" (meaning "disease of sugar"), which reflects local understanding and makes the concept of diabetes accessible to Tshivenḓa speakers. This substitution aligns with the cultural perception that associates diabetes with elevated sugar levels, making the concept more relatable and understandable to the target audience.

Metaphorical substitutions like translating "immune system" as "***maswole a muvhili***" ("*soldiers of the body*") illustrate how cultural substitution can creatively bridge gaps in conceptual understanding. In Tshivenḓa, where "soldiers" are seen as protectors, this translation provides a culturally resonant image that effectively conveys the protective function of the immune system. This strategy not only aids comprehension but also resonates with the cultural framework of Tshivenḓa speakers, fostering an intuitive understanding of complex medical concepts.

By replacing direct technical translations with culturally familiar substitutes, this strategy ensures that critical health information remains accessible without compromising accuracy. The translation of "diabetes" and "immune system" provides Tshivenḓa readers with a clear understanding of these medical terms, while avoiding technical jargon that may otherwise hinder comprehension. This approach is particularly useful in cases where precise biomedical terms may not have a direct equivalent in Tshivenḓa, allowing translators to preserve the intended meaning through culturally appropriate adaptation.

## 5.3 Recommendations

To elevate the quality and effectiveness of Tshivenḓa medical translations, several key areas need to be addressed, each with strategic recommendations to improve both the process and the final output of translations for public health communications.

### a) Development of specialised medical terminology in Tshivenḓa

Establishing a comprehensive, standardised glossary of medical terms in Tshivenḓa would ensure consistency and clarity in translations, especially for complex medical and scientific concepts. This glossary should be developed in collaboration with healthcare professionals, linguists, and translators specialising in Tshivenḓa to ensure technical accuracy and linguistic relevance. This resource should cover core medical terms, evolving concepts, and emerging terminologies, particularly in fields such as virology, epidemiology, and infectious diseases that become crucial during health emergencies. The glossary should also be updated periodically to reflect advancements in medical science and the introduction of new terms, ensuring it remains a reliable reference for translators in future public health crises.

### b) Establishing collaborative consultation mechanisms

Medical translation, especially in crisis contexts like pandemics, demands swift access to specialised knowledge. To address this, consultation mechanisms should be established between healthcare providers and translation agencies or community organisations, facilitating real-time access to expert advice. For instance, a roster of medical professionals who can support language services during high-stakes periods, such as disease outbreaks, could ensure accuracy and reduce ambiguities in translated content. These partnerships would not only aid in resolving terminology challenges but also provide translators with a deeper contextual understanding, thereby enhancing the relevance and precision of translated information.

### c) Expanding training programs for Tshivenḓa medical translation

Training programs focusing specifically on medical translation for Tshivenḓa speakers would enhance translators' familiarity with scientific vocabulary, syntax, and translation strategies for technical content. Such training could include specialised workshops or courses on medical terminology, cultural sensitivity in healthcare communication, and

the use of clear language for public understanding. By equipping translators with a solid foundation in health-related terminology, these programs would reduce reliance on less precise translation techniques, such as borrowing from other languages or omitting complex terms. Moreover, the training would empower translators to handle the specialised demands of medical translation confidently and accurately.

**d) Enhancing machine translation resources and ParaConc corpora**

The integration of advanced machine translation tools and specialised corpora, such as ParaConc, could assist Tshivenḓa translators in managing the extensive demands of translating medical content, particularly during time-sensitive periods. By developing language-specific corpora optimised for medical and scientific content, machine translation systems could offer high-quality, initial translations that serve as a valuable starting point for human translators. These resources could include pre-translated, contextually appropriate medical terms and commonly used phrases, saving translators time and allowing them to focus on refining accuracy and cultural relevance in the final translations.

**e) Regular testing and feedback mechanisms for translation effectiveness**

Testing translations for clarity and comprehension among Tshivenḓa-speaking audiences can help identify areas of improvement, especially for complex health information. Establishing a feedback loop where translations are reviewed by target audiences or focus groups could reveal common points of confusion or misinterpretation. This feedback would enable translators to adjust their language choices, style, or explanatory additions in future translations to enhance audience understanding. Additionally, this approach would foster a cycle of continuous improvement, guiding the adaptation of language resources and strategies for translating public health information in ways that are clear, accurate, and culturally resonant.

In summary, through these comprehensive recommendations, establishing a specialised glossary, creating consultation pathways with healthcare experts, enhancing training programs, improving machine translation resources, and implementing feedback mechanisms, Tshivenḓa translators would be better equipped to manage the unique challenges posed by medical translation. These actions not only

support the accuracy and consistency of translations but also ensure that critical health information reaches Tshivenḓa-speaking communities in an understandable and culturally sensitive manner, ultimately improving public comprehension and health outcomes in times of need.

### 5.4 Conclusion

In conclusion, this research has provided an in-depth analysis of the translation strategies used in rendering COVID-19-related medical texts from English to Tshivenḓa, using a corpus-based approach. The study aimed to uncover the strategies employed, evaluate their effectiveness in preserving the original meaning and context, and identify challenges encountered in the translation process. Core strategies observed included direct translation, paraphrasing, borrowing terms, and culturally adapting or explaining certain phrases, each contributing uniquely to the accuracy and clarity of the translated content.

The research found that strategies like paraphrasing and generalising terminology were particularly effective in ensuring that complex medical information was understandable to a Tshivenḓa-speaking audience. Conversely, borrowing English terms sometimes resulted in ambiguity, as these terms did not always align with the cultural and linguistic context of the target audience. Key challenges were also identified, such as the lack of established medical terminology in Tshivenḓa, the difficulty of simplifying specialised terms without losing their essence, and limited access to expert consultation in the translation process.

These findings underscore the need for a more standardised approach to medical translation into Tshivenḓa, including the development of a specialised medical glossary, translator training in medical terminology, and resources that support consistent and culturally sensitive translations. Addressing these issues can improve the accuracy, accessibility, and cultural resonance of health information for Tshivenḓa-speaking communities. This study contributes valuable insights toward enhancing translation practices in indigenous languages, particularly in the critical area of public health communication.

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# APPENDICES

## Appendix A: Permission to conduct research

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

**FACULTY OF HUMANITIES**

**Student**: Ms Maria Livhuwani Madiba
CC. **Supervisor**: Dr Colfar Hlongwana

Student Number: 1813092

27 June 2024

Dear Ms Maria Livhuwani Madiba

**DECISION ON RESEARCH PROPOSAL SUBMITTED FOR THE MASTER OF ARTS IN TRANSLATION BY COURSEWORK AND RESEARCH REPORT.**

I am pleased to advise you of the decision reached by the reader/readers of the Graduate Studies Committee on your proposal entitled: "***Translation strategies in medical texts from English into Tshivenḓa: A corpus-based approach.***"

**Reader's decision on proposal**:

**Accepted, but candidate should take note of warnings/recommendations.**

I confirm that Dr Colfar Hlongwana has been appointed as your supervisor.

Please take note of the information on the Criteria for submitting research for examination which is attached and ensure that the Faculty is informed of any changes of address during the year.

**Kindly note** that all MA and PhD candidates who would like to graduate as soon as possible must ensure that they meet the ETD requirements within six (6) weeks of receipt of the examiners' reports by the supervisor. **A student is required to remain registered in the Faculty until his/her graduation.**

Yours Sincerely

*M Ntseare*

Mpho Ntseare (Ms)
Faculty of Humanities
Private Bag X 3
Wits, 2050

## Appendix B: Certificate of competence in research ethics



CERTIFICATE OF COMPETENCE IN RESEARCH ETHICS

Name: **Maria Livhuwani Madiba**

Student/Staff No: **1813092**

**Date of Certification: 23 January 2024- 22 January 2027** (This certificate is valid for a period of three years)

TRAINED BY:

PROF. JASPER KNIGHT

(RESEARCH ETHICS)

SIGNATURE:

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

ISSUED BY:

DR. ROBIN DRENNAN (DIRECTOR: RESEARCH OFFICE)

SIGNATURE:

This certificate is confirmation of successful completion of a training course in Research Ethics for Non-Medical human research, based upon achieving a minimum level of competence in different assessment tasks.

## Appendix C: Ethical Clearance

**SCHOOL OF Literature, Language and Media ETHICS COMMITTEE**
**CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)**

**CLEARANCE CERTIFICATE** **PROTOCOL NUMBER: WSLLM-TRAN-4**

**PROJECT TITLE** An analysis of translstion strategies employed in the translation of Covid-19 related medical texts from English to Tshivenda: Corpus- based approach

**INVESTIGATOR** MARIA LIVHUWANI MADIBA

**SCHOOL/DEPARTMENT** SLLM/Translation

**DATE CONSIDERED** 19 July 2024

**DECISION OF THE COMMITTEE** Approved

**RISK LEVEL** No risk

**EXPIRY DATE** 19 July 2025

**ISSUE DATE OF CERTIFICATE** 25 July 2024 **CHAIRPERSON** Prof. Anette Horn

A. Horn

cc: Supervisor : COLFAR HLONGWANA

**DECLARATION OF INVESTIGATOR**

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

mlmadiba
**Signature**

29 /07 /2024
**Date**