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Language choices and mental health: Black South African medical doctors' view on teaching indigenous African languages to children

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LANGUAGE CHOICES AND MENTAL HEALTH: BLACK SOUTH AFRICAN MEDICAL DOCTORS' VIEWS ON TEACHING INDIGENOUS AFRICAN LANGUAGES TO CHILDREN

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A research report submitted in a submissible format to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of Psychiatry

Johannesburg, 2023

DECLARATION

I, Dr Mmaphuti Dorothy Kaaka, declare that this Research Report is my own work. It is being submitted in partial fulfilment of the requirements for the degree of Master of Medicine in the branch of Psychiatry at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.



15th day of November 2023

AUTHORS' CONTRIBUTIONS

Declaration: Student's contribution to the process of writing the article submitted for publication and agreement of co-authors

I, Dr Mmaphuti Dorothy Kaaka, student number 9703500M, declare that this Research Report is my own and that I contributed adequately towards the research findings which have been submitted for publication as a journal article as stated below.

Student	Mmaphuti Kaaka		15/11/2023
Primary Supervisor	Barry Viljoen		15/11/2023

Agreement by co-authors: By signing this declaration, the co-authors listed below agree to the use of the journal article by the student as part of her Research Report.

Article: Language choices and mental health: Black South African medical doctors' views on teaching indigenous African languages to children

Student	Mmaphuti Kaaka		15/11/2023
Primary Supervisor	Barry Viljoen		15/11/2023

Comments by supervisor: The student has submitted an article with title, "Language choices and mental health: Black South African medical doctors' views on teaching indigenous African languages to children" for publication by the *Journal for Language Teaching*.

DEDICATION

To Khumo Masaka

PRESENTATIONS

Wits Department of Psychiatry, Annual Research Day, 23 June 2022

PUBLICATIONS

An article titled, “Language choices and mental health: Black South African medical doctors’ views on teaching indigenous African languages to children” has been submitted to the *Journal for Language Teaching* for publication in 2023.

AUTHOR GUIDELINES FOR *JOURNAL FOR LANGUAGE TEACHING*

Journal for Language Teaching (JLT) is a peer reviewed, DHET accredited open access journal. It is published by the South African Association for Language Teaching and is hosted by the Stellenbosch University Library and Information Service.

Cover letter: This should include the title of the paper and authors.

Manuscript guidelines:

The paper must contain a title, an English language abstract of approximately 200 words, and keywords (minimum of 5; maximum of 10).

To ensure a blind review of the paper, no contributing authors should be indicated on the manuscript, and references to a particular university should be removed.

The paper must be language edited and original, with no prior publication elsewhere.

Title: The main title of the article must be in sentence case. The journal does not specify the number of characters for the title.

Length of manuscript: 6000 to 8000 words.

Font and font size: The font must be Times New Roman, size 12-point with 1,5 line spacing and justified text.

Headings: The main headings should be numbered, but subheadings need not be. Font-size, bold or italics may be used to indicate the headings.

References: The heading for the list of references must not be numbered. There must be a hanging indent of 1.27cm. The reference list must not be justified. The citation style chosen for the *Journal for Language Teaching* recapitulates the American Psychological Association and Harvard referencing styles, with a few modifications.

ABSTRACT

Background: In a rapidly globalising world, safeguarding cultural heritage and indigenous languages is crucial. This study examined the views of black South African medical practitioners on teaching indigenous African languages to children at home amid challenges posed by English being the main language of teaching in formal education.

Aim: We explored the perceptions of black South African doctors working in psychiatry regarding teaching indigenous African languages to children and investigated their reasons and the perceived impact of these choices on children's mental health.

Setting: Urban-dwelling black South African indigenous language-speaking doctors who worked at community psychiatry clinics near Johannesburg, South Africa, were interviewed.

Methods: A qualitative, descriptive research design was used. One-on-one interviews of twelve purposively sampled participants were held and transcribed. The data was analysed thematically.

Results: Five themes were generated. Participants emphasised teaching their children African indigenous languages for cultural preservation purposes. They held that formal English-medium education hindered fluency in indigenous languages when spoken by children. Parents reported anxiety during visits to rural parts of South Africa due to the English-speaking child's inability to speak the parent's indigenous language with other rural-based black people. Perceived ostracism by other black people and the impact thereof on their children's mental health was a concern. The future of African indigenous languages was feared to be bleak.

Conclusion and contribution: In conclusion, this research demonstrates that black South African doctors working in psychiatry facilities value teaching indigenous African languages to children to preserve culture. It highlights concerns about the negative impact of English-medium education on indigenous African language fluency of children and the potential mental health consequences of social isolation from other black people due to language barriers. The study suggests more inclusive education and efforts to revive indigenous languages at home to mitigate these concerns.

Keywords: indigenous African languages, vernacular, language loss, black South African medical doctor, psychiatry, children's mental health, social isolation, anxiety

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Thank you to the medical practitioners who work at the community psychiatry clinics affiliated to the University of the Witwatersrand, Gauteng, who were interviewed for this study.

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ABBREVIATIONS

CHC: community health centre/ ‘clinic’

Covid-19: SARS-CoV-2, novel coronavirus 2019

JLT: Journal for Language Teaching

Jo’burg: Johannesburg

KZN: KwaZulu-Natal

L1: first language/ mother-tongue

L2: second language

LOT: language of teaching

RSA: Republic of South Africa

Stats SA: Statistics South Africa

SUBMISSIBLE PAPER

Introduction

The Republic of South Africa (RSA) is a multilingual country with 30 living languages, according to the 2011 national census by Statistics South Africa (Stats SA) (2012). Stats SA classifies the RSA population into racial groups, which include black (African ancestry), Coloured (mixed ancestry), Indian/ Asian and white (European ancestry) (Statistics South Africa 2023). The black African people, who are the majority population, are further classified according to ethnic/ language groups and their languages are recognised as indigenous to RSA and have been official languages since 1996 (Madadzhe 2019: 205-206). Table 1 captures the distribution of the various home languages spoken nationwide (Statistics South Africa 2023). The Khoi-San languages, spoken by a minority population considered indigenous dwellers of southern Africa, do not enjoy official status in RSA (Prah 2018).

Table 1: RSA population distribution by spoken first language in 2022 versus 2011

First language spoken	**Percentage of the population**	
	2022	**2011**
IsiZulu	24.4%	22.7%
IsiXhosa	16.3%	16.0%
Afrikaans	10.6%	13.5%
Sepedi	10.0%	9.1%
English	**8.7%**	**9.6%**
Setswana	8.3%	8.0%
Sesotho	7.8%	7.6%
Xitsonga	4.7%	4.5%
SiSwati	2.8%	2.6%
Tshivenda	2.5%	2.4%
IsiNdebele	1.7%	2.1%
Other	2.1%	1.5%
Sign language	0.02%	0.5%

Adapted from Statistics South Africa 2023 and Statistics South Africa 2012

Psychiatry medical practitioners/ doctors recognise the psychological and cognitive benefits of speaking an indigenous language to a patient who speaks the same language in the therapeutic context (Tannenbaum & Har 2020). There is, however, a limited understanding of the extent to which South African black medical practitioners who speak African indigenous languages prioritise teaching their children these languages within their households, considering the growing dominance of the English language in public, academic and professional spaces in RSA.

English is gaining dominance because some speakers of African indigenous languages view the latter as lacking utility due to the languages' lack of modernisation and use in economic settings (Prah 2018). The lack of use could lead to a loss of the ability to speak indigenous African languages by black South Africans, an issue discussed frequently in the media. Indeed, black South Africans could lose their indigenous languages due to a lack of use and practice (Walsh 2005). There were numerous indigenous languages which Indian South Africans spoke in the 1960s, which were eventually replaced by English (Mesthrie 2007). Despite the dilution and loss of their cultural practices with the language losses (Prah 2018), Indians were able to retain some of their country of origin's cultural practices, according to Mesthrie (2007).

Parents are allowed by the South African constitution to choose their child's school based on their preferred language of instruction (Prah 2018). Research has revealed that since the end of apartheid, many black South African parents, especially those in professional occupations, preferred to enrol their children in English-medium schools, (Evans & Cleghorn 2014: 2-3). Black South Africans prefer English-medium over Afrikaans-medium schools because of the country’s history of apartheid and forced implementation of Afrikaans as a medium of instruction in schools in 1974 (Foley 2010; Madadzhe 2019; Marjorie 1982; Prah 2018). Despite choosing English-medium schools for their children, younger black parents who were “better educated”, recognised the need to maintain the ability to speak indigenous languages for matters of personal identity, intergenerational communication and for possible academic advantages (Evans and Cleghorn, 2014). Indeed, embracing multilingualism at all schools could benefit second-language (L2) English speakers (Brock-Utne 2014; Owen-Smith 2010). Neuropsychiatry research informs us that children can learn new

languages more easily than adults (Dehaene-Lambertz 2017) and bilingualism and multilingualism could enhance children's cognitive abilities, including memory, attention and executive function in linguistic and non-linguistic tasks (Poulin-Duboiss et al. 2011).

In contrast, losing indigenous languages could harm black people's mental well-being, as indigenous languages keep people connected to their culture and without which children might grow up with feelings of self-hatred and a loss of cultural belonging and pride (Williams et al. 2018). In fact, due to our rapidly globalising world, preserving cultural heritage and indigenous languages becomes of utmost importance (Smith et al. 2000). Indigenous communities, such as the Maori in New Zealand and Australian Aboriginals, recognise the importance of preserving their languages to maintain their cultural identity (Sivak et al. 2019). These languages connect individuals to their ethnic groups, ancestors and heritage, fostering pride and self-worth (Sivak et al. 2019).

Additionally, studies attempting to explain the high suicide rate among Maori youth in New Zealand, with their history of indigenous language losses, showed that those who reported a strong Maori cultural identity showed improved well-being scores and fewer mental illness/ depression symptoms (Williams et al. 2018). In that spirit, this study focused on indigenous African language-speaking, black, South African medical practitioners (doctors) knowledgeable in psychiatry, aiming to investigate their choices regarding the teaching of African indigenous languages to children at home. We explored their views on the potential connections between these choices and the children’s mental health.

This study specifically sought to identify the language(s) chosen by black South African psychiatry doctors who speak indigenous languages to communicate with children at home. We examined the reasons and motivations behind their language choices. The doctors were asked whether they perceived a connection between their choice of home language and the mental health of (their) children either theirs of those they cared for. The study also identified challenges faced by the doctors and the children, which caused language losses. The viewpoints of doctors who did not have children but cared for others' children were included.

Theoretical framework

Social constructionism, as explained by Boghossian (2001), is a theoretical perspective which emphasises that the concepts of language and culture are not inherently fixed or objective/ naturally occurring but are instead socially constructed (Boghossian 2001). In the context of this research, social constructionism implies that the significance of teaching indigenous African languages to children and the perceived impact on the mental health of children are not inherent truths to black South African doctors but are influenced by the beliefs, values, and practices of their local communities, and the broader societal and historical context. The meanings and values attached to language choices and their effects on mental health are shaped by the collective perspectives and norms of society and experiences of individuals within the South African context. This theoretical framework highlights the importance of considering the social and cultural context of the study participants when interpreting the findings, implying that the findings may vary across different cultures and contexts.

Research methods and design

Study design

A qualitative, descriptive research design was used to explore whether black South African psychiatry doctors chose to teach children indigenous African languages, to understand the reasons behind their choices and if they thought this would affect the children's mental health.

Setting

Urban-dwelling medical practitioners/ doctors who worked at psychiatry clinics at community health centres (CHCs) near Johannesburg, Gauteng, South Africa, were interviewed. Some medical practitioners had undergone or completed training in psychiatry, and others were in the process of training or applying for training positions with the relevant training institutions. These doctors were all supervised by a qualified specialist psychiatrist in their daily duties. We chose these participants as most were not in constant contact with the principal investigator to avoid influencing their opinions.

Participants and sampling strategy

Purposive sampling was used to enrol the participants for this study. Black medical practitioners holding South African citizenship, whose home language(s) included at least one official South African indigenous language, were interviewed. Fluent speakers of the said African indigenous language(s) were chosen. Participants who were not parents but were involved in caring for others' children were welcomed for their valuable input. Doctors who could not speak any of the official South African indigenous languages were excluded. Data saturation was reached once 12 participants were interviewed.

Data collection

The qualitative interview process requires awareness of hierarchies between the interviewer and interviewees (DiCiccio-Bloom & Crabtree 2006). The main author, a medical practitioner in a similar position as the participants, conducted the interviews, facilitating trust. As the interviews were conducted in June 2021 during the SARS-CoV-2 (COVID-19) pandemic in South Africa, face-to-face contact was avoided. '*WhatsApp'* video calls were used to interview participants, but only their voices were recorded for transcription. The video calls allowed each participant to see and interact with the interviewer safely. The participants were asked:

- The language(s) they spoke to their child(ren)/ family relatives' child(ren) at home
- Their views regarding indigenous African languages in South Africa
- Their choice to teach or not to teach their children indigenous African languages and the reasons for their choice(s)
- Whether their knowledge of psychiatry contributed to their choices or opinions
- Whether they were worried about the impact of their language choice(s) on the mental health of their children

Data analysis

The interviews were transcribed using an internet-based automated transcription software called "*sonix.ai*". The online software program converted the recorded audio data into text within minutes using artificial intelligence technology, saving time compared to manual transcription. As the final transcripts were displayed as text within a short time after the interviews were recorded, the interviewer recalled how words

were said, improving the accuracy of the manual editing process. The program embedded voice clips next to each word and sentence to allow listening with the click of a mouse. The first author listened to the voice recordings multiple times during the manual editing and made notes for the data analysis. The co-author read the typed transcripts.

An approach to data analysis based on thematic analysis, as described by Braun and Clarke (2013), was chosen for this study. In this spirit, codes were used to generate themes and the data was interpreted reflexively.

Ethical considerations

Ethical clearance for this study was granted by the University of the Witwatersrand, Human Research Ethics Committee (Medical): clearance number M2011117. Participants gave informed consent to be interviewed for this study, for their voices to be recorded and for the data to be shared among the researchers. Participant identifying information was replaced by alphabet letters. Consent was not asked from the participants to collect quantitative data, such as their ages, dates of birth, their children's age(s) or date(s) of birth.

Measures of trustworthiness:

In pursuit of credibility (Novell et al. 2017: 3-4), the main author 'immersed' herself in the data by listening to the voice recordings repeatedly during the manual editing of the transcripts (Braun & Clarke 2013). The transcribed data was read multiple times. The co-author checked on the main author's findings to create triangulation. The author kept a reflexivity journal to prevent preconceived opinions from tainting the data analysis and overshadowing the participants' views. The data analysis obtained at the beginning of the research process was contrasted with subsequent data analysis for triangulation. The participants were offered a copy of the findings, and their feedback confirmed that the findings accurately represented their views.

A bottom-up/ inductive approach was chosen to interpret the data, allowing the reality of the participants as embodied in the data to take centre stage without the bias of external ideas (Braun & Clarke 2013). Coding and recoding the data reliably generated similar themes, creating a sense of dependability of the findings. Evidence was used from the data to answer the research questions persuasively.

Results

The participants were twelve black South African doctors who worked at CHC psychiatry clinics, eleven of whom were female, and one was male. Seven participants completed school at rural/ township schools and were parents to one or more children (participants A to G). Two participants completed school at model-C/ private schools and were parents (H and I). Participants J and K completed school at model-C/ private schools and were not parents. Participant L completed school at a rural/ township school and was not a parent. All the participants were exposed to children in their families. Table 2 shows the participants' alphabetic designations, schooling backgrounds, parental statuses and home languages other than English and Afrikaans.

Table 2: Participant gender, schooling background, parental status and home language

	Gender	**Schooling background**	**Parental status**	**Home language other than English or Afrikaans**
A	Female	Rural/ township	Parent	IsiXhosa
B	Female	Rural/ township	Parent	Sepedi
C	Female	Rural/ township	Parent	Setswana
D	Female	Rural/ township	Parent	Xitsonga
E	Male	Rural/ township	Parent	Sesotho/ isiZulu
F	Female	Rural/ township	Parent	IsiXhosa
G	Female	Rural/ township	Parent	Setswana
H	Female	Model-C/ private	Parent	IsiXhosa
I	Female	Model-C/ private	Parent	Setswana
J	Female	Model-C/ private	Not a parent	Setswana
K	Female	Model-C/ private	Not a parent	Setswana/ Sepedi
L	Female	Rural/ township	Not a parent	IsiZulu

Themes

Analysis of the data generated five themes. Table 3 lists the themes and the subthemes.

Theme 1: The mandate to teach children indigenous African languages at home

Black identity, culture and tradition preservation: Teaching African indigenous languages or vernacular to children was meant to introduce them to a black culture and a sense of belonging to a black identity. African languages were seen as part of black people's culture by all the participants.

"We can try and say I'm not identified by my language or whatever, but language equals culture, equals community. If you ask me now, I would be like, I'm a Tsonga girl from Giyani and this is what Tsonga people do. This is how we celebrate weddings… This is how we do funerals… So, it is part of one's identity, and that's how we can separate… But once we lose the language, what else follows after that?" (Participant D)

"My feel is that in as much as everyone is moving away from our languages, they are very important… We need our kids to know them. So that they can identify with us and with the rest of the family… Their genetic make-up, their culture, their upbringing…" (Participant F)

Mandate first, then psychiatry: All the participants said they always knew that they had to teach their children indigenous languages; working in psychiatry only reinforced their views.

"I'd say partly because of all the cognitive stuff we know about in psychiatry, but not in full, you know, because I had certain thoughts before psychiatry, but once I did join the program, I know that's a part of the reason why I wanted him (my son) to maintain speaking Setswana and other indigenous languages. And I'm even happy that he speaks Zulu as well…" (Participant I)

Table 3: Themes and subthemes

Theme	Subtheme
1. The mandate to teach children indigenous African languages at home	a. Black identity, culture and tradition preservation b. Mandate first, then psychiatry c. The *vernacular* advantage
2. The choice of 'white' English-medium schools and the inevitable loss of mother tongue by children	a. My English, my child's English b. The township and private school problem c. Now we must all talk English for our children
3. Rural area visits by urban parents with their English-speaking children	a. Whose child is this who can't speak *'vernac'?* b. Self-compassion
4. Worrying about the future of our indigenous African languages	a. No Tsonga in this house b. English hegemony c. Will we lose our languages?
5. Anxiety about the mental health of children	a. The pain of not belonging b. Emotions and questions c. Second chances

The vernacular advantage: Knowing at least one indigenous African language was beneficial when the participants worked in community clinics, where they had to take clinical histories from patients who communicated predominantly in indigenous languages. The participants boasted about the privilege of being able to speak in the language(s) the patients spoke and understood, resulting in an improved understanding of the patient's problems. In contrast, their white and Indian/ Asian colleagues were not able to speak the languages spoken as first languages (L1) by a majority of patients.

*"There is a difference because they always sound **psychoti**c when a white person is interviewing them and they seem (laughs), **apsychotic**, when I speak to them. I have seen someone talk to someone in English, and then it was a mess, you know. The person sounded so tangential, incoherent… And then when you start speaking in*

Tswana and the person speaks in Tswana, it actually makes sense what the person is saying." (Participant C)

Theme 2: The choice of 'white' English-medium schools and the inevitable loss of mother tongue by children

Whilst all the participants wished that their children could learn African indigenous languages at school, the parents still chose English-medium schools situated in the suburbs for the children, which were not offering indigenous African languages as languages of teaching. This choice was made for various reasons, as the participants elaborated below. The participants expressed concern or distress when their children lost the ability to speak their mother tongue yet still retained their English medium school choices.

My English, my child's English: The participants who completed their schooling at rural/ township schools lamented their lack of command of the English language, which impacted their self-esteem when studying at university. The shame because of a poor command of English was stated as a compelling reason for participants to choose better-quality English schools for their children, to give the children a 'leg up'.

"I went to a rural school, proper rural… You are always talking Setswana, every single day, Monday to Friday! When you get to varsity, you struggle… You even get scared! I was scared to make friends because then I was like, but what if I can't even speak proper English and people laugh at me… You could tell there were people who spoke English fluently in class. They just radiated confidence in class… You are judged from the moment you open your mouth. People can tell that this one came from the goats and the cattle where there is no tar road…" (Participant C)

The inability to speak English well was experienced as shameful by the participants, regardless of their ability to speak African indigenous languages well. The types of schools the participants went to were blamed for this outcome.

"…You don't want a repeat of what happened, what you were exposed to, to happen to your kids. So, obviously with me, shame, if I tell you the name of my primary school, you'd understand how much English I got from that school… Like a common song that we used to sing weekly while we were assembling, and, only in adulthood, do you start

understanding the lyrics of the song. Like what were the teachers doing?" (Participant E)

The township and private school problem: All the participants refused to send their children to township schools, which are known to offer indigenous African languages as languages of teaching (LOT). The participants acknowledged the social consequences of this choice, yet the parents proceeded undeterred.

"So, we are taking our kids to better-performing schools, which happen to be, majority of them, to be 'white' schools. And there are no 'black-owned' schools that are on par with the white schools that we are taking our kids to and especially in the areas that we live in. So, when I'm saying we want them to be white, it's not like we want them to be white, but the circumstances are forcing us to take them to white schools. They are going to learn English, they are going to behave like white people, but when they come home, we also want part of them to be us." (Participant F)

Some parents objected to their chosen school's LOT but saw no other option but to send their children there, other benefits taking precedence.

"I feel like all the private schools now basically offer the same thing, which is English as a first language… Every parent wants to give their child a step up, more than anything. …If sending him to a more affluent school in a better neighbourhood or to offer better opportunities in life, then definitely… It's really picking your battles if anything… The school is predominantly white… The first day me and his dad took him there, we noticed that in his particular group, he was the only black child..." (Participant H)

Now we must all talk English for our children: Most parents noticed that their children spoke less indigenous African languages after commencing school at English language-medium schools. Some parents who were talking mother tongue to their children at home switched to speaking English at home, upon advice from the schools or to accommodate their children. The switch to English annoyed the parents concerned, who said it should not be their job to teach children a foreign language.

"We decided she must go to preschool when she's three and already speaking our language… She was speaking nicely and then … At preschool they were struggling to understand her and wanted us to help her with the English so that she can be on par

with other kids. So, we had to talk less of our language and talk more of the English. And that's where it went wrong, where she was now speaking more English and forgetting our language." (Participant F)

Other parents had to teach their children vernacular again, as it appeared necessary, despite earlier efforts of teaching children vernacular before school.

"…It was a multiracial school. …they were not doing Tswana. (Setswana) started disappearing. He can only speak basic Setswana. …when he says something like 'tlhaologanyo ya kgogo' (Setswana for chicken's mind, instead of brain). …even his peers, he couldn't call their names properly. …'Kekgomoditswe', he would say 'Ke-komdise', you see. So, I had to teach him (again). I felt so embarrassed…" (Participant G)

Many parents did not believe in putting extreme pressure on their children to re-learn vernacular, even though they were worried about the first language (L1) or mother tongue disappearance.

"…I told myself I also just need to give him a chance. He is speaking a little bit of Setswana at home and he's learning English, he's now in school. There's a lot of pressures with the school and stuff that he needs to learn. I was a little bit worried about how he's now pronouncing certain words… how he's forgotten this word… I truly let it go and just accepted that as he grows older, it'll probably be better." (Participant I)

Theme 3: Rural area visits by urban parents with their English-speaking children

The common practice of urban black South Africans returning to the rural areas during public and school holidays was said to be a new source of distress among some of the participants interviewed due to the partial or complete loss of African indigenous languages by their children. The participants worried about their children being treated differently from other children because of their inability to speak vernacular like rural black South Africans.

Whose child is this who can't speak *vernacular*? Rural-based relatives were reported to verbalise judgemental thoughts towards the participant's children, who spoke fluent English but could not speak vernacular. The experience was

embarrassing and painful for the participants concerned, who were worried about the children's experience.

“The extended family and everyone else, because I was very vocal about my children learning isiXhosa, everyone now – cousins and my friends, they asking you, what happened? You said you want your children to speak isiXhosa. Why are they now – they can’t even make one sentence in isiXhosa?” (Participant A)

“…When I take him to my extended family, he couldn’t express himself in the language… It was a problem because he was staying with my grandmother. She would call and say, ‘Come take your child, I can’t hear what he is saying’...” (Participant G)

This experience was not widespread, however, as some participants expressed being praised for having ‘smart’, fluent, English-speaking children. The participants, however, did not believe that their children were more intelligent because of their command of the English language.

“December and other holidays, weekends, everybody goes back to the roots. So, when we are there, then you can see. Some kids are still being looked at as like super kids, role models and others will admire them for speaking English.” (Participant E)

“I’ve heard it when I go to the villages, they’d say, ah, your children speak English only, they are so smart. And then I am like, they are not the smartest children in class.” (Participant D)

In this context, how a child speaks could lead to either approval or criticism of their parents by the rural black South African community, underscoring the mixed feelings of those involved in deciding on the children's language of education.

Self-compassion: The participants whose children could no longer speak African indigenous languages fluently were self-forgiving when they were in the urban areas of Gauteng, where English dominates in social spaces, as there was no discrimination against their children. They found consolation in the fact that the disparaging social experience of being isolated for not speaking indigenous African languages was not present in the urban areas where their children primarily resided.

“Currently we are based in Johannesburg, almost everyone speaks English. So, socially, there is no barrier, there is no obstruction when they are interacting with people at home and with friends… They are comfortable. They can socialise perfectly. When we go home to the Eastern Cape, that’s where you sort of see that gap.” (Participant A)

“My feelings are different, depending on whether we are in Joburg or we are at home…They spend more time at school obviously, and at school, mainly they speak English. So, at home, it’s cool, I’m not really fussy about what language they speak, although I’d want them to be better… When we go to the rural areas, it becomes like a problem… When you’re in Gauteng, I feel like we are doing just fine.” (Participant D)

Theme 4: Worrying about the future of our indigenous African languages

The majority of participants believed that indigenous African languages could be effaced in the future.

No Tsonga in this house: The majority of participants expressed anxiety as they predicted an impending loss of indigenous African languages.

“I definitely am worried, looking at my own children. As much as I am thinking they will catch up but what if they don’t catch up? Fifteen years from now when they have children, possibly, and my husband and I die, no one else is going to be speaking Tsonga in the house.” (Participant D)

"If we don't do anything about this, us as blacks, in the near future, we might not even have any indigenous languages, unfortunately… Obviously I am not happy about it. I want to still see my kids speak our language and be able to write our language, but, like I'm saying, It's something bigger than me. It's something bigger than a lot of us." (Participant B)

English hegemony: The dominance of English in South Africa, like in other previously colonised countries, was expressed by the majority of participants as a big contributory factor for the predicted impending loss of indigenous languages. The power of English was also a driving factor for some participants when they made language choices for their children.

"… IsiXhosa won't take them anywhere in terms of employment, in terms of education. It's good that they know it…There is no question paper for mathematics asked in isiXhosa. So, for a child to excel in mathematics, they need to know English so that they understand the question." (Participant A)

Will we lose our languages? All the participants predicted a gloomy future for African indigenous languages. Most participants had no active solutions for their circumstances, saying 'the problem is bigger' than them. One participant noted the anxiety parents felt as issues of school language policy became more complex for one family to negotiate or influence. This participant lamented the willingness of some previously whites-only schools where black children attended to offer languages such as Mandarin over African indigenous languages, and another participant spoke about picking one's battles carefully. A few participants offered viable solutions to this language problem.

"To put emphasis on English at the expense of other languages, I think it's shown that it's not ideal. There's a lot of disadvantages to that. I think the agenda we need to be trying to push is maybe getting the children to be more bilingual and being comfortable in both languages, you know." (Participant K)

Participant L offered paradoxical hope that indigenous African languages will be saved from the doom and gloom of language loss by the unfortunate persistence of illiteracy in South Africa.

"…You find someone who can't speak English because they are not educated, they then would just default back to their language. And unfortunately, we have a lot of illiterate people in South Africa. And that's why I found that when I came to work, I've had to learn the languages because not everybody can speak English. So that might actually work in our favour in terms of language (preservation)." (Participant L)

Theme 5: Anxiety about the mental health of children

The pain of not belonging: The participants who struggled to speak their mother tongue or knew black people who struggled to speak vernacular because of inadequate exposure reflected on the pain this loss caused them and how it affected their self-esteem.

Participant K, who could not speak her mother tongue well after schooling at a private school with no indigenous languages, forecasted the feelings that many of the participants' children could experience in the future. According to this participant, the pain experienced by black children who could not speak their mother tongue was not to be trivialised. At her work, she was expected to understand what each black person was saying because she was also black.

"There's a sense of exclusion and a sense of alienation. A little bit of shame and guilt at the inability to communicate… It's difficult to tell people that, I'm sorry, I don't feel comfortable translating. Yes, I may be the only black person here in this ward round. But maybe I identify as Sotho or Sepedi or whatever, but it doesn't mean that I can understand fully what this person is saying…

I have siblings, I have cousins, who really struggle with speaking African languages, and, um, talk to them in Zulu, Xhosa or whatever, they will reply in English… I have witnessed it and seen how difficult it is for them. Number one, how others are likely to perceive them as being quite pompous, haughty, as wanting to be white, as being ashamed of their culture in inverted commas… These are the effects of speaking English at home and the teachers, you know, telling your parents to speak to this child in English at home." (Participant K)

Participant J, a South African whose parents migrated to South Africa from another African country, was never taught her mother tongue by her parents but learnt South African indigenous languages. She was grateful to speak the latter. However, she believed she was deprived of a chance to learn and teach her children's home country's indigenous language. She still preferred to teach her children any indigenous African language to protect them from the mental effects that could result from depriving them.

"OK, so people are embracing their culture and oh, I don't remember that…That's it, really hit home! I've got a bit of a disadvantage… Initially, I didn't identify as South African, I identified as (citizen of the country of origin). We always had people say, look, what do you have to show for it? I felt like I didn't have much to show for it." (Participant J)

Emotions and questions: The parents were already noticing how differently their children were treated if they could not speak vernacular to other black individuals. This

experience generated negative emotions because the parents' initial good intentions were having deleterious consequences. The pain and anxiety were evident in the way they questioned what was happening.

"…At this stage, because they are still young, it doesn't affect them when other kids are laughing at them and asking them questions repeatedly, as they want them to speak. They just speak, they don't see anything wrong. They don't feel teased. …Because I am an adult, I think I read too much into it… I feel what is happening. It would be interesting to see when we go home with them and they are a bit older and they can tell the difference between English and Xhosa…" (Participant A)

"…Every parent can decide what needs to … happen with their own kids. But with my kids, I feel that if they were not able to … speak Sepedi, I'll feel very sad. I'll feel like I have failed them as a parent." (Participant B)

"I just feel the people who judge each other most … it is blacks against blacks, you know. If an English-speaking person starts speaking in Zulu, and it's off, they're not going to laugh at that person." (Participant D)

Second chances: Participant G made a conscious effort to send her second child to a different school in a different area away from her primary residence, which offered English and a first-language indigenous African language. This participant's two children had a long age gap between them, which allowed her to reflect and make more comfortable choices. She regretted the social consequences of her older child's inability to speak vernacular fluently. Other parents, in contrast, did not spontaneously discuss what else they needed to do to help their children retain L1 because of how busy their lives were.

"The first one (son)… I saw (that) I disadvantaged him. So, he couldn't express himself in Tswana or say something in Tswana. So, this one, I had to start at an early age… They were doing Setswana and they started at creche… There's no difference between that one (school) and this one because their English is the same. And then, this one (child) at the same time can speak Setswana fluently, can be able to read Tswana and write Tswana. (It makes me feel) Proud. I'm proud of my language." (Participant G)

Discussion

This study examined the perspectives of urban, black South African psychiatry medical practitioners who are indigenous African language speakers regarding teaching these languages to their children. This study produced rich data on the views of black South African doctors on a topical subject, which has produced anxiety amongst many black professionals who now live in historically 'whites-only' urban areas. The views elicited in this study are sensitive to this period and are not necessarily generalisable to other settings.

The participants in this study shared a profound connection to their indigenous African languages, reflecting their commitment to preserving their African identity and culture. However, they faced the dilemma of choosing English as the medium of instruction in schools due to its global prominence. This choice was influenced by historical factors, including the legacy of apartheid and limited school options for black communities in historically white suburbs.

Limited exposure to indigenous languages in English-medium schools led to subtractive bilingualism (Msila 2011: 49), causing the parents anxiety and distress. Participants feared for their children's mental health in light of possible social ostracism due to communication barriers with the rest of the black population in South Africa. Most participants did not switch schools to revive indigenous languages, but one parent did so successfully with her later child. The participants' desire for their children to excel academically and access better economic prospects fuelled their preference for English. However, the lack of indigenous language use at schools, despite parents' requests, was a common concern.

The participants did not devalue English and preferred not to do away with this language, unlike many African linguists, such as Prah (2018), who prefer indigenous African language hegemony in Africa. The latter author believes indigenous African languages should replace English for Africans to drive African development (Prah 2018). Interestingly, similar language challenges were observed in Nigerian private schools, where English dominance was reported to result in a loss of the ability to speak the Yoruba language by a huge majority of black Nigerian children (Adegoju 2008: 19-20).

This preference for elite schools, characteristically English-medium, by black parents may be comprehended as a passive accident but could also be an active process to create upward mobility or “elitism” (Brock-Utne 2014) among black people. As all the participants noted, urban township schools, with their lack of status, are not an option. Brock-Utne (2014) fears that a 'gate-keeping' or exclusionary process of appropriation of educational opportunities might occur, with private and model-C schools in the suburbs offering the best of opportunities at the exclusion of many black people who cannot afford these schools. Some black parents, aiming for upward mobility and feeling 'trapped in township schools' (Owen-Smith 2010), adopted speaking English at home, influenced by the perceived economic advantages of the language (Msila 2011).

Exposure to indigenous languages in multiple settings is important to maintain them, according to Al-Jumaily (2015), who revived his children’s ability to speak the Arabic language after exposure to another language by consistently speaking L1 at home. The switch to English at home by the study participants led to indigenous African language loss by their children. Retaining the ability to speak L1 can be a manageable task, according to Adegoju (2008), who recommends verbal indigenous language use for cultural transmission.

As discussed thoroughly in linguistic literature, indigenous African languages still require extensive development for them to reach the intellectual/ scientific standards of English and Afrikaans (Prah 2018), but this 'mammoth' challenge of developing and teaching in indigenous languages (Foley 2010), does not preclude the immediate use of these languages in multiple settings, as languages develop through use and ignoring language issues can lead to 'severe' (fatal) outcomes (Madadzhe 2019: 209). Owen-Smith (2010) argues for using English and African indigenous languages in their plurality in schools. Most participants in this study wanted indigenous African languages to be included in the schools where they enrolled their children. The schools ignored their requests, some schools reportedly opting to teach foreign languages instead. Most participants in this study did not believe African indigenous languages were ready to be used as academic LOT.

English and African languages can be used at universities in a complementary manner (alternating between languages or “code-switching”) to facilitate the understanding of

content (Madadzhe 2019). Evans and Cleghorn (2014) learnt in their interviews that some parents viewed “code-switching” by multilingual teachers in class as undesirable to the learning of proper English, quickly complaining to the school principal. The participants in this study were ashamed of their poor command of the English language during their medical student days, linking this to their impoverished schooling backgrounds. “Code-switching” was not endorsed as potentially useful during those difficult times.

It is important to note that besides academic material, children learn to cope with peer relationships, negotiate their sense of belonging and build their identities at school. De Kock et al. (2018) observed that schools located in ‘historically-raced settings’ in South Africa maintained their English/ ‘white’ cultural identity. Black learners risk experiencing a sense of social alienation when their African languages and cultural backgrounds are excluded at such schools (De Kock et al. 2018). The participants in this study lamented the exclusion of ‘black’ culture at historically ‘white’ schools, with one participant reporting how she experienced discontent with the 'whiteness' in her child and the potential loss of black African identity. Another participant pointed out the anguish of realising that her child was the only black one and thus needed additional efforts at home to maintain the child’s black identity. Indeed, poor self-esteem and feelings of isolation can arise when black children’s home languages, ethnic identities and cultural backgrounds are side-lined by a school, where children spend most of their time (De Kock et al. 2018; Msila 2011).

The media's preference for English over indigenous languages perpetuates the dominance of English (Adegoju 2008), who wrote about his Nigerian experience, which is comparable to the South African experience. This wide use of English in the media arguably excludes many indigenous speakers from participating in the national discourse (Prah 2018). Indigenous African languages are still spoken widely by most black South Africans, according to the latest national census (Statistics South Africa 2013), with Sepedi overtaking English in the recent national census (see Table 1). The point made by one of the participants that illiteracy can maintain spoken indigenous languages in South Africa appears valid.

Interestingly, the participants who were not parents yet gave interesting opinions, as they found it easier to 'shame' parents of children who could not speak vernacular.

These views could result from a lack of first-hand experience of failure at parental tasks, including language teaching. One participant was able to contrast her rigid opinions before she became a parent to her subsequent relaxation of rules when her children experienced challenges with learning indigenous languages.

Lastly, the participants believed that speaking indigenous African languages with patients advantaged them in understanding these patients. Speaking the same language is an important way to improve the health of indigenous populations, as health professionals and clients connect culturally using indigenous languages (Gonzalez 2017).

The findings imply that preserving indigenous African languages requires promoting their use in various settings, including schools. Schools should consider offering classes in indigenous African languages to meet parents' requests. Academic institutions could explore a complementary approach, using both English and indigenous languages, to facilitate a better understanding of content. Media and church organisations could also consider promoting indigenous languages alongside English. Encouraging multilingualism can help children retain their mother tongue, which is crucial for cultural identity.

The strength of this study lies in its exploration of the complex dynamics surrounding language choices among black South African psychiatry doctors. However, there are limitations, such as focusing on a specific professional group and the fact that the participants reflected on their anxieties about their children's mental health concerning the language choices made. Future studies could explore the views of children on indigenous African languages and how these affect their mental health. The presence of a majority of female participants to one male participant could have biased the views in this study. The findings may not be generalisable to the broader South African population.

Conclusion

This study delved into the perspectives of black South African psychiatric practitioners/ doctors regarding the teaching of African indigenous languages to children and the potential impact of these choices on the children's mental health. The doctors strongly believed in preserving cultural heritage through language. However, frustration

emerged as these languages gave way to English in formal education, reflecting the tensions between cultural traditions and societal demands. Concerns were raised about the perceived social ostracism faced by children who could not communicate in vernacular languages, raising pertinent questions about the role of language in community cohesion. The doctors' apprehensions about the potential mental health implications for their children point to a larger societal challenge – the need for a holistic, inclusive and linguistically diverse approach to education that acknowledges the inter-connectedness of language, culture and well-being. The doctors' shared anxieties about the future of indigenous African languages point to a need to recognise the value of African indigenous languages by implementing measures which will preserve cultural heritage, foster inclusivity and thus safeguard the mental health of the younger generation.

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The authors declare that they have no financial or personal relationship(s) that may have influenced them inappropriately in the writing of this research article.

Authors' contributions

MDK drafted the manuscript and BV contributed to the finalisation of the manuscript.

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Data availability

The study data may be shared upon reasonable request.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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Appendix A: Approved Research Protocol

Masters of Medicine (Psychiatry) Research Proposal

Dr Mmaphuti Kaaka

Student no: 9703500M

Supervisors:

Mr Barry Viljoen

Title:

The views of black South African doctors working in Psychiatry about teaching their children indigenous African languages and if they think this will affect the children's mental health

1. TITLE:

The views of black South African doctors working in Psychiatry about teaching their children indigenous African languages and if they think this will affect the children's mental health

2. PRINCIPAL INVESTIGATOR

Dr Mmaphuti Kaaka

3. SUPERVISORS:

Main supervisor: Barry Viljoen

4. STUDY OBJECTIVES:

4.1 To explore and develop an understanding of factors determining whether black South African parents, who have work experience in psychiatry and/ or child psychiatry, teach their children indigenous languages and how they achieve this.

4.2 To gain insights into languages spoken in the homes of black medical professionals.

4.3 To find out if black South African doctors, with experience in psychiatry and/or child psychiatry, think that teaching or not teaching their children indigenous languages will affect the children's mental health.

5. BACKGROUND/ LITERATURE REVIEW:

Language is a unique human skill in the sense that it conveys and shapes thought: to communicate, to learn, to socialise and to pass on culture.[1] There are complex integrative tasks involved in the attainment of language skills by a child, including perceptual, social, cognitive, conceptual and linguistic.[1] The consequences of failure to attain good language skills are far-reaching, and include the risk for academic failure and later mental health problems.[1]

Renewed focus on the mental health of children has prompted psychiatrists, psychologists, paediatricians and educators to use their knowledge on child development to find early intervention mechanisms to improve school outcomes[2] and mental health. Mental health is an all-encompassing term that addresses one's psychological, emotional and social well-being. It affects how one thinks, feels and behaves, including coping with stress, handling interpersonal relations and making choices.[3] Mental health problems can arise at any point in one's life, from childhood, adolescence to adulthood. Risk factors for mental illness include biological factors, family history and life experiences in one's social environment. [3]

South Africa has multilingual policies for the promotion of previously marginalised indigenous African languages, however, these policies fail to be implemented.[4,5] Black South African parents face challenges when choosing whether or not to teach their children indigenous African languages, as English occupies a predominant position in professional and public spaces in the country. Nearly every week there is talk on traditional media (radio, television or newspapers) and social media about the use or lack of use of indigenous African languages by black South African families. This is an emotive issue because of the concern that eventually African indigenous languages will be lost.[4]

Children's learning of language begins in the home

Children's socialisation and early learning of language are determined by interactions with caregivers in the home.[2] By the age of three years, children enrolled in a study conducted in 1995 by researchers Betty Hart and Todd Risley were observed to

emulate their parents in every way: from the way they spoke, what they said, to how they played.[2] According to an article extracted from their book documenting these research findings, it was extrapolated that 30 million extra words (the 'word gap') were spoken over a period of four years to a child from a family of professionals compared to those spoken to a child whose family relied on welfare.[2] Poorer families used more punitive language, whilst families from higher socio-economic levels preferred affirmative words. [2] This early 'language nutrition' comprising numerous, diverse words, inclusive of affirmation, was noted to influence a child's ability to learn to read by the time they reached grade three - a necessary scholastic achievement.

Hart and Risley found that interventions at school-going age were generally inefficient in addressing learning deficiencies created earlier in a child's life.[2] Learners who failed to learn to read in grades one to three due to impaired language skills, proceeded to fail in higher grades, where reading and writing are required to learn.[2] The child's experiences in the first three years of life formed a scaffold on which new learning occurred, thus influencing school performance.[2]

Culture, identity and language

Culture is the shared knowledge of traditions, skills, beliefs and ways of being of a group of people, which allows successful adaptation to one's ecological context over multiple generations.[5] Culture is learnt initially from one's family of origin.[6] Indigenous languages keep people connected to their culture as they are a means to transmit this cultural knowledge from generation to generation. [7] Linguicide or language loss may harm a group's mental well-being, resulting in youth growing up with feelings of self-hatred and the loss of a sense of cultural pride and belonging. [7] High suicide

rates were observed among indigenous Maori youth in New Zealand, with those reporting a strong Maori cultural identity showing improved well-being scores and fewer depressive symptoms.[7]

Australian aboriginal elders, in a report written on the prevention of the marked increase in indigenous youth suicides/ self-harm, recognised that the youth might not enjoy good mental health without knowledge of their indigenous languages.[8] They noted that one's indigenous language connects them to their ethnic group, their culture and their ancestors; shapes and gives meaning to one's identity, resulting in feelings of pride and self-worth. [8]

Erikson defined identity as one's unique sense of self, developed from a multitude of influences including the family and the extrafamilial world.[9] A social exchange begins from birth between the baby and those they live around, with gradually increasing capacities for that individual to meet the opportunities and limitations placed upon them by their environment.[10] Peer and family interactions are the mirrors against which the psychological identity develops.[10]

Black South Africans are going through language shifts[11] and waves of ethnic cultural rejection and acceptance, similar to immigrants living in countries with majority English monolingual speakers. Immigrant adolescents go through a psychological developmental stage where they question their identity in relation to their ethnicity.[12] Those with stronger ethnic identification were shown to show fewer symptoms of depression, according to a study by Rogers-Sirin and Gupta,[12] who collected data from Asian and Latino adolescents living in America.

In contrast, acquisition of English and western cultural values by Korean-American youth was protective to their mental health, as it improved self-esteem and lessened anxiety symptoms and depressive symptoms when compared to youth who adhered to Korean cultural values.[13]

Command of the English language and the accent with which one speaks may be perceived and assumed to be collated to one's level of success, level of education or general intelligence.[14] An assumption is made that speaking in a certain way may result in one being socially acceptable, thus holding a position of higher social status on a social hierarchical ladder.[14]

Post-colonial Republic of South Africa and language development

South Africa is a multilingual country that recognises language as a cultural right, important for societal development.[5,15] There are 11 equally recognised official languages, comprising indigenous African languages, spoken by the over 70% black African majority, and English and Afrikaans, spoken by the minority of South Africans. [4,5,15] There are other African, Asian and European languages without an official status spoken by small minorities in the country, including Khoe and San indigenous languages.[15]

The Afrikaans language started as an inferior, oral, 'kitchen' language ('kombuis taal'), spoken by lowly slaves and Dutch descendants, and became a modern, scientific and technological language that brought prosperity and enlightenment to its people.[15-17] In 1967, an Afrikaans speaking Dr Christiaan Neethling Barnard became the first successful heart transplant surgeon in the world.[5,15]

Literary forms of the largely oral indigenous African languages, suitable for modern science and technology, need to be developed for the majority indigenous languages to achieve the same recognition in government, business and the economy, so to culturally empower the masses.[5,15-17] The pros include improved educational outcomes for indigenous language speakers, who generally lack proficiency in English and Afrikaans, for better inclusion and participation in government where communication to the masses is largely hampered by a language barrier, and for print and other media to be understood by the majority population. [5,15-17] There is a small amount of literature in African languages even though they are older than Afrikaans.[15] Many workers and consumers in health care are unable to understand and communicate with each other due to language barriers.

Language choice in schools and homes

The South African constitution offers parents the right to choose a school where their children can be educated in a language of their choice in this multilingual democracy.[5,15] Policymakers in many countries have recommended home language instruction in the first few years of school (the 'foundation phase') to improve learning outcomes.[18] They believe that learners learn best if they are taught in their mother tongue in the first few grades. Another language becomes easier to acquire having firmly grasped their home language (additive bilingualism). If there is no development of the mother tongue, there is potential for later loss (subtractive bilingualism). [5,15] It is common to observe the situation of semi-lingualism, where there is general incompetence in either language.[5]

Since the end of apartheid, many black children find themselves enrolled in the 'Model-C' (previously whites-only government) schools, which use English as the main medium of instruction.[11] Some of these black learners find themselves bused to schools far away from the townships; away from poverty, as parents strive to give the best education to their children.

In these new spaces where English dominates, there are also emerging myths regarding multilingualism, as black South African middle-class culture begins to emulate monolingual western culture.[19] There is a myth that childhood bilingualism may be detrimental to both language and cognitive development, leading to poor school outcomes. Some believe that children do not have enough time to learn more than one language.[19] They think that learning more than one language might lead to confusion and mixing, with smaller vocabulary acquisition in either language. Parents of 'late-talking' children are blamed for trying to teach them multiple languages; the child is said to not be able to speak because each parent is speaking a different language to the child.[20]

The success of English

There is an opinion among indigenous language speakers that proficiency in mother tongue counts for nothing when a child starts school where English is the only medium of instruction.[19] Even when black children are exposed to English at home, it is documented that the English vocabulary of language minority children lags significantly behind that of their monolingual peers.[21] Back in the 1920s and 30's, there was a reluctance on the part of Afrikaans parents to educate their children in Afrikaans, and English speakers were unwilling to learn Afrikaans, as English

maintained a strong economic role.[17] Currently, there are fewer economic opportunities available to those who speak indigenous languages. [5]

In a column titled, ‘English is not an indicator of success,’ Laila Majiet,[22] a site editor for Power FM, a newer talk radio station with almost exclusively black listeners, noted an unfortunate trend of increasing numbers of young black children who are not being taught their indigenous languages at home. She observed black children in her apartment complex in Midrand, Gauteng, interacting with each other using the English language after school and in their homes. To her surprise, 86% of responders to a poll conducted by the same radio station asking listeners if they believed in the importance of teaching children their home language, voted that teaching their children indigenous African languages was non-negotiable.[22]

Steven Gordon[23] wrote that English instruction at all levels of education was favoured by the majority of the South African public. He quoted a study which showed that in 2003, foundation phase English instruction was preferred by 55% of responders to a ‘*South African Social Attitudes Survey*’ administered by the *Human Sciences Research Council*. This percentage rose to 65% in 2016, indicating that South Africans chose to be taught in English over home language in the foundation phase of their children’s education.[23]

Evans and Cleghorn[11] researched reasons why some black African parents chose straight-for-English schools when other choices existed. The 356 respondents in their survey indicated varied factors informing parents’ choice of *People’s Primary* school.[11] The latter was an urban, English-only 'Model C' school, whose learners

were exclusively black Africans who spoke as many as 17 different languages. They chose to be taught in English by non-English home language speaking teachers. Almost all the parents preferred English as the main medium of instruction; 47% of parents preferred English-only instruction. The reasons for choosing this school were that the school had a good reputation for strict discipline and that resources were available which allowed for a good education given in English.[11]

Ill-resourced township schools and memories of the past poor quality of Bantu education are reasons some parents choose English as a vehicle to attain political and economic emancipation.[11] Younger parents, however, are recognising the need to maintain the ability to speak mother tongue for matters of personal identity and intergenerational communication, and possible academic advantages.[11]

Indian South Africans faced the same dilemma as black South Africans before they eventually lost their numerous indigenous languages, replacing them with English monolingualism.[24] Indian communities in South Africa were noted by Mesthrie[24] to have been the most multilingual in the days of Gandhi. The presence of far too many Indian indigenous languages, their lack of prestige and socio-economic value when compared to English, schooling opportunities in English with Afrikaans as the second language, and a lack of the formal teaching of indigenous languages were the reasons why he believed the many languages were eventually replaced by English.[24] Indian South Africans retained many cultural practices which linked them to their native land, but their languages were largely lost, with use retained for religious/ cultural purposes. Indian South Africans became first language English speakers, gaining abilities to communicate with those who held economic advantages.[24] Indian

communities in South African became better unified, as evidenced by many inter-marriages. [24]

Learning in mother tongue

The near-impossible mammoth work to accomplish mother-tongue education in South Africa is articulated by Foley,[18] who indicates that to implement the South African *minister of basic education's* policy proposal for six years of mother-tongue teaching in schools, African languages will have to undergo massive development as academic and scientific languages. The government would be required to contribute money and human resources towards each language, an investment many times higher than that made in developing Afrikaans as a language of teaching and instruction by the National Party during apartheid. This entails rigorous revisions of the currently written forms of each African language by the entire intellectual speech community, to create modern standardised academic languages - free of opportunistic dialectical variation, with enlarged vocabularies and new dictionaries to suit fields such as science and technology.[5,15-18] Parents and learners will need to agree to be taught in their mother tongue.[11] English learning, viewed as a global academic language, would remain a requirement in bilingual or multilingual school environments.[18]

Neurobiological advantages of multilingualism

Children's brains are highly equipped to successfully learn more than one language, mastering multiple languages easier than adults can learn a second language.[25] Bilingualism appears to not only confer linguistic advantages, but may confer better cognitive executive functioning in non-linguistic tasks.[26] The latter effects were

demonstrable in children as young as two, who were exposed to two languages at birth and outperformed their monolingual peers.[26]

The source of this advantage is explained by Bialystok in her review article titled, 'The bilingual adaptation: how minds accommodate experience'.[27] She argues that the learning of multiple languages, a far more complex and integrative task involving multiple brain lobes, must result in structural changes and cognitive benefits which not only enhance language abilities but also enhance other non-verbal cognitive abilities. She explains that multiple languages are activated in a bilingual brain simultaneously, with attention required to select one language and suppress another language to communicate efficiently: a bilingual adaptation system.[27] This is extensive practice of inhibitory control and cognitive flexibility which will ultimately confer other non-linguistic cognitive benefits.[26,27]

There are benefits to bilingualism regardless of whether there are unequal or disproportional exposure and mastering of the languages (L1 or language major vs L2 or language minor) or acquisition of one language at a later period, for example, at school (sequential bilingualism).[21] Bilingual immigrants' children in the United States were more likely to graduate from high school, compared to monolingual English immigrants and were able to maintain close family and cultural connections, with resultant social and emotional health benefits.[21]

Other benefits of multilingualism or bilingualism include the delaying of the effects of Alzheimer disease by more than four years,[28] stronger working memory,[29,30] and the maintenance of better multitasking abilities even in old age.[31] Those who learn

foreign languages show enhanced creativity due to improved brain executive function.[32]

Language impairment in bilingual children

The bilingual environment is not to blame for primary language impairment, according to Kohnert, as this disorder affects monolingual speakers proportionally.[20] The presence of subtle weaknesses in general cognitive processing in those with primary language impairment is a helpful tool when assessing multilingual learners, rather than comparing them with their monolingual peers.[20,33] Intervention strategies for bilinguals with language failure still require further research and development.[33]

The black South African professional parent's language anguish

Present-day parenting is being 'professionalised' for middle-class parents, resulting in high levels of anxiety.[19] Parents are actively researching the internet and other sources of content for advice on language planning issues to improve their children's future educational outcomes.[19] Belief in bilingual/ multilingual parenting, however, does not easily translate into effective practice.[19]

Recently in the media, Prince William of England's daughter was celebrated for being able to speak two languages at the age of two – Spanish, from her nanny, and English.[34] On the same social media source, one parent lamented the lack of appreciation of black children, living in Soweto, South Africa, who can speak four languages. Parents have become competitive with one another,[19] rendering this age-old difficult practice of child-rearing quite daunting.

Black South African children and their parents who communicate mainly in English may find themselves living in a new community of elite, more westernised, black English speakers.[35] This may become a source of alienation from the 'roots', or poorer black communities where indigenous languages are still spoken and from the elders, from whom they need to learn African culture. The impact this has on the mental health of young black South Africans during their identity formation period requires further study.

6. METHODS:

Community mental health clinic doctors who see patients, including children with mental illnesses, acquire knowledge about the developmental needs of children during their various life stages. They interact with children and their parents, discovering possible sources of psychopathology. One can assume that these doctors are in a good position to use their knowledge to make better child-rearing choices for themselves.

This research project will investigate **the choices** made by black South African doctors working in community mental health clinics regarding multilingualism versus monolingualism, and **explore reasons** given for their choices.

Type of study: A qualitative exploratory study comprising semi-structured, one-on-one interviews of a sample of participants, the number to be determined by data saturation.

Inclusion Criteria:

1 Black

2 South African

3 A medical doctor working in community psychiatry mental health clinics~~,~~

4 Preferably a parent or step-parent of child/ children younger than 18

5 Home language not English

Enrolment of participants and collection of data:

1. Permission will be sought from the University registrar and the site coordinators of community mental health clinics to use their staff for research participation purposes.
2. Participants will be invited via email or WhatsApp to participate in the study.
3. Study participants will be required to sign consent to participate in the study. They will be provided with an information leaflet about the study.
4. Identifying information will be removed.
5. Interviews will be conducted in English for as long as it takes to answer the questions. Interviews will be recorded.
6. Recordings will be transcribed.

Interview questions: See appendix

Interpretation of findings:

Discourse analysis is a qualitative and interpretive method of analysing data in which interpretations are made based on both the details of the material itself and on the contextual knowledge. The aim is to report accurately the views or perceptions of the participants at the time they were interviewed by the particular interviewer. This is not necessarily evidence for what goes on in the heads of these participants, it is just their views and we cannot generalise these views to those of the public.

a. In conducting discourse analysis, one has to keep in mind the research questions.
b. The context in which the interviews are taking place is important.
c. Coding or indexing of transcribed content according to themes and categories to decipher patterns of thought. Some of the themes will be expected, others may be new and interesting.
d. Text structure: how arguments are structured and how the texts deal with the discourse.
e. Examination of specific ‘truths’ within the texts and how cultural context informs the argument.
f. Attention to language/ vocabulary use; linguistic and rhetorical mechanism.
g. Relevance and evidence from the data: what does all this mean? Can a compelling case be made with the interesting findings?
h. Reflexivity: self-reflection by the author to acknowledge own thoughts regarding research findings.
i. Feedback to participants.

The data analysis will be shared with the supervisors for verification and feedback.

7. ETHICS: Approval from Ethics committee – pending, application number – M2011117. The feedback comments/ remarks issued following a review of the application by the Ethics committee largely recapitulated the PG Assessors' feedback comments.

8. TIMING:

8.1 Presentation to PG Assessor group	November 2020
8.2 Corrections to PG Assessor group	March 2021
8.3 Application for Ethics Clearance	November 2020
8.4 Corrections to Ethics Committee	March 2021
8.5 Enrolment + interviewing of participants	May to June 2021
8.6 Transcription of the interviews	July 2021
8.7 Research report writing	July 2021 to Sept 2021
8.8 Presentation of findings	Research Day 2022
8.9 Publication of findings	2023

9. FUNDING: Nil required.

10. POTENTIAL PROBLEMS:

POTENTIAL PROBLEM	SOLUTION
If Psychiatry Registrars are used, these being colleagues of the principal investigator, may introduce bias to the research process, as there are daily interactions.	The study sample was changes to enrol community mental health clinic doctors, who are well experienced in Psychiatry and Child Psychiatry but are not familiar with the principal investigator and daily interactions are very minimal (during community rotation, limited by the busy clinics)
Participants may wish to not participate in a study that may appear intrusive as it interrogates their personal opinions or beliefs on an emotive topic related to parenting and language.	Anonymity and confidentiality will be reassured and maintained. The participants will be offered the services of a clinical psychologist should they be distressed emotionally by the interview process ("Distress Protocol").
A covid-19 pandemic may render face-to-face, lengthy interviews hazardous.	Observance of Covid-19 protocols including social distancing and the wearing of masks and visors and

	the use of online meeting platforms like Zoom, Google Meets or Microsoft Teams are alternatives.
Transcription of the lengthy interviews.	Internet-based transcription services like "Sonix.ai" will be used to expedite transcription.
The principal investigator may appear to have a predetermined position on the topic	This was largely an error related to inexperience. The investigator is allowed to express her views on the research findings via a page or two of 'reflexivity'. The literature review has added both pros and cons to the topic of retention of indigenous languages.
The conflation of race, racism and language issues	This issue is addressed by disciplined adherence to discussing only language issues

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APPENDIX: INTERVIEW QUESTIONS:

Questions will be asked to obtain the participants' points of view in their own words.

These will be open-ended questions.

The interviews will be recorded. There will be no time limit.

1. Tell me about the languages you speak and the languages your child/ children speak(s) at home and at school.
2. What are your views regarding indigenous African languages in South Africa?
3. How do you feel about teaching your children indigenous African languages? What are your choices, preferences and challenges in this regard?
4. Why do you hold the above views? Does your knowledge of Psychiatry influence your opinion regarding teaching your children indigenous languages, and do you think this will affect the child/ children's mental health?

Appendix B: WITS Human Research Ethics Committee – Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

Office of the Deputy Vice-Chancellor (Research and Innovation)

TO:	Dr MD Kaaka School of Clinical Medicine Department of Psychiatry Medical School University E-mail: drmdkaaka@gmail.com
CC:	Supervisor: Dr K Maaroganye and Mr B Viljoen <kagisho06@gmail.com> and <HREC-Medical Research Office@wits.ac.za>
FROM:	Mr Iain Burns Human Research Ethics Committee (Medical) Tel: 011 717 1252 E-mail: Iain.Burns@wits.ac.za
DATE:	2021/06/31
REF:	R14/49
PROTOCOL NO:	**M2011117** (This is your ethics application reference number. Please quote it in all enquiries, oral or written, relating to this study.)
PROJECT TITLE:	*The views of Black South African doctors working in Psychiatry about teaching their children indigenous African languages and if they think this will affect their children's mental health*

Please find attached the Clearance Certificate for the above project. I hope it goes well and that an article in a recognized publication comes out of it. This will reflect well on your professional standing and contribute to Government funding of the University.

MSWorks2000/Iain0007/Clearscan.wps

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

R49 Dr MD Kaaka

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
CLEARANCE CERTIFICATE NO. M2011117

NAME: (Principal Investigator)	Dr MD Kaaka
DEPARTMENT:	School of Clinical Medicine Department of Psychiatry Medical School University
PROJECT TITLE:	*The views of Black South African doctors working in Psychiatry about teaching their children indigenous African languages and if they think this will affect their children's mental health*
DATE CONSIDERED:	2020/11/27
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Dr K Maaroganye and Mr B Viljoen
APPROVED BY:	Dr CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	2021/05/31

This Clearance Certificate is valid for 5 years from the date of approval. An extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office secretariat on the 3rd floor, Phillip Tobias Building, Parktown, University of the Witwatersrand, Johannesburg.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated from the research protocol as approved, I/we undertake to submit details to the Committee. **I agree to submit a yearly progress report**. When a funder requires annual re-certification, the application date will be one year after the date when the study was initially reviewed. In this case, the study was initially reviewed in **November** and therefore reports and re-certification will be due in the month of November each year. Unreported changes to the study may invalidate the clearance given by the HREC (Medical).

Signature of Principal Investigator

31/5/2021
Date

Appendix C: Turnitin Report

Acknowledgement by supervisor: 

Date: 15/11/2023

ORIGINAL MMED MD KAAKA

by Mmaphuti Kaaka

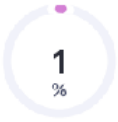
General metrics

56,205	8,420	651	33 min 40 sec	1 hr 4 min
characters	words	sentences	reading time	speaking time

Writing Issues

No issues found

Plagiarism



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