

# Medical Translation: A Linguistic Form Slavery or Cultural Labyrinth?

John Paul Warambo (MA)  
Translators without Borders (TwB)  
C/O BTL Kenya, P.O.Box 44456-00100, GPO, Nairobi, Kenya..  
Email: paulwarambo@gmail.com

Erick Omondi Odero (PhD)  
Lecturer, University of Nairobi, Center for Translation and Interpretation  
P.O.Box 2150-00200, City Square, Nairobi, Kenya.  
Email: erickodero@yahoo.com

## Abstract

The objective of this paper was to establish the applicability of Communicative and Semantic Approaches to finding cultural equivalences in translation of texts in the medical field. There are a number of contending approaches around the practice of translation. Translation of medical documents from English to Kiswahili face many challenges. The translatability of a text is dependent on a number of issues including linguistic and cultural features. Even though we recognize that there has been a shift over the years from a philological approach to a more pragmatic approach in translation, we do appreciate that a well translated text is the one that reflects as much as possible the Source Text (ST henceforth). There are several approaches to translation. In trying to understand whether translation is linguistic form slavery where a translator enslaves him/herself to the target text (TT henceforth) or a cultural labyrinth where a translator finds him/herself in cultural confusion, this study employed a translation approach proposed by Newmark (1981). We used secondary data which includes translation excerpts from content translated by 'Translators Without Borders' (TWB) which is an organization whose primary mandate is to translate medical texts from English to Standard Kiswahili. The analyzed data indicate that the communicative and the semantic approaches are not stand alone, but rather, are complimentary approaches in finding cultural equivalents in the translation of medical texts. Medical translations were viewed to violate off record and indirect strategies of keeping politeness in the text. This study was particularly important in trying find out the extent to which a translator can deviate from linguistic form while keeping cultural appropriateness. The study recommends a complementary usage of both the communicative and semantic approaches in medical translation. Moreover, the study further recommends that translators handling medical texts should not be enslaved to the linguistic forms of the ST since their audience is different from that of the ST. We opine that future research in the area of translation should focus on the aspect of politeness as a communicative aspect in many cultures and how it can be an impediment in the process of translation itself.

**Keywords:** Translation, Source text (ST) and source language (SL), Target text (TT) and target language (TL), Communicative and Semantic Translation (CST), standard Kiswahili (Formal Kiswahili used in schools and official contexts in East Africa), Kiswahili is a bantu language and is the lingua franca used in East and Central Africa. Back translation and blind back translation.

## 1. Introduction

Many scholars generally define translation as the transfer of information from one language to another (Cartford, 1965, Nida, 1965, Newmark, 1981). As a subject, the possibility of finding one universally acceptable theory and/or approach that guides the practice of translation is still debatable. Translators, therefore, grapple with many propositions on how to handle the translation processes. These propositions include; direct translation, communicative translation, textual translation and cultural translation. In handling a text for translation, a translator has many options presented to him/her in translating from a source language (SL) to a target language (TL). Therefore, a translator always has a feeling that he/she needs to produce a replica in the target language. Reading a translated text and the source text side by side, one should feel that there was a tendency to stick to the target text in all its features, linguistic or otherwise.

As noted by Munday (2001:1), translation by nature is multilingual and interdisciplinary. Munday (2001) may have been pointing to the fact that translation as a process involves many languages and varied disciplines. As such, it brings together a number of cross cutting issues both linguistic and cultural. In handling translation, a number of approaches come to the mind of a professional translator. First, that language systems differ and so do cultures. Different cultures say things differently. There are cultures that are more open and hence say things directly. On the other hand, there are cultures that are more closed and, therefore, code things in euphemisms, innuendos and metaphors. Further still, there are cultures that prohibit saying certain things especially things that are attributed to taboos. A translation across languages that differ sharply in linguistic

systems and cultures poses a big change to the translator. The translator may have the intention to stick to the linguistic forms of the SL or face the conflicting cultures in a text. Cultural issues were part of what Nida (1965) grappled with when talking about meaning based translation of the Bible. The bible, which is not our focus in this paper, is arguably one of the texts that have undergone most diverse cultural translations ever.

Medical translation is very unique, mainly because it is a specialized kind of translation. It is complicated by the consideration of the fact that medical information may result in life or death depending on how it is handled. With this in mind, a medical translator may ask several questions while in the process of handling medical texts. A translation pitting English as a SL and Kiswahili as a TL may thus get complicated. As Newmark (1981), in trying to understand the evolution of the concept of equivalence, notes, it may be upon the individual translators to decide what they consider as the virtues of equivalence and hence follow them. However, we ask first; how far can equivalence go in a medical text that it to be translated into a culturally and linguistically different language? Second, to what extent can the field of medicine allow deviation as the translators seeks to comply with the culturally acceptable language in the TL? The question of equivalence, both in terminology and meaning, raises serious cultural issues in the translation of a medical document. Good practice in translation requires that the translator tries as much as possible to be precise in transfer of meaning from the SL to the TL. Where there exists no term for a concept considered medical, a descriptive translation may just suffice. However, descriptions have a way of making TT longer than may be probably necessary against the interest of language economy. An example can be seen in a word such as *orgasm* in English. In many African cultures, the subject of sex and sexuality was (and still is) considered a taboo. They were left to the bedroom and for the adults who also did not talk about it openly. For that reason the word *orgasm* does not have equivalent terminologies in many African languages, Kiswahili included. The Kiswahili words used in *Kamusi ya Tiba* (2003) to mean *orgasm* albeit confusing are recent contributions of lexicographers. The situation may still be the same in various languages, although globalization and technology has tried to change this as cultures now have various platforms to interact and borrow from each other. Bilingual dictionaries are a good resource to translators. However, these dictionaries have their limitations as well. For example:

1. Orgasm (n) *ogazimu, mshindo, mshushio, kilele cha burudani wakati wa kujamiiana*

Our analysis of the equivalent terminologies given in this medical dictionary shows that they are unfamiliar and may be ambiguous especially in a bilingual glossary. What may appear simpler in understanding is the last description given for the term. However, in a text where this term appears several times, the translator may end up with a very voluminous translation.

In a transcultural translation, a translator is presented with contending approaches. The choice of approaches to use may be dependent upon the objective of the TT and the nature of the audience of the TT. However, the reality in the medical document still looms and this may make the translator to seek a middle ground during translation making the exercise very subjective and heavily reliant upon the translator. Consequently, the translator may end up with a translation that is culturally defective in the TT.

Kiswahili, as an African language, carries with it the cultures of the Swahili people found in East Africa. The Swahili culture prohibits the outright calling of certain body parts and even actions. Euphemisms are used to represent such terms and phrases. For instance, an act such as

2. Defecating (v) which in Kiswahili is *kunya*.

The term *kunya* cannot be mentioned directly in Kiswahili. The Kiswahili speakers prefer the use of *kuenda haja kubwa* which translates loosely as 'answering/going for a big need' as opposed to *kunya*. In a medical document, there are hidden rules that require a translator to be as direct as possible lest the meaning of the text is distorted and unnecessarily made voluminous or ambiguous.

In the 19<sup>th</sup> century, as scholars tried to develop theories around translation, there arose divisions regarding whether translation should incline towards the SL or the TL. These divisions brought disputes on faithful verses beautiful; literal verses free; form verses content (Newmark 1981:10). We do not intend to bring these arguments in this paper. However, we want to allude to the fact that this reality also faces translators dealing with medical texts.

3. Pregnancy (n) which in Kiswahili is *kuwa na mimba*.

Again, the term *mimba* is culturally inappropriate and therefore the use of *ujauzito* which loosely translates to 'heaviness'. The translator handling medical texts where such culturally sensitive terms and phrases are used is faced with a number of challenges including but not limited to;

- a) How can he/she maintain the linguistic similarities between the SL and the TL without being a slave to the linguistic form of the ST?
- b) How can he/she maintain the directness required in a medical text but still remain culturally appropriate in a Kiswahili speaking community?

## 1.2. Problem Statement

Up to the 1950s, a lot of research in the area of translation seemed to focus on literary translation. Key references have also been made to the early works of Eugene Nida on Bible translations. Many theoretical approaches have also been proposed by various scholars on the subject of translation across many years. Some of the scholars who have made contributions include Vinay and Darbelnet (1958), Jakobson (1959), Catford (1965), Nida and Taber (1969), House (1997, 1981), Baker (1992), Pym (2010), just to mention but a few (for more discussion see, a section on literature review). Specialized translation has also received a number of researches. These include works by Flaherty et al (1988), Kleinman (1988), Manson (1997), Russell & Sato (1995), Sperber, Develis & Boehlecke (1994) among many. There are also quite a number of publications on various aspects of translation. However, no research has focused on medical translation and its intricacies with exemplifications from medical texts in Kiswahili translated from English by professional translators. That is what attracted this research as we try to bridge the eminent lacunae in this area.

## 1.3 Research Questions

This research was guided by one key research question: In a medical translation, how does a translator deal with linguistic forms and cultural acceptability in the target language in a transcultural translation?

To help us answer this, the key research question was further sub divided into two questions:

- a) Is it possible to find a middle ground between linguistic form and cultural acceptability in a medical translation?
- b) What are the translation strategies that can help a translator in finding the nexus between linguistic form and cultural acceptability in a medical translation?

## 1.4 Scope

This paper deals with medical translation from English to Standard Kiswahili and the examples used are from medical texts translated by TWB. In trying to understand the key question we are using the concept of Communicative and Semantic Translation as espoused by Newmark (1981).

## 1.5 Theoretical Framework

As already mentioned in the foregoing sections, this paper employs the theoretical approach of Communicative and Semantic Translation developed by Newmark (1981). Worth noting is that Newmark (1981:19) asserts that talking of a translation theory is a misnomer. He instead prefers to call such a “theory” a body of knowledge about the process of translation. We, however, take his approach as a theory to the extent that it provides the basis and terminology of analysis to our data. In this paper, Newmark’s approaches have both descriptive and explanatory adequacy of any linguistic theory. Indeed, Newmark himself does not believe that there can ever be a universal theory on the subject of translation. Many attempts to develop theories around translation have ended up offering possible processes of translation. Newmark (ibid), in trying to bridge the gap that existed as scholars argued about where the emphasis should fall in a theory of translation between the target language and the source language, ended up with the communicative and semantic approaches to translation.

Communicative translation tries, at most, to produce on its readers an effect as close as possible to that obtained on the readers of the source text. Semantic translation, on the other hand, tries to render as closely as the semantic and syntactic structures of the TL allow, the contextual meaning of the ST. Communicative translation addresses itself solely to the second reader<sup>1</sup> who does not anticipate difficulties or obscurities and would expect generous transfer of foreign elements into his own culture as well as his language where necessary (Newmark 1981). The translator still has to respect and work on the form of the SL text as the only material basis for his work. Semantic translation, however, remains within the original culture and assist the reader only in its connotations if they constitute the essential human (non-ethnic) message of the text. One basic feature between these two coexisting approaches is that, where there is a conflict, the communicative approach must emphasize the “force” rather than the content of the message. For instance;

Example 3. ‘Ebola kills’ can be translated as

- (i) *Ebola inaua.* (Communicative)
- (ii) *Ebola ni ugonjwa wa kuua.* (Semantic)

Example (i) above is considered to be more forceful than (ii). The semantic translation in (ii) above will be more informative but less effective to the audience. This is because communicative translation tends to be smoother, simpler, clearer, more direct, more conventional, and conforming to a particular register<sup>2</sup> and it tends to under translate. A semantic translation, on the other hand, tends to be more complex, more awkward,

<sup>1</sup> Sticking to the source audience may result in linguistic form slavery, where the translator feels bound to the source text with no or little room for adjustments and changes.

<sup>2</sup> Medical register register codes concepts more directly.

more detailed (see example 3 above), more concentrated and pursues the thought process rather than the intention of the text. It tends to over translate<sup>1</sup>, to be more specific than the ST.

Newmark, however, says that in both approaches, provided that equivalent effect is secured, the literal word for word translation is not only the best, but the only valid way of translation. In that case, Newmark implies that there is no excuse for unnecessary synonyms, let alone paraphrases in any type of translation. On the other hand both approaches comply with the usually accepted syntactic equivalents what Vinay and Darbelnet call “transposition<sup>2</sup>” for the two languages involved. In semantic translation, any deviation from SL stylistic norms would be reflected in an equally wide deviation from the TL norms, but where they clash, the deviations are not easy to formulate and the translator has to show a certain tension between the writer’s manner and the compulsions of the TL. When the writer uses long complex sentences in a language where the sentence seems literal (carefully worked) style is usually complex and longer than in TL, the translator may reduce the sentence somewhat compromising between the norms of the two languages and the writer. If the translator is in doubt, he should trust the writer and not the language. Semantic translation is, therefore, concrete. Newmark holds the view that each of these approaches have their part to play in translation of religious, philosophical, artistic, and scientific texts. These approaches also coincide in some way because a translation may be more or less semantic or more or less communicative.

According to Newmark, Semantic translation is always inferior to its original form since it involves loss of meaning. Consequently, a communicative translation is comparatively better since it is likely to gain in force and clarity what it loses in semantic content. Unlike in semantic translation, communicative translation has the right to correct the logic; to replace clumsy with elegant or at least functional syntactic structures; to remove obscurities; to eliminate repetitions and tautologies; to exclude the less likely interpretations of an ambiguity; to modify and clarify jargon (to reduce loose generic terms to more concrete components) and to normalize wayward uses of language. Newmark notes that legal documents require a special type of translation because the translator is more restricted than in any other form. Although Newmark does not give a prescription in medical translation other than alluding to it when talking about scientific translations, we strongly believe medical translation<sup>3</sup> is also a special kind of translation.

Semantic translation attempts to recreate the precise flavor and tone of the original. The words are “sacred” not because they are more important than the content but because the form and content are one. The thought processes in words are as important as the intention in a communicative translation. Therefore, a semantic translation is out of time and space where a communicative translation is rooted in its context. A semantic translation attempts to preserve the author’s idiolect, peculiar form of expression in preference to the spirit of the TL. In semantic translation, every word translated represents some loss of meaning while in communicative translation; every word translated loses no meaning at all. In semantic translation, the syntax is as sacred as the words. The closer the cultural overlap in the two languages involved the better the translation is likely to be. In communicative translation, the message is all important and the essential thing is to make the reader think, feel or act. There should be no loss of meaning and the aim is to make the translation more effective as well as more elegant than the ST. A communicative translation works on a narrower basis. It is tailor made for one category of readership, does one job, and fulfils one function. A semantic translation is wide and universal (Newmark 1981:49).

## 1.6 Literature Review

Literature on translation give varied views of the writers in the subject. There are those who have written about the possibility of finding a translation theory and those who view translation as a process. Many of the scholars do not seem to agree on various issues including whether translation falls within applied linguistics or not. Further still, there are those who cannot agree whether translation is a science, an art or craft. The major departure point of most controversies around translation is the existence or the possible creation of a universal theory of translation. It is this same argument that prompts Newmark (1981) to refer to such efforts as a waste of time. He further argues that those who have tried ended up helping students of translation on the process of translation. This begs the question therefore that; what then would be considered a good medical translation? Since we do not intend to prescribe a watertight process or provide some sort of theoretical benchmarks, what we intend to do is to exemplify some of the strategies a medical translator may have used as he/she tries to avoid becoming a slave to a linguistic form of SL and how he or she navigates the cultural mix up to finally come up with a medical translation pitting English as the SL and Kiswahili as the TL. It has become almost impossible to talk about any issue around translation without alluding to these contending views, especially on the theory and process. Although we are of the view that there is no ‘one size fits it all’ or a ‘sacred’ process in translation, we

<sup>1</sup> Over translation is where a translator gives more information than is in the ST, this is not permitted in a medical texts.

<sup>2</sup> An act, process, or instance of transposing or being transposed.

<sup>3</sup> Medical translation has a number of restrictions to the extent to which a translator may deviate from the ST.

appreciate the fact that there may be a way that seems appropriate for a medical translation. Medical translation as a specialized type of translation has not received much attention as Bible translation or software translation for example. Literature that exists seem lopsided and in favor of other peripheral issues around translation.

Vinay and Darbelnet (1958) talk more about the process of translation when handling equivalence-oriented translation. To them, this is a procedure that reproduces the same situation as in the original with different wording. They also seem to hold the view that if this procedure is used in the translation process, it can maintain the stylistic impact of the SL text in the TL text. We contest this view given the fact that in a medical document or otherwise, it may be difficult to reproduce the same situation in the TL due to cultural and linguistic differences experienced in cross-cultural translation. This is why this research takes a different standpoint although Vinay and Darbelnet (1958) made their claim in reference to a translator handling proverbs, idioms, clichés, nominal or adjectival phrases and the onomatopoeia of animal sounds. We believe that a medical proverb such as 'Prevention is better than cure' may be rendered differently across cultures.

The concept of equivalence seems to have been a major concern to the scholars in the subject of translation in the 20<sup>th</sup> and 21<sup>st</sup> centuries. In handling it, Jakobson (1959), in what may appear as a misnomer, introduced the concept of 'equivalence in difference'. In reference to this, he handled three kinds of translation which are not the focus of this paper. It is worth noting, however, that Jakobson (*ibid*) agrees that there is no full equivalence between code units in interlingual translation. That is why this paper alludes to this particular work when handling a medical translation. We agree with his remark that given the fact that languages differ in grammatical units, it does not therefore mean that translation across languages is impossible. He further proposes ways of dealing with this lack of equivalence as: loanwords or loan-translations, neologisms or semantic shifts, and circumlocutions. Although Jakobson uses examples of English and Russian structures, his work is valuable to this research in many ways, most importantly in interrogating how far semantic shifts can be allowed in a sensitive text such as a medical text.

Nida is one of the credited scholars in the area of translation and the concept of equivalence. Nida (1982) talks extensively on two different types of equivalence; 'the formal equivalence' which was later changed to 'formal correspondence' and 'dynamic equivalence'. Although the concept of equivalence is not our major concern, we cannot wish it away at the same time. Nida distinguishes these two types of equivalence by observing that formal equivalence refers to finding reasonably equivalent words and phrases while following the forms of the source as closely as possible. Nida's view here seems to suggest some sort of slavery to the ST, although he seems to favor dynamic equivalence due to contextual issues between the ST and the TT.

Koller (1979) examined the concept of equivalence and linked it to the term 'correspondence'. In particular, 'correspondence' involves the comparison of two language systems where differences and similarities are described contrastively, whereas 'equivalence' deals with equivalent items in specific ST-TT pairs and contexts. In response to what equivalence is, Koller (1979) differentiates five different types of equivalence: (a) 'denotative equivalence' involving the extra linguistic content of a text, (b) 'connotative equivalence' relating to lexical choices, (c) 'text-normative equivalence' relating to text-types, (d) 'pragmatic equivalence' involving the receiver of the text or message, and finally, (e) 'formal equivalence' relating to the form and aesthetics of the text. Koller's contribution to the field of translation studies is acknowledged for bringing into translators' attention various types and ways in which desirable equivalence may be attained. This is what makes us wonder how a medical translator may achieve the desirable equivalence where cultural issues contend. Koller's views attract the attention of this research in the area of pragmatic equivalence.

Catford (1965), on the other hand, takes a different approach to translation. He discusses four different shifts in translation. To him, these are departures from the formal translation. These shifts are; 'Structure-shifts', which involve a grammatical change between the structure of the ST and that of the TT; 'Class-shifts', when an SL item is translated with a TL item which belongs to, what he calls, a different grammatical class (although we prefer to refer to them as parts of speech), i.e. a verb may be translated with a noun; 'Unit-shifts', which involve changes in rank; 'Intra-system shifts', which occur when the SL and the TL possess systems which approximately correspond formally as to their constitution, but when translation involves selection of a non-corresponding term in the TL system. For example, when the SL singular becomes a TL plural. In a translation process, indeed such shifts may be inevitable. In as much as we agree with Catford to a given extent, we want to evaluate the extent to which a shift can be permitted in a medical document without grave distortion of information or even the intention of the text. Catford developed what he calls linguistic theory to translation. This theory has been adversely criticized. Snell-Hornby (1988) challenges Catford's definition of textual equivalence calling it 'circular' and, on bilingual formats, inadequate and simplistic in nature. Although the approaches advanced by Newmark upon which our analysis of data is based can be loosely referred to have borrowed from various branches of linguistics, our treatment of data is different. Catford's overreliance on linguistics leaves out very important aspects of translation such as culture and paralinguistic features.

It would appear that the works of House (1977) may be more relevant to the current work. House (*ibid*) favors semantic and pragmatic translation and says that the ST and the TT should be equivalent in function.

House argues that there is a possibility to characterize the function of a text by determining the situational dimensions of the ST. Therefore, each and every text is in a particular situation which must be correctly identified and considered by the translator. If the ST and the TT differ significantly on situational features, then they are not functionally equivalent. In that case, therefore, the translation is not of a high quality (House 1977). This work sheds some light on this paper by bringing in the aspect of quality of translation.

Baker (1992) combines both linguistic and communicative approaches to translation by discussing four types of equivalence; ‘word level’ and ‘above word level equivalence’, which occur when translating from one language to another. Baker (1992) further talks of ‘grammatical equivalence’, which refers to the difference in grammatical categories across languages. This means that grammatical rules of different languages may be a challenge in finding equivalence in the TT as we had mentioned in the introduction of this paper. Grammatical structure may cause significant change in transferring information to the TT. This may make the translator to omit or add information to the TT. It is for this reason that we seek to find out how permissible this change is in a medical document.

‘Textual equivalence’ refers to the equivalence between a SL text and a TL text in terms of information and cohesion (for more on textual cohesion see Haliday and Hasan, 1976). Texture is a very important aspect in translation. It provides guidelines for the comprehension and analysis of the ST which can help the translator in his or her attempt to produce a cohesive and coherent text for the TL audience in a specific context. The translator is guided by the target audience, the purpose of the translation and the text type. Here, Baker (1992) appears to be more useful in providing a translation process. As to whether this applies to medical texts remains to be seen in the section on data analysis and discussion.

In ‘pragmatic equivalence’, Baker (ibid) refers to the role of implicatures and strategies of avoiding the truth conditions of propositions during the translation process. In medical texts, it is not clear where the boundaries lie. Theoretically, more literature seem also to exemplify the strategies of handling lack of equivalence during translation as we have so far seen. Based on this we seek to use data to exemplify the best approaches in handling medical translations. We will also use data to show which techniques may apply to certain medical texts.

### 1.7 Methodology

This research relied on secondary data. It used purposive data sampling techniques. Medical texts translated by TWB, Kenyan chapter, were identified on purpose. Data was put in a bilingual format and comparisons done against the premises of semantic and communicative approaches to translation. The chosen texts had been translated, edited and proofread by professional translators at the TWB offices in Kenya. The texts are, therefore, final and some have been published in Wikipedia pages and other platforms. The selected bilingual text was given to an independent medical editor who then made a number of changes with justifications of what was considered inappropriate and the reasons why. The medical editor is a senior medical officer in a sub-county hospital. She is familiar with both English and Kiswahili as a native speaker. On the basis of the changes and reasons behind them, our analysis was further made.

### 1.8 Data Presentation, Analysis and Discussion

**Table 1a (Before Medical Editing)**

English	Kiswahili
<p>== Transmission ==                      {{Risk of acquiring HIV}}                      HIV is transmitted by three main routes: [[human sexual activity <b>sexual contact</b>]], exposure to infected body fluids or tissues, and from mother to child during pregnancy, delivery, or breastfeeding (known as [[<b>vertical transmission</b>]]).&lt;ref name=TransmissionM2007&gt;{{cite book last=Markowitz first=edited by William N. Rom ; associate editor, Steven B. title=Environmental and occupational medicine year=2007 publisher=Wolters Kluwer/Lippincott Williams &amp; Wilkins location=Philadelphial isbn=978-0-7817-6299-</p>	<p>==Usambazaji==                      {{Risk of acquiring HIV}}                      VVU husambazwa kwa njia tatu kuu:[<i>mapenzi</i> baina ya binadamu <b>mgusano wa kimapenzi</b>]], kuingiliana na viowevu vya mwili vilivyoambukizwa, na kutoka kwa mama hadi mtoto katika <i>ujauzito</i>, kuzaa au kunyonyesha (kwa neno lingine [[<b>maambukizi ya wima</b>]]).&lt;ref name=TransmissionM2007&gt;{{cite book last=Markowitz first=edited by William N. Rom ; associate editor, Steven B. title=Environmental and occupational medicine year=2007 publisher=Wolters Kluwer/Lippincott Williams &amp; Wilkins location=Philadelphial isbn=978-0-7817-6299-</p>

**Table 1b (After Medical Editing)**

English	Kiswahili	Justification
<p><b>== Transmission ==</b>                  {{Risk of acquiring HIV}}                  HIV is transmitted by three main routes: [[human sexual activity <b>sexual contact</b>]], exposure to infected body fluids or tissues, and from mother to child during pregnancy, delivery, or breastfeeding (known as [[<b>vertical transmission</b>]]).&lt;ref name=TransmissionM2007&gt;{{cite book last=Markowitz first=edited by William N. Rom ; associate editor, Steven B. title=Environmental and occupational medicine year=2007 publisher=Wolters Kluwer/Lippincott Williams &amp; Wilkins location=Philadelphialisbn=978-0-7817-6299-</p>	<p><b>==Usambazaji==</b>                  {{Risk of acquiring HIV}}                  VVU husambazwa kwa njia tatu kuu: [[ngono baina ya binadamu <b>mgusano wa kimapenzi</b>]], kuingiliana na viowevu vya mwili vilivyoambukizwa, na kutoka kwa mama hadi mtoto katika <i>mimba</i>, kuzaa au kunyonyesha (kwa neno lingine [[<b>maambukizi ya wima</b>]]).&lt;ref name=TransmissionM2007&gt;{{cite book last=Markowitz first=edited by William N. Rom ; associate I editor, Steven B. title=Environmental and occupational medicine year=2007 publisher=Wolters Kluwer/Lippincott Williams &amp; Wilkins location=Philadelphialisbn=978-0-7817-6299-</p>	<ul style="list-style-type: none"> <li>➤ <i>Mapenzi</i> is a more generic term</li> <li>➤ It is ambiguous</li> <li>➤ It does not refer to having sex, which is what is meant in the original text</li> <li>➤ Medical texts require specificity</li> </ul>

Source: TWB/Wikipedia article

### Discussion of Table 1

From the above table we notice the careful use of *mapenzi baina ya binadamu* as the Kiswahili equivalence for 'human sexual activity'. A number of issues can be deduced from this translation:

- i) The translator opted to use a generic term *mapenzi baina ya binadamu* instead of a more direct equivalence which is *ngono baina ya binadamu* as the editorial change suggests. Among the Kiswahili speaking community, this is a culturally bound expression. It carries with it cultural sensitivities. Here, the translator may have been persuaded by cultural demands and not linguistic forms and instead opted to employ a communicative approach in rendering this expression. The translator, therefore, addresses himself to the TT reader. If the expression *mapenzi baina ya binadamu* were to be analyzed semantically using componential analysis, then the meaning would entail some level of semantic shift. *Mapenzi*, in this case, does not strongly imply engaging in sexual intercourse whereas in the original what was meant was 'playing sex or having sexual intercourse'. In the editorial justifications, the editor asserts that there is need for specificity. This, therefore, implies that there is no room for loss of meaning in a medical translation. We concur with this to the extent that in a blind back translation, we will not be successfully taken back to the original source text or its intended meaning.
- ii) The second word that we see in this translation is 'pregnancy'. In the first translated draft and which TWB has published in Wikipedia, the term has been translated as *ujauzito* literally speaking *ujauzito* translates back to English as having heaviness or to be full with heaviness'. In many African languages, the term pregnancy in any kind of text would be in the same translation dilemma. Indeed, in Dholuo and many other Kenyan languages, pregnancy translates to 'having a stomach'. In a medical text, such a rendition would be meaningless since normally all human beings have a stomach and it is pointless to say a particular individual has one. Consequently, medically speaking, translating pregnancy as *ujauzito* is vague. This fact illustrates the reasons behind the change made after the medical editing.
- iii) In the example in table 1, we see an aspect of componential analysis at play in the translation. In a communicative approach, the translator solely addresses himself to the second reader. Consequently, there is a tendency to disregard the audience of the ST. In this example, however, a more communicative approach is seen in use.
- iv) Communicative translation tends to be clearer, smother, direct and conforming to a particular register (Newmark, 1981). The quality seen in the communicative approach is blatantly violated by the translator who tended to be more indirect. This implies that medical translation in itself requires more semantic translation than communicative translation. Medical register is, hence, often more direct. The translator seems to have intended to be more indirect so as to remain culturally appropriate but ended up violating this quality. This is illustrated by the corrections made by the medical editor.

In table 1 above, it is clear that the translator found himself in a cross-cultural situation and had to deal with it. Moreover, there was a linguistic form to deal with. In trying to balance the two, the translator opted for a more

culturally appropriate rendition with an almost similar syntactic formation in both versions. The most convincing reason behind this was an urge to communicate the message using culturally acceptable terminologies.

**Table 2a (Before Medical Editing)**

<b>English</b>	<b>Kiwahili</b>
<b>WHAT IS IT?</b>	<b>EBOLA NI NINI?</b>
<b>HOW DOES IT SPREAD?</b>	<b>HUENEA VIPI?</b>
<p><b>Dead bodies can also spread the disease. BE CAREFUL (Bury carefully. Keep away)</b></p> <ul style="list-style-type: none"> <li>• DO NOT wash, touch or kiss dead bodies</li> <li>• DO NOT wash hands in the same bucket as other who have touched the body</li> </ul>	<p><b>Miili ya watu waliofariki pia inaweza kueneza ugonjwa. KUWA MWANGALIFU (Zika kwa makini. Kaa mbali)</b></p> <ul style="list-style-type: none"> <li>• Usioshe, kugusa wala kuibusu miili ya watu waliofariki</li> <li>• Usinawe mikono kwenye ndoo walionawia watu waliogusa mwili wa mgonjwa</li> </ul>
<b>EARLY SYMPTOMS</b>	<b>DALILI ZA MAPEMA</b>
<b>LATER SYMPTOMS</b>	<b>DALILI ZA BAADAYE</b>
<ul style="list-style-type: none"> <li>• VOMITING - May contain blood</li> <li>• DIARRHEA - May contain blood</li> <li>• BLEEDING – (including from nose, mouth, skin)</li> <li>• COUGH - May contain blood</li> </ul>	<ul style="list-style-type: none"> <li>• KUTAPIKA - Matapishi yanaweza kuwa na damu</li> <li>• KUENDESHA - Kinyesi kinaweza kuwa na damu</li> <li>• KUVUJA DAMU – (ikijumuisha kutoka puani, kinywani, ngozini)</li> <li>• KIKOHOZI - kinaweza kuwa na damu</li> </ul>
<b>PREVENTION</b>	<b>KINGA</b>
<p><b>YOU CAN CATCH EBOLA FROM SOMEONE WHO IS SICK OR DEAD</b></p> <ul style="list-style-type: none"> <li>• Do not touch an infected person or their body fluids                             <ul style="list-style-type: none"> <li>○ BLOOD</li> <li>○ VOMIT</li> <li>○ FAECES OR DIARRHOEA</li> <li>○ URINE</li> </ul> </li> <li>• Do not touch dead bodies</li> <li>• WASH YOUR HANDS OFTEN - Use SOAP (If unable to wash use alcohol gel)</li> <li>• EBOLA is in animals and bats too. DO NOT touch or eat "bush meat" or bats</li> </ul>	<p><b>UNaweza kuambukizwa ebola kutoka kwa mtu mgonjwa au aliyefariki</b></p> <ul style="list-style-type: none"> <li>• Usimguse mtu aliyefariki wala viowevu vya mwili wake                             <ul style="list-style-type: none"> <li>○ DAMU</li> <li>○ MATAPISHI</li> <li>○ KINYESI AU MWENDESHO</li> <li>○ HAJA NDOGO</li> </ul> </li> <li>• Usiguse miili iliyofariki</li> <li>• NAWA MIKONO MARA KWA MARA - Tumia SABUNI (iwapo huwezi kunawa, pangusa na jeli ya alkoholi)</li> <li>• EBOLA huwaambukiza wanyama na popo pia. Usiguse wala kula "nyama ya msituni" au popo</li> </ul>

Source: Wikipedia (Accessed on 15<sup>th</sup> October, 2014).



**Table 2b (After Medical Editing)**

English	Kiwahili	Justifications
<b>WHAT IS IT?</b>	<b>EBOLA NI NINI?</b>	
<b>HOW DOES IT SPREAD?</b>	<b>HUENEA VIPI?</b>	
<p><b>Dead bodies can also spread the disease. BE CAREFUL (Bury carefully. Keep away)</b></p> <ul style="list-style-type: none"> <li>• DO NOT wash, touch or kiss dead bodies</li> <li>• DO NOT wash hands in the same bucket as other who have touched the body</li> </ul>	<p><b>Miili ya watu waliokufa pia inaweza kueneza ugonjwa. KUWA MWANGALIFU (Zika kwa makini. Kaa mbali)</b></p> <ul style="list-style-type: none"> <li>• Usioshe, kugusa wala kuibusu miili ya watu waliokufa</li> <li>• Usinawe mikono kwenye ndoo walionawia watu waliogusa mwili wa mgonjwa</li> </ul>	<ul style="list-style-type: none"> <li>➤ Euphemisms are not universal terminologies</li> <li>➤ There may be several euphemisms referring to one speech act, the choice of one and not the other may then be too subjective</li> <li>➤ They may be understood differently even within the same language that has dialectical variations</li> <li>➤ They are also off record statements</li> <li>➤ Medical language is bold on record</li> </ul>
<b>EARLY SYMPTOMS</b>	<b>DALILI ZA MAPEMA</b>	
<b>LATER SYMPTOMS</b>	<b>DALILI ZA BAADAYE</b>	
<ul style="list-style-type: none"> <li>• VOMITING - May contain blood</li> <li>• DIARRHOEA - May contain blood</li> <li>• BLEEDING – (including from nose, mouth, skin)</li> <li>• COUGH - May contain blood</li> </ul>	<ul style="list-style-type: none"> <li>• KUTAPIKA - Matapishi yanaweza kuwa na damu</li> <li>• KUHARA - Kinyesi kinaweza kuwa na damu</li> <li>• KUVUJA DAMU – (ikijumuisha kutoka puani, kinywani, ngozini)</li> <li>• KIKOHOZI - kinaweza kuwa na damu</li> </ul>	
<b>PREVENTION</b>	<b>KINGA</b>	
<p><b>YOU CAN CATCH EBOLA FROM SOMEONE WHO IS SICK OR DEAD</b></p> <ul style="list-style-type: none"> <li>• Do not touch an infected person or their body fluids                             <ul style="list-style-type: none"> <li>○ BLOOD</li> <li>○ VOMIT</li> <li>○ FAECES OR DIARRHOEA</li> <li>○ URINE</li> </ul> </li> <li>• Do not touch dead bodies</li> <li>• WASH YOUR HANDS OFTEN - Use SOAP (If unable to wash use alcohol gel)</li> <li>• EBOLA is in animals and bats too. DO NOT touch or eat "bush meat" or bats</li> </ul>	<p><b>UNAWEZA KUAMBUKIZWA EBOLA KUTOKA KWA MTU MGONJWA AU ALIYEKUFUFA</b></p> <ul style="list-style-type: none"> <li>• Usinguse mtu aliyekufa wala viowevu vya mwili wake                             <ul style="list-style-type: none"> <li>○ DAMU</li> <li>○ MATAPISHI</li> <li>○ KINYESI AU MHARO</li> <li>○ HAJA NDOGO</li> </ul> </li> <li>• Usiguse miili iliokufa</li> <li>• NAWA MIKONO MARA KWA MARA - Tumia SABUNI (iwapo huwezi kunawa, pangusa na jeli ya alkoholi)</li> <li>• EBOLA huwaambukiza wanyama na popo pia. Usiguse wala kula "nyama ya msituni" au popo</li> </ul>	

Source: Wikipedia (Accessed on the 15<sup>th</sup> of October, 2014).

## Discussion: Table 2

- i) In the example in table 2 above, we notice that the term ‘death’ and ‘diarrhea’ attract the use of euphemisms in Kiswahili. The medical editor brings our attention to the fact that cultural constructions around these terms require some level of politeness. In this case, the choice of the translator to use euphemisms instead of the correct terminologies may have been due to considerations of ‘politeness’. This raises the controversy as to whether politeness can override directness needed in a medical text. There may also be more than one euphemism referring to one thing. The decision to pick one and not the other can only lean towards subjectivity. Medical texts are of scientific nature and science itself ought to be objective.
- ii) ‘Off record strategies’ in medicine may appear as a peripheral issue. However, when a ST medical text uses ‘diarrhea’ and not ‘running stomach’, it simply should be rendered as ‘diarrhea’ in the TT. Any slight shift may refer to something close to ‘diarrhea’. Any use of euphemism, therefore, is tantamount to distortion of meaning in medical texts. We see the editor’s recommendations of the use of *kufa* instead of *kufariki* and *kuhara* (verb) and *mharo* (noun) instead of *kuendesha*.
- iii) In keeping with the concept of equivalence in the example in table 2, we see the translator employing politeness in language use but the medical editor offers a contrary opinion.

## Conclusion

Based on the indications of the data used in this study, we make the following conclusions;

- i) In medical translation, there is more directness in the use of language even in cultural bound sentences and words. This may make the translators to be faced with cultural dilemmas. As much as the translators may want to remain culturally appropriate, there is an eminent push to be as direct as possible. To do this, the translator may employ both semantic and communicative approaches as proposed by Newmark (1981).
- ii) There is an extent to which the translator, handling a medical text, may want to stick to the linguistic form of the ST. However, doing this may not always be possible. The linguistic reality is that languages differ in grammar and form. Therefore, a communicative approach provides a safety valve to get out of such slavery with justifications.
- iii) In coming up with a TT in a medical translation, the translator applied the following strategies that are provided for in the twin approaches used in this study: addition, componential analysis, cultural equivalent, descriptive equivalent, literal translation, modulation, recognized translation, reduction, synonymy, transference, deletion, and combination.
- iv) In trying to find a middle ground in handling a medical translation, a translator came up with texts that prove that semantic and communicative approaches are adequate in medical translation. Linguistic and cultural considerations may be important in a medical text, but they cannot override the need to remain direct in the field of medicine. Medical translations violates ‘off record’ and ‘indirect strategies’ of keeping politeness in the text.
- v) The semantic approach cannot stand alone in a medical translation and neither can a communication approach do. We, therefore, opine that the twin strategies be used in handling medical translation as they have prove useful in the analyses above.
- vi) We have also seen, from the data analyzed in this study, that all other approaches that touch on cultural, contextual (of any kind) and linguistic strategies can be subsumed within the twin approaches (in (v) above) in a medical translation.
- vii) Translators handling medical texts should never be enslaved to the linguistic forms of the ST. This is because they communicate to a different target audience. The cultural confusion that may appear in the TT can be handled within the communicative approach.

## References

- Albakry, M. (2004). Linguistic and cultural issues in literary translation. [Http://accurapid.com/journal/29liter.htm](http://accurapid.com/journal/29liter.htm)
- Armstrong, D. (1997). *Meaning and Communication .The Philosophical Review*.
- Austin, J. (1962). *How to Do Things with Words*. London: OUP.
- Baker, M. (1992). *In Other Words. A Course book on Translation*. London: Routledge.
- Brown, P. et al (1987). *Politeness: Some Universals of language*: London: CUP.
- Carston, R. (2003). *Thought and Utterances*. Oxford: Blackwell.
- Catford, J. (1965). *A Linguistic Theory of Translation*. London: Oxford University Press.
- Catford, J. C. (1965). *A Linguistic Theory of Translation*. London: OUP.
- Davis, W. (2003). *Meaning, Expression and Thought*. Cambridge: CUP.
- Gentzler, E. (1993). *Contemporary Translation Theories*. London and New York: Routledge. Grice, P. (1989).

- Studies in the Way of Words*. London: Harvard University Press.
- House, J. (1977). *A Model for Translation Quality Assessment*. Tübingen: Gunter Narr.
- Hymes, D. (1974). *Foundation Social Linguistics: An Ethnography Approach*. London: Tavistock Publications.
- Levinson, S. (1983). *Pragmatics*: London: CUP.
- Loescher, W. (1991). *Translation Performance, Translation Process, and Translation Strategies*. Tuebingen: Guten Narr.
- Marmaridou, S.A.(2000). *Pragmatic Meaning and Cognition*. Amsterdam: John Benjamin's Publishing Company.
- Munday, J. (2000). *Introducing Translation Studies*. London and New York: Routledge.
- Newmark, P. (1981). *Approaches to Translation*. Oxford and New York: Pergamon Press.
- Munday, J. (2001). *Introducing Translation Studies: Theories and Applications*. London: Routledge.
- Newmark, P. (1981). *Approaches to Translation*. Oxford and New York: Pergamon.
- Newmark, P. (1988). *A Textbook of Translation*. New York: Prentice Hall.
- Nida, E. (1964). *Towards a Science of Translating*. Leiden: E. J. Brill.
- Nida, E. A. (1964). *Toward a Science of Translating*. Leiden: E. J. Brill.
- Nida, E. A. and Taber, C. (1969). *The Theory and Practice of Translation*. Leiden: E. J. Brill.
- Nida, E. and Taber, C.R. (1969). *The Theory and Practice of Translation*. Leiden: E. J. Brill.
- Pym, A. (1998). *Method in Translation History*. Manchester: St Jerome.
- Pym, A. (2010). *Exploring Translation Theories*. London and New York: Routledge.
- Richards, et al (1989) *The Meaning of Meaning*. London: CUP.
- Toury, G. (1995). *Descriptive Translation Studies - And Beyond*. Amsterdam and Philadelphia, PA: John Benjamins.
- Yule, G. (1996). *Pragmatics*. London: OUP.

#### Notes

1. Table 1a: Before medical editing
2. Table 1b: After medical editing
3. Table 2a: Before medical editing
4. Table 2b: After medical editing

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:

<http://www.iiste.org>

## CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

**Prospective authors of journals can find the submission instruction on the following page:** <http://www.iiste.org/journals/> All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

## MORE RESOURCES

Book publication information: <http://www.iiste.org/book/>

Academic conference: <http://www.iiste.org/conference/upcoming-conferences-call-for-paper/>

## IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digital Library, NewJour, Google Scholar

