Tekwa, K., & Tazoacha, F. (2022). *No worry, dat sick go finish small time*: Encouraging local community participation in global health care using de-terminologization as a low-resource language translation strategy. *Linguistica Antverpiensia, New Series: Themes in Translation Studies, 21*, 222–252. DOI available online.

No worry, dat sick go finish small time: Encouraging local community participation in global healthcare using de-terminologization as a low-resource language translation strategy

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Abstract

This study evaluates the dual role of translators and interpreters working for NGOs involved in the health sector in developing countries. Given the crucial importance of public health in a nation's development, we assess the way grassroots participation in healthcare projects and activities is enhanced through the translation of healthcare information into low-resource languages. This study, epistemologically grounded in the theory of planned behaviour (TPB), adopts a qualitative and quantitative methodological approach to correlate the TPB and the target-language choices of translator-interpreters and the translation strategies they adopt working with low-resource languages. The survey responses and audio recordings analysed are those of translators or interpreters working in a rural context in the Anglophone regions of Cameroon. The target language in question is Pidgin English, a low-resource oral language. The evidence gathered leads to the finding that various de-terminologization strategies are employed to ensure that messages are adequately disseminated and that the local community members are involved in healthcare activities. The study seeks to bring together translation, interpreting, the TPB, and international development in which the involvement of NGOs underscores North–South cooperation in the strategic domain of global healthcare.

Keywords: de-terminologization; low-resource languages; Pidgin English translation; translation and development; theory of planned behaviour (TPB)

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1. Introduction

Translation has defined the work of non-governmental organizations (NGOs) ever since they were institutionalized by the UN in 1945. The success of their operations, both spatially and linguistically speaking, has consistently depended on a diversified range of languages. However, it was not until the early 2000s, when translation and interpretation started to be considered "sociological acts in which language mediators made decisions depending on their social, political, and ethical positions and the institutional context in which they were working" (Tesseur, 2019, p. 4), that translation scholars began to fully examine the role of translation in NGOs.

Current research in the context of translation studies has evaluated the relationship between NGOs and their supervisory institutions (Moreno-Rivero, 2018), translation practices and their impacts on agency (Schäffner et al., 2014), and how translation promotes government institutions' and NGOs' visibility in order to foster their competitiveness and functionalities (Guillaume, 2010).

Scholarly research has also focused on NGOs' use of translation technology in their efforts to research linguistically diverse grassroots communities located in developing countries. For example, whereas Pérez (2019) evaluated the multiple needs of NGOs in the aid chain to "create momentum towards the association of translation technology and the humanitarian aid" (p. 112), O'Brien and Federici (2019) detailed the work undertaken by Translators Without Borders (TWB), particularly the Kenyan-based Words of Relief project aimed at translating crisis messages in 15 world languages and building networks and crowd-sourced applications capable of bringing together workers and aggregators in an emergency.

Therefore, the current study adds to the discourse on low-resource language translation by focusing on NGOs involved in the health sector in sub-Saharan Africa, particularly in English-speaking Cameroon, where Pidgin English remains the unofficial lingua franca. Informed by the theory of planned behaviour (TPB), the study examines the current research on low-resource language translation prior to investigating the current beliefs and practices of translator-interpreters who are charged with disseminating healthcare information to local community members. The conclusions reached and the importance attributed to this research are informed by the choice of Pidgin English and the de-terminologization strategies adopted to ensure that information is disseminated adequately.

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2. Literature review: translation and low-resource languages

There is consensus among translation scholars that minority or low-resource languages have received limited scholarly attention (Branchadell & West 2005; Cronin, 2019; Venuti, 2016); this is especially true within the framework of NGOs. An early analysis of low-resource language translation by Cronin (1988) attempted to advance the historical and theoretical debate by examining the "role of minority languages in the context of scientific and technical translation, particularly with respect to the Internet and the emergence of Cyber-English" (p. 143). Despite acknowledging the paradoxicality of translating from mainstream to minority languages, given that such an endeavour reinforces the existing differentials that "minoritized" those languages in the first place, Cronin (1988) reiterated Toury's (1985) call for minority languages to be actively included in research in the field of translation studies. Despite the call, according to Branchadell (2011), low-resource languages did not become the "central object of attention within mainstream Translation Studies" (p. 95) for 25 years.

The lacuna notwithstanding, researchers (Gorter et al., 2012; Harlow, 2002) have assessed the role of translation in revitalizing minority languages. For instance, Belmar (2017) assessed standardization, planning, translational choices, diglossia, and bilingualism with regard to the revitalization of the Basque language, whereas Mooko (2006) evaluated the techniques, including translation, used by marginalized language speakers to revitalize endangered languages. More recently, Cheetham (2022) evaluated the role of translation of children's literature in keeping low-resource languages alive. He concluded, though not without problematizing the issue, that

> a reluctance to translate is based on very real concerns, but ultimately, it is argued that translation is a necessary and valuable tool for maintaining minority languages and for allowing children the variety of reading choices they need for enjoyment, for a positive self-image, and for educational success (Cheetham, 2022, p. 1).

Technological advancements have led to increased research related to machine translation (MT) that facilitates low-resource language translation (Probst et al., 2002). For instance, Cadwell et al. (2019) worked with TWB to develop and test an MT system for the French-to-Swahili language pair for use in crisis scenarios. Moreover, Tantuğ and Adalı (2018) studied the use of statistical and rule-based MT for translating low-resource Turkish languages. Other language pairs for which MT systems have been developed include Punjabi to Hindi (Josan & Lehal, 2008), Breton to French (Tyers, 2010), and English to Welsh (Jones & Eisele, 2006).

Regarding the geographical morphology of research on the translation of low-resource languages, it suffices to state that European languages have received the most attention (Belmar, 2017; Branchadell & West, 2005; Cenoz & Gorter, 2006; Cronin, 1998, 2019; Gorter et al., 2012; O'Connell, 2007). Researchers have also examined low-resource languages in Asia (Qian & Li, 2020), Latin America (Donthineni, 2021; Larkosh, 2014), the Middle East (Borodo et al., 2017; Golan & Orr, 2012), and Africa (Bandia, 2010, 2014; Ciribuco, 2021; Dziva & Dube, 2014; Mannell,

2014; Marais, 2014; Mooko, 2006), where the emphasis has been on the translation of the Bible into minority languages, literary translation, interculturality, and theoretical concepts, including post-colonialism, feminism, and crisis management.

Further research on low-resource languages in Africa within the framework of NGOs has underscored translation, in the knowledge economy, into the vernaculars of African countries, including those of Kenya and Zambia (Marais, 2014). Furthermore, based on examples from Kampala in Uganda and Jaipur in India, Gal et al. (2015) – in a study that brought together translation, ethnography, and feminism – argued against the perception of translation as "a mere conduit by which global discourses or rights are vernacularized or localized" (p. 610). Instead, they viewed translation as transformational, with multiple implications for transnational feminism.

Despite current efforts, researchers have still not covered many low-resource languages in Africa simply because a significant number of them have no writing conventions. Therefore, the current study contributes to this research field in a number of ways: first, it investigates translation into Pidgin English – an under-researched low-resource oral-based language. Second, the research focuses equally on translation undertaken within the framework of NGOs operating in the healthcare sector – an area that has received limited scholarly attention in translation studies. Third, the study examines professionally trained translators, who have rarely been the subject of investigation in translation studies, especially within the framework of NGO activities in sub-Saharan Africa. Fourth, from an epistemological point of view, the research adopts the TPB – a novel perspective that brings together translation, sociology, and international development via the actions of NGOs in local communities in Africa.

2.1. Theory of planned behaviour

The TPB extends the theory of reasoned action to make up for the limitations of the latter, particularly in dealing with behaviours "over which people have incomplete volitional control" (Ajzen, 1991, p. 181). Introduced in 1975 by Ajzen and Fishbein to predict behaviour, the TPB is founded on five basic factors that include attitudes towards behaviour, subjective norms, perceived behavioural control or self-efficacy, intentions, and actual behaviour (Hadadgar et al., 2016; Lortie & Castogiovanni, 2015; Siuki et al., 2019; Yadav & Pathak, 2016). The theory posits that beliefs regarding individual behaviour, normative expectations, and the behaviour of significant others, in addition to factors that may encourage or impede the performance of the behaviour, lead to either favourable or unfavourable attitudes towards behaviour, perceived behavioural control, or self-efficacy (Ajzen, 1991). Despite criticisms that the TPB fails to account for "interaction effects between its major constructs and [does] not [deal] with the processes involved in the intentions–physical activity (PA) relationship" (Gourlan et al., 2019, p. 317), the theory has been applied extensively by researchers of various disciplines. For instance, Hadadgar et al. (2016) examined its usefulness in predicting the behaviour of medical practitioners towards e-learning and suggested methods of behavioural change for the studied group, whereas Siuki et al. (2019) explored the TPB's effectiveness in educating health volunteers about HIV/AIDS-

prevention behaviours. For their part, Yadav and Pathak (2016) examined the appropriateness of the TPB in predicting the intentions of young consumers to buy green products in India, whereas Lortie and Castogiovanni (2015) analysed the theory's applicability when determining future decisions among entrepreneurs.

In the context of NGOs involved in international development, the TPB has been explored to

- highlight the gap between global issues and personal behaviours regarding environmentally friendly attitudes in Taiwan (Lin, 2013);
- assess the relationship between the clarity of NGOs' visions and creative behaviours among the population (Hamdan et al., 2020);
- determine the intentions of farmers to participate in environmental NGOs in Iran (Abadi, 2020);
- evaluate the implications of environment-related complaints in China (Zhang et al., 2017); and
- evaluate netizens' willingness to be involved in environmental activities (Park & Yang, 2012).

Therefore, applying the TPB to the current research appears justified partially based on its cross-disciplinary validity and its cruciality in exploring the beliefs and practices of Pidgin English translator-interpreters, who, in the current study, are university graduates with a minimum of three years' training. This means that they can either choose to explain their texts in English or translate or interpret them into Pidgin English. The choice of Pidgin English is deliberate and premeditated, making this investigation worthwhile. The TPB helps to determine whether the participants' decision to translate or interpret in Pidgin English and their terminological choices are predicated on the beliefs that their peers also translate or interpret in Pidgin English, that community members find the information more useful when translated into Pidgin English, and that they have the competence to translate or interpret in Pidgin English. In other words, we are concerned with whether their behaviour is shaped by three kinds of consideration: behavioural beliefs, normative beliefs, and control beliefs.

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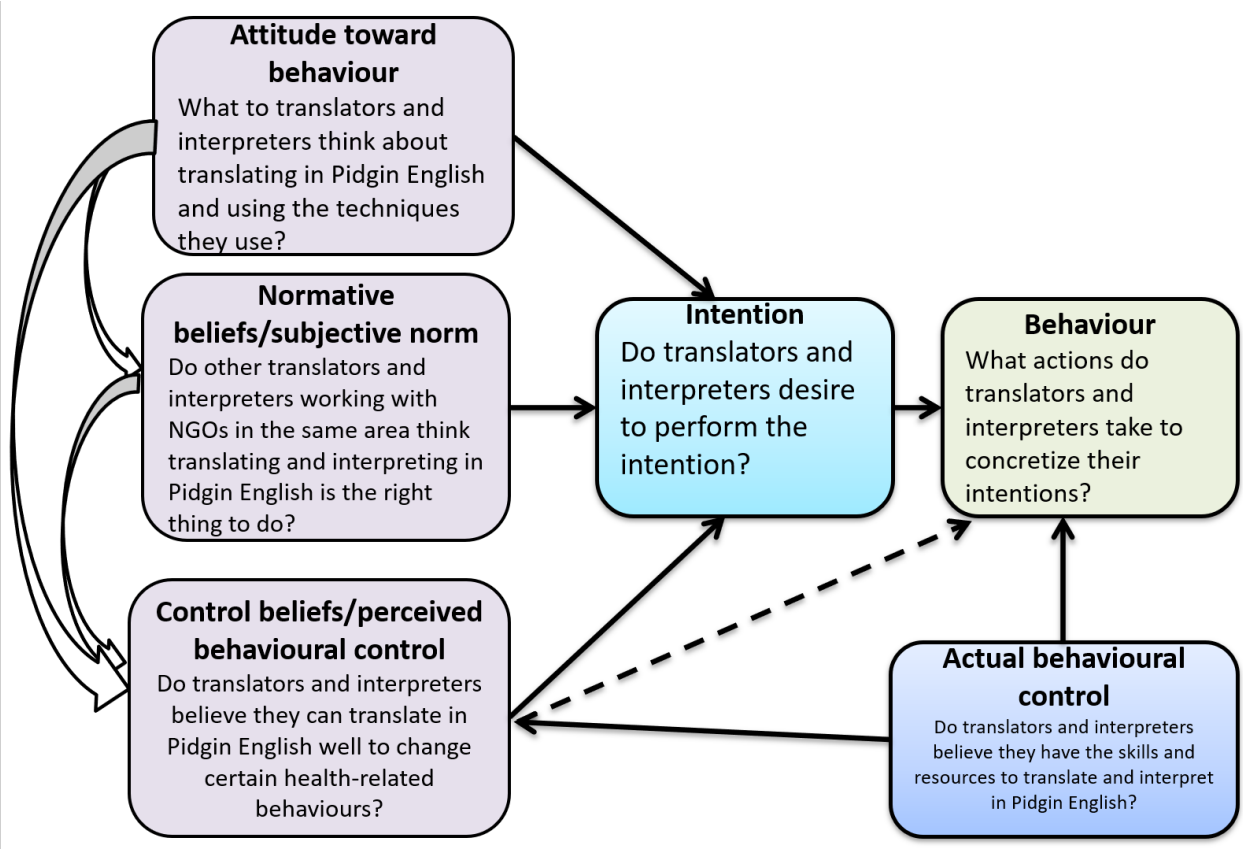
Figure 1

Applying the TPB in the context of NGO translation and interpretation



3. Methodology

The methodology design was based on the mixed-methods approach, combining qualitative and quantitative data for analysis. The approach, which informed our findings and conclusions, is outlined in this section, which describes the participants, data collection and analysis.

3.1. Participants

A total of 12 translator-interpreters, each working for a different NGO, were contacted through their NGOs to take part in the study. More participants could not be recruited due to several factors: (1) not all of the NGOs contacted hired professionally trained translators with several years of experience; (2) there was a limit to the number of data collectors we could afford, given the costs involved; (3) some NGOs were reluctant to allow data-collectors in certain local communities for security reasons; and (4) there were significant scheduling challenges, because

data-collectors were also full-time university students. However, of the 16 NGOs we contacted that hired professional translators, 12 agreed to participate in the study.

The participants comprised five female and seven male participants; the youngest was 28, the oldest 56. All of the participants had completed university; one had a bachelor's degree, eight had a master's degree, and three held doctoral degrees. All 12 translators had been formally trained and they occasionally attended refresher courses, seminars, and conferences. The least experienced translator had worked for two years, whereas the most experienced had worked for 16 years. Of the 12 translators, five lived in the communities in which they worked. Admittedly, 12 participants for a study of this magnitude is a small number, which means that the validity of the findings based on the quantitative data is extremely low.

3.2. Data collection

Data collection was undertaken over a period of six months, from March to September 2021, among 12 NGOs involved in the health sector (e.g., COVID-19-related, women's reproductive health, common parasitic diseases, and HIV/AIDS) in 18 local communities in Anglophone Cameroon. Contacted via telephone to participate in the study, the NGOs provided a list of translator-interpreters and their schedules (including forthcoming event dates), their contact information, and the communities to which they were assigned. Each translator-interpreter was then contacted by phone and asked for permission to have a researcher present at their assigned events. Twelve undergraduate university students majoring in international development were recruited to attend the events of each translator-interpreter, record the sessions, estimate the population present, and obtain responses to the TPB questionnaire completed by the participants. The printed questionnaires gathered information on the decision to translate or interpret in Pidgin English as opposed to simply speaking English. The translator-interpreters responded to many questions, including these:

- whether they considered Pidgin English the best option for disseminating information in local communities (attitude towards behaviour);
- whether their peers, family members, and friends shared the same belief (subjective norm);
- whether, as translator-interpreters, they could adequately provide information in Pidgin English (behavioural control or self-efficacy); and
- whether the translation-interpretation strategies they employed successfully accomplished desired the behaviour (i.e., their goals).

Each participant provided their consent by signing the questionnaire prior to completion.

Apart from the printed questionnaires, other data-collection instruments included audio recorders and *OTranscribe*, a free open-source platform that facilitates the transformation of audio files to text. The methodology was designed to obtain two types of finding: quantitative,

based on the survey analysis, and qualitative, based on the notes and audio recordings of the translators or interpreters).

3.3. Data analysis

3.3.1. Representivity

Despite the seemingly limited number of participants (12), the data gathered were extensive and representative of local communities in Anglophone Cameroon.[1] Data were collected in 18 local communities, including 46 sub-communities (smaller communities within the local communities). Whereas eight of the local communities and 26 sub-communities were in the South-West Region, 10 local communities, including 20 sub-communities were in the North-West Region. The 12 data collectors attended 73 information sessions that brought together an estimated 32,000 local community members, during which more than 62 hours of audio were recorded. Therefore, we believe that the study is representative according to the geographical area covered, demographics (youths, adults, elderly, males and females), and the volume of the data gathered and analysed.

3.3.2. Analysis

To measure the TPB, a seven-point bipolar scale (*most unlikely / somewhat unlikely / unlikely / somewhat likely / likely / very likely / most likely*) was employed to determine the participants' behavioural beliefs, normative beliefs, and control beliefs. Given the relatively small number of participants, the data collected were analysed based on the score (1–7) for each point on the bipolar adjective scale and calculated as a percentage. This way, it was possible to determine the belief patterns of the 12 participants and draw conclusions regarding their intention and ability to perform the behaviour.

Excerpts of the audio recordings, for their part, were transcribed to text and manually aligned on a Microsoft Office Spreadsheet. The alignment had to be done manually because often, the text in Pidgin English included long-winded examples, explanations, and digressions that posed significant challenges to those alignment tools not particularly designed for use in such contexts. Health-related terminology was then extracted and the equivalents in Pidgin English were determined. Terminological choices were analysed to determine the de-terminologization strategies employed by the translator-interpreters to ensure that local community members understood the healthcare information and became more involved in the actions of the NGOs.

[1] Cameroon has ten regions (provinces), including two (South-West Region and North-West Region) that make up Anglophone Cameroon.

4. Findings

As intended, the study led to two types of finding based on the quantitative analysis of survey responses to determine the TPB's applicability (section 4.1) and the qualitative analysis of the notes and the audio recordings of the translator-interpreters (section 4.2), which are used to determine the de-terminologization strategies employed by the participants.

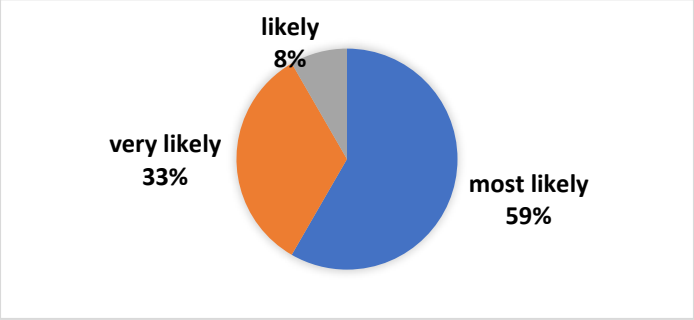
4.1. Quantitative analysis: theory of planned behaviour–based findings

4.1.1. Behavioural beliefs

Whenever they decided to use Pidgin English in a community, the participants were asked whether they believed (a) Pidgin English was the better or the best language to disseminate health-related information; (b) members of the community would pay more attention when the translator-interpreters spoke Pidgin English; and (c) community members would provide better-quality feedback when the translator-interpreters employed Pidgin English.

The findings indicated that seven (59%), four (33%), and one (8%) of the participants believed Pidgin English was *most likely*, *very likely*, and *likely*, respectively, the best language with which to disseminate health-related information.

Figure 2
Belief in Pidgin English as the best language choice in local communities



All 12 participants (100%) were unanimous in their belief that community members would *most likely* pay the most attention when they translated into or interpreted in Pidgin English. Regarding feedback from community members, eight respondents believed that using Pidgin English would *mostly likely* trigger more feedback, whereas four respondents believed that Pidgin English would *likely* trigger more feedback.

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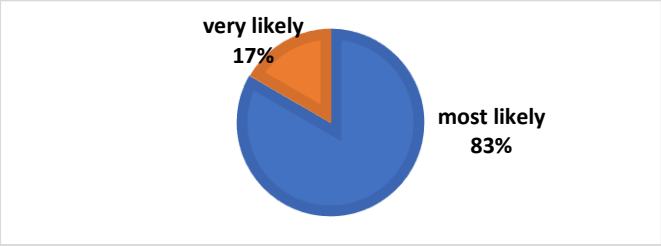
4.1.2. Normative beliefs

Normative beliefs were determined by asking the participants whether they believed their colleagues would also disseminate health-related information to community members in Pidgin English and whether their family members as well as their community members would also prefer to receive such information in Pidgin English.

The findings indicated that, respectively, 10 (83%) and two (17%) of the participants believed that members of their community would *most likely* and *very likely* prefer information in Pidgin English.

Figure 3

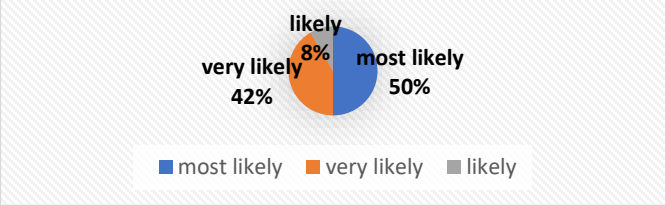
Community member preference to receive health-related information in Pidgin English



Furthermore, six (50%) participants believed their colleagues would *mostly likely,* five (42%) believed they would *very likely,* and one (8%) believed they would *likely* disseminate information using Pidgin English.

Figure 4

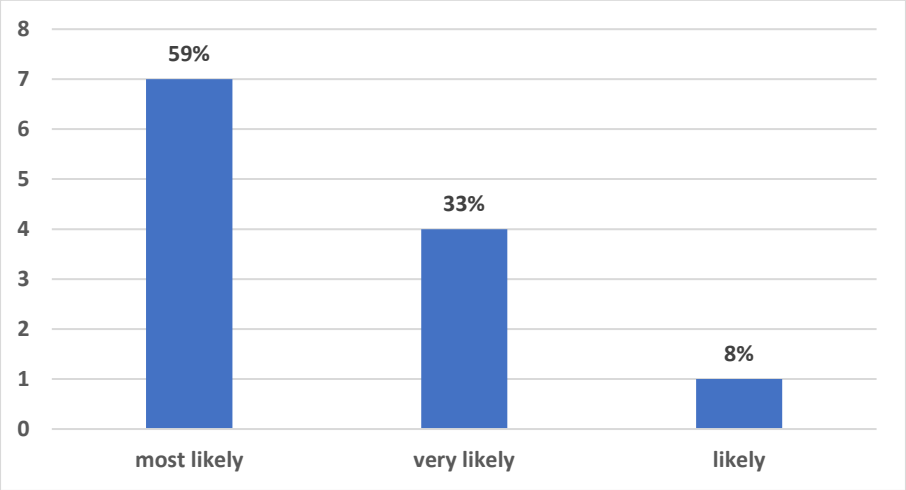
Belief in other translator-interpreters' preference for Pidgin English



Furthermore, seven participants (59%) believed that their own family members would *most likely* prefer to receive health-related information in Pidgin English, whereas four participants (33%) and one participant (8%) respectively believed that their family members would *very likely* and *likely* make the same choice.

Figure 5

Belief in family members' preference for information in Pidgin English



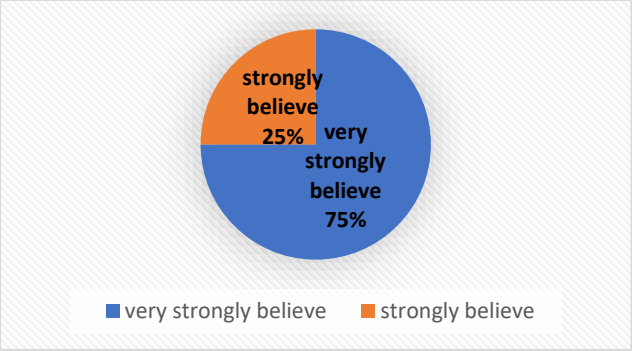
4.1.3. Control beliefs

The participants were asked whether they believed (a) in their ability to provide useful information in Pidgin English; (b) that their messages would trigger positive action among community members if delivered in Pidgin English; and (c) that they had a role to play in improving the health of community members.

The results indicated that nine (75%) and three (25%) of the participants *very strongly believed* and *strongly believed*, respectively, in their ability to provide useful health information to community members.

Figure 6

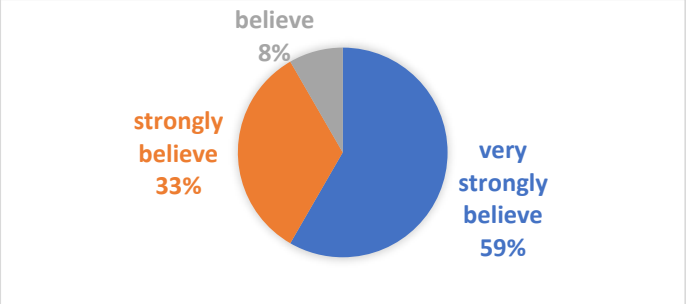
Belief of translator-interpreters in their ability to provide useful information in Pidgin English



Furthermore, seven (59%), four (33%), and one (8%) of the participants *very strongly believed*, *strongly believed* and *believed*, respectively, that their Pidgin English messages would be well received and would trigger positive behavioural change among community members.

Figure 7

Belief that information in Pidgin English would trigger positive action among community members



Finally, all the participants (100%) *very strongly believed* they had a major role to play in improving the health of community members. This means that they perceived themselves as vital to the well-being of the communities in which some of them lived.

4.1.4. Actual behaviour

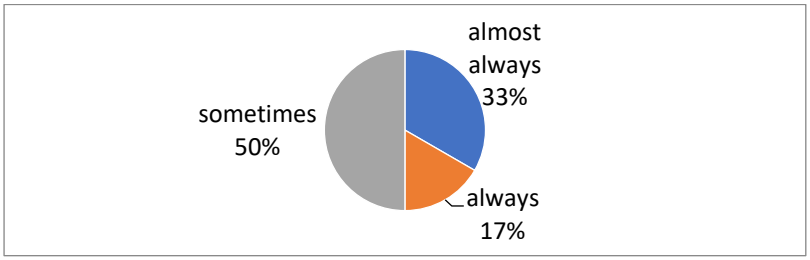
Alongside investigating the beliefs of the participants, we also assessed the extent to which they were capable of performing the behaviour. Therefore, we examined their intentions and strategies to provide healthcare information in Pidgin English. We found that the translators or interpreters planned to do the following:

- *Mix English and Pidgin English*

When asked how often they would mix both English and Pidgin English while translating or interpreting, half (50%) of the participants claimed they would do so *sometimes*, 33% claimed they would do so *almost always*, and 17% believed that they would *always* adopt this strategy.

Figure 8

Strategy of mixing English and Pidgin English when translating



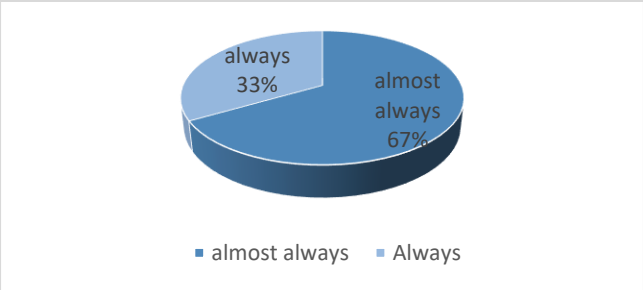
- *Explain, not just translate, medical terms*

The translator-interpreters were unanimous in their belief that explanation or exegesis constituted an important strategy to transmit their message successfully, with 67% claiming they

would *almost always* use this strategy and 33% indicating they would *always* employ this strategy to translate medical terms.

Figure 9

Use of explanation or exegesis as a translation strategy

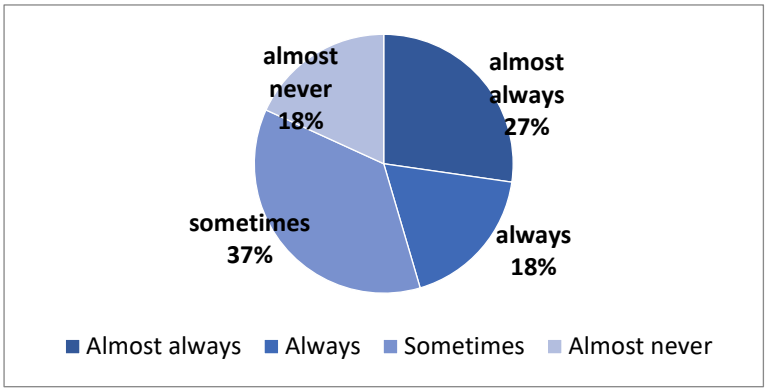


- *Borrow from indigenous languages*

Regarding the ability to improve the translation quality using lexical borrowings from the indigenous language, the translator-interpreters revealed different practical realities. Whereas 18% believed they would probably *always borrow* terminology from indigenous languages, 27%, 37%, and 18% believed they would *almost always*, *sometimes*, and *almost never*, respectively, employ the same strategy.

Figure 10

Adoption of lexical borrowing as a translation strategy



- *Include practical examples while translating or interpreting*

The translator-interpreters were unanimous in their belief that using practical examples as a translation and interpretation strategy tended to yield better outcomes. Therefore, 92% of the translator-interpreters sampled believed they would *always* use this strategy, while 8% believed they would *almost always* use this strategy.

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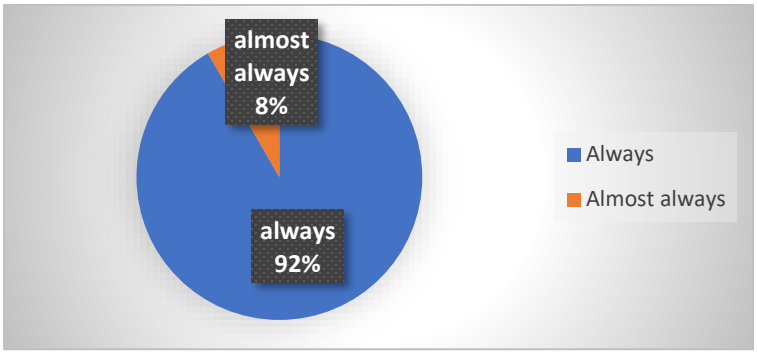
Figure 11

Strategy to translate/interpret using practical examples

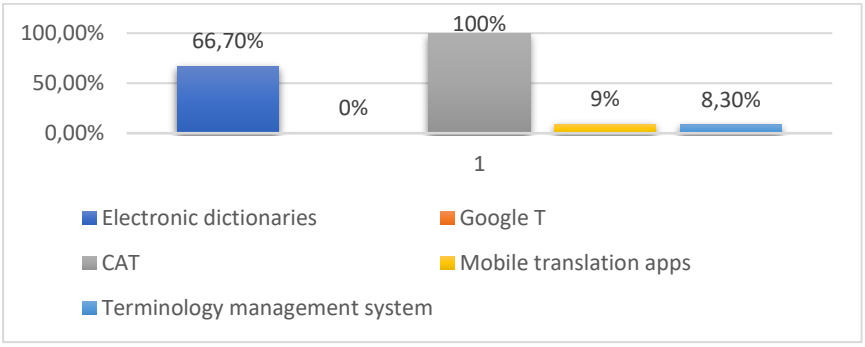


- *Make use of translation technology*

The majority of the participants believed that translation technology would facilitate their job. Therefore, all (100%) translator-interpreters indicated that they would use CAT tools; 66.7% believed they would use electronic dictionaries; 9% would consider using mobile phone translation applications; and 8.3% maintained they would utilize terminology management systems. None (0%) believed an MT system, such as Google Translate, would facilitate their job.

Figure 12

Work-related use of translation technology



After analysing the beliefs and practices of the translator-interpreters with regard to the choice of Pidgin English and translation strategies adopted, we analysed their audio recordings and notes to ensure there was adequate dissemination of information in local communities.

4.2. Qualitative analysis: De-terminologization strategies

Our data analysis demonstrated that the translator-interpreters utilized several de-terminologization techniques to ensure the transfer of medical terms "from the specialized domain of public health into … everyday language" (Bowker, 2020. p. 1). In this section, we outline the most frequently used strategies: exegesis, explanation, or addition; omission and reduction; borrowing; transposition; terminological clipping and adaptation.

4.2.1. Exegesis, explanation, and addition

The translator-interpreters tended to explain (or over-explain) the message and occasionally add extra information to facilitate comprehension. This often occurred when a medical term was followed by a lengthy explanation in ordinary Pidgin English words or terms of common usage. Below are two examples, one is a press release from the Mayor of Tiko Council and the other is during an information session on breast cancer.

Example 1

Original text	All visitors to the Tiko Council must use **hand sanitizer** and wear a **face mask**; if not, they will not be allowed into the council premises.
Translation in Pidgin English	*Any stranger wey e enter Tiko Council must use **white man soap** wey dem di call am say "hand sanitizer" and must wear **dat thing wey docta dem dey take cover mop and nose time wey dem tear person e belle** wey di call am say "face mask". Any stranger wey no get am must return back for house.*

In this example, the words "hand sanitizer" and "face mask" – popularized due to COVID-19 and presumably unfamiliar to all community members – were followed by an explanation. While "hand sanitizer" was described as "*white man soap*" (arguably because it is largely imported from a country inhabited by white people), a "face mask" was described as "*the thing doctors use to cover their mouths and noses when they tear open people's stomachs*".

Example 2

In this example, during a breast cancer information session, the translator-interpreter attempted to define breast cancer for women of the local community. Here, we compared the information sheet of the translator-interpreter and the audio recorded during the information session.

Original text	**What is breast cancer?** **Breast cancer** is the second most common cancer among women, after **skin cancer**. It is a disease in which **cells in the breast** grow out of control. Cancer cells can also spread, or **metastasize**, to other parts of the body.
Translation in Pidgin English	***Make I tell wanna weti be cancer for bobbi.*** ***Cancer for bobbi*** *dey very common for woman dem for the world. Na number 2 cancer. Number 1 na* ***cancer for skin*** *… but for we for Cameroon, bobbi cancer na number 1. That means say, this cancer be very very common. All woman must lookout. For this cancer,* ***the cells them for bobbi****, that means say, the small small skin dem for inside bobbi, craze, then di grow … grow … grow … plenty plenty like dem don craze. Na these crazy small small skin inside the bobbi we call bobbi cancer. As they di craze,* ***their combi small small skin dem for all body dem too they start their own wahala****.*

The Pidgin English text was much longer (119 words) than the original text in English (44 words).

Addition 1: Additional information was included on the ranking of breast cancer in Cameroon: "*Cancer for bobbi dey very common for woman dem for the world. Na number 2. Number 1 na cancer for skin … but for we for Cameroon, bobbi cancer na number 1*" [literally: cancer of the breast is very common in women around the world. It is ranked no. 2. Number 1 is skin cancer. But for us in Cameroon, breast cancer is no. 1].

Addition 2: The translator-interpreter added a warning to emphasize the urgency of the information: "*That means say, this cancer be very very common. All woman must lookout*" [That means it is extremely common. So, all women must be extremely careful].

Explanation: In the Pidgin English definition of breast cancer, the word "cell" is followed by "*that means say, the small small skin dem for inside bobbi, craze, then di grow … grow … grow … plenty plenty like dem don craze*" [literally: that means, the tiny skin cells inside the breast go crazy; they grow and grow continuously like they have gone completely insane].

De-terminologization: The words "breast cell" and "metastasize" lost their term status, as the translator-interpreter chose to explain them as "*small small skin dem inside bobbi*" and "*their combi small small skin dem for all body dem too they start their own craze*" [literally: their cell-friends all over the body too start going crazy], respectively.

4.2.2. Omission or reduction

Our analysis indicated that the translator-interpreters omitted or reduced certain terms, especially those that were not core components of their message. This strategy, abundantly employed in COVID-19 information sessions, was supposedly intended to focus the translation on

the message itself while eliminating all unnecessary "noise". For instance, proper nouns were omitted in the translation or interpretation of an excerpt of a press release issued by the North-West Regional Delegate of Public Health for the North-West Region.

Example

Original text	The **Regional Delegate (COVID-19 Pandemic Incident Manager for the North-West Region)** just closed a capacity-building workshop for Rapid Investigation Teams of all 19 Health Districts. **Epidemiological surveillance** will be intensified in the Region in the days ahead, with investigation of many more suspected cases, collection of samples for diagnosis and of course the possibility of recording many more confirmed cases of COVID19 [sic] in other health Districts apart from Bamenda, Mbengwi and Batibo Health Districts, which are those currently affected.
Translation in Pidgin English	***Head boy for sick pipo for North West and he pipo*** *dem don just finish* ***dungamen*** *wey dem tory about* ***teams for check corona*** *for 19 health districts, that mean* ***say districts wey big hospital dem dey for North West here****. Them go follow up this corona palava strong strong and dem go test pipo wey them di show* ***corona signs****, take their saliva go check am for see if them get corona. This work dem go do am for place them for all that* ***19 big hospitals****. Make wanna no feel say na only for Bamenda, Mbengwi and Batibo like before … no no this time, dem go for work for many other places.*

In this example, there are several proper nouns:

	Proper noun	**Description**
-	Regional Delegate	Administrative title
-	COVID-19 Pandemic Incident Manager for the North-West Region	
-	19 Health Districts	Administrative unit
-	Bamenda	Geographical locations
-	Mbengwi	
-	Batibo	

The translator retained the names of geographical locations (i.e., Bamenda, Mbengwi, and Batibo) that formed part of the core message. In contrast, administrative titles presumably considered of little relevance to the core message were either reduced (e.g., "Regional Delegate" became "*head boy for sick pipo*" [literally: the person in charge of sick people]) or omitted (e.g., "COVID-19 Pandemic Incident Manager") because they had no direct bearing on the core message.

For its part, the term "19 Health Districts" was initially translated as "*19 Health Districts*", followed by an explanation, i.e., "*districts wey big hospital dem dey*" [literally: districts with big hospitals],

that was further reduced to "*19 big hospitals*" – a reduction strategy that focused on the core idea.

Another omission worth highlighting is the term "epidemiological surveillance", which was simply dropped in the Pidgin English translation, supposedly because of its length and level of specialization. The term was not translated; it was replaced with ordinary Pidgin English lexical items, "*Them go follow up this corona palava strong strong*" [literally: They will intensify their follow up of COVID-19], a strategy that apparently simplifies COVID-19 information dissemination in local communities.

4.2.3. Lexical borrowing

Lexical borrowing is "the established term to describe the process of the transfer of lexical material from one language (the donor, source or model language) to another language (the receptor or replica language)" (Zenner & Kristiansen, 2013, p. 1). Our data analysis revealed significant lexical borrowings, mainly from indigenous languages and Kamtok, a Cameroonian language that mixes English, French, Pidgin English, and indigenous languages. In the examples below, we discuss the following words: "*dungamen*" [meeting/seminar/conference], borrowed from indigenous coastal languages; "*kassingo*" [punishment/retribution] and "*ngata*" [prison], borrowed from Kamtok (Jurić, 2011); and "*mbou*" [palm wine/alcohol], borrowed from the group of mostly Ngemba languages of the North-West Region of Cameroon.

Example 1: *dungamen* [meeting]

Original text	The **Regional Delegate (COVID-19 Pandemic Incident Manager for the North West Region)** just closed a capacity building workshop for Rapid Investigation Teams of all 19 Health Districts.
Translation into Pidgin English	***Head boy for sick pipo for North West and he pipo*** *dem don just finish* ***dungamen*** *wey dem tory about* ***teams for check corona*** *for 19 health districts, that mean* ***say districts wey big hospital dem dey for North West here****.*

Example 2: *kassingo/ngata*

In this example, the term "*kassingo*" [punishment] was employed to inform members of the local community that those who violated COVID-19 restrictions would be punished according to the law.

Original text	**Penalties for self-isolation offences** will include heavy fines and **imprisonment**. Therefore, everybody should stay home if they feel like they have COVID-19 symptoms.

Translation into Pidgin English	*Pipo go get **no-shidon-for-house kassingo** wey na big big fine or **go for ngata**. So, make all man stay for house if e skin di feel some kind way and he think say na corona dey road.*

In this example, the English expression "penalties for self-isolation offences" was translated as "*no-shidon-for-house kassingo*", while the noun "imprisonment" was replaced with the verb phrase "*go for ngata*" [go to prison], with *ngata* being a borrowed word from Kamtok.

Example 3: *mbou*

The term "*mbou*" was employed during an information session on the dangers of hypertension and ways of preventing or controlling the disease.

Table 1

Example of mbou *in use*

No.	Original text	Pidgin English translation
1	Am I at higher risk of developing high blood pressure (HBP)? There are risk factors that increase your chances of developing HBP. Some you can control, and some you can't. Those that can be controlled are:	*Now make I tell wanna how you fit do for not get this high blood wahala. Actually, some of the things them we fit do, other one them, we not fit do no nothing. Make I begin with weti we fit do.*
2	Cigarette smoking and exposure to secondhand smoke	*for smoke cigar and for breathe other man e cigar smoke na wowo thing. That mean say, no standup for man wey e di smoke cigar e corner di take in e smoke.*
3	Diabetes	*for control diabetes, that sick wey di make man piss piss plenty, na good thing*
4	Being obese or overweight	*for fat like bolo bolo na wowo thing ooh. I know say some of wanna like big big woman with big big makandi. Wanna believe say na fine living, that one na lie, na sick plenty for that body.*
5	High cholesterol	*for get plenty cholesterol for body na bad thing – that mean say we must no chop too many eggs, or red meat or canned food wey we di buyam for market*
6	Unhealthy diet (too much sodium, low in potassium, too much **alcohol**)	*for chop wowo chop wey no di helep body na bad thing – wanna no must over boil vegetables/or sqeeze am. Wanna must limit **mbou** wey wanna di drink ooh. **Mbou** na sick, make all man hear fine fine.*

In row no. 6, the translator-interpreter employed an adaptation technique that reduced alcohol to palm wine since it was, arguably, the most common alcohol consumed by local community

members. Furthermore, he borrowed the term *mbou*, the indigenous-language term for palm wine, as a ruralization technique, presumably to drive home the hypertension message.

4.2.4. Transposition

Transposition is a translation technique that consists of changing the grammatical category of a source language (SL) term in the target language (TL) without necessarily eroding the meaning of the term. In other words, the term keeps its meaning even though the grammatical category changes.

Example 1
In Example 3 above, noun phrases were systematically changed to verb phrases, as illustrated below:

Table 2
Examples of transpositions

Row	From	Grammatical category	To		Grammatical category
No. 2	**Cigarette smoking**	Noun phrase		***for smoke cigar*** [literally: to smoke a cigarette]	Verb phrase
No. 2	**Exposure to** secondhand smoke	Noun phrase		***for breathe*** *other man e cigar smoke na* [literally: to inhale the smoke from another person's cigarette]	Verb phrase
No. 4	**Being obese** or overweight	Noun phrase		***for fat like bolo-bolo*** [literally: to be blown up like a balloon]	Verb phrase
No. 5	**High cholesterol**	Noun phrase		***for get plenty cholesterol*** *for body* [to have too much cholesterol in the body]	Verb phrase

The verb phrases tended to highlight the core message of the translator-interpreter, introducing a sense of urgency and engaging the audience.

Example 2
The term "*shidon for house*" [sit or stay at home] is a Pidgin English verbal phrase. However, the verbal phrase is transformed into a noun phrase when reference is made to a "quarantine certificate", as illustrated in the following example.

Original text	In some places, anyone who has been quarantined has to contact the Mayor's Office to obtain a **quarantine certificate** before they can go to public places.
Translation in Pidgin English	*For other pipo dem country, any person wey don shidon house finish must go see mayor for get **book for shidon house** before e fit waka outside again.*

Here, the translator-interpreter coined the term "book for shidon house" using everyday Pidgin English words – a practice that appears to have become commonplace in the COVID-19 era (Bowker, 2020; Haddad Haddad & Montero-Martínez, 2020).

4.2.5. Terminological clipping

One of the de-terminologization strategies adopted by the translator-interpreters of Pidgin English was clipping. Generally, "clipping creates shortened words from longer ones, but it does not change the part of speech or the meaning of the word" (Džuganová, 2013, p. 60). Cases of clipping were identified when the translator-interpreters provided information about COVID-19 but also when lengthy terms, including names of medication, were shortened to facilitate comprehension, as illustrated in the following examples.

Example 1: Clipped COVID-19 terms

Original text	We need to listen to the news all the time. For example, yesterday, the Minister of Health said 8 patients have **the coronavirus** in Cameroon.
Translation in Pidgin English	*Make wanna di hear news for local radio all time. Make I tell wanna, just yesterday, minister for sick pipo say, now, 8 people get **coro sick** already for Cameroon.*

Clipping a term facilitates its pronunciation among community members, especially those who are not educated. Furthermore, the clipping of "coronavirus" to "coro sick" appears to correspond to multiple everyday Pidgin English words ("*korobo head*" [bald head], "*korokoro"* [scabies or rashes], and "Korobo" [family name]) that are phonetically similar.

Example 2: Clipped medicine names

Original text	If you have persistent pain during your period, one of the things you should do is come to our office and get some **Ibuprofen**. We provide it free of charge to all women over 15.
Translation in Pidgin English	*Any woman wey e dey over 15, and wey yi di hear pain time wey e di see moon, make e come for we office. We go give e **ibu** for drive the pain. That **ibu** noh, na free, wanna no get for pay nothing.*

In this example, the medicine Ibuprofen, popularly prescribed for pain, was shortened to "*ibu*", whereas Paracetamol, in Example 3 below, was shortened to "*para*".

Example 3

Original text	Our NGO also provides **Paracetamol** for free. But to obtain it, you will need to get a prescription from the doctor. Those without a prescription will not be served.
Translation in Pidgin English	*We NGO fit also give wanna, papa and mama dem, **para** for free. But no just come for our office you sef sef, you get for see dokta, make e write book say you did sick and you need am. That time, come see wee.*

4.2.6. Adaptation

In the context of this study, adaptation is the replacement of SL lexical items with everyday TL lexical items. For example, in the excerpt below, the translator-interpreter explained how to take care of wounds at home and, in the process, opted for objects and terms that were familiar to local community members.

Table 3
Examples to illustrate the adaptation strategy

	Original text	**Translation in Pidgin English**
1	Wash your hands to avoid **infection**.	*Wash ya hand dem so that **germs** no fit enter ya body.*
2	Apply an **antibiotic or petroleum jelly**. Apply a thin layer of antibiotic ointment or petroleum jelly to keep the surface moist and help prevent scarring. Certain ingredients in some ointments can cause a mild rash in some people. If a rash appears, stop using the ointment.	*Put **Vaseline** for the wound but no put too much. This way, scar no go commot. The **Vaseline** go help to make the scar no commot.*
3	Cover the wound. Apply **a bandage, rolled gauze or gauze held in place with paper tape**. Covering the wound keeps it clean. If the injury	*Cover the wound with **plaster** because the **plaster** go make the wound stay clean. But if the wound really small or na just small*

	is just a minor scrape or scratch, leave it uncovered.	*scratch or bruise, no put **plaster** on top, leave am empty.*

The translator-interpreter's terminological choices reflected the life experiences of community members. The term "infection" was simply replaced with "germs", a generic word for the viruses and bacteria that cause diseases. For their part, the terms "antibiotic" or "petroleum jelly" were simply translated into "Vaseline", a petroleum jelly product commonly used by community members as a body lotion. Similarly, the terms "bandage" and "rolled gauze" were translated as "plaster", a sticky piece of plastic or cloth commonly used to cover cuts.

These examples illustrate how medical terminology is ruralized through the employment of lexical items that semantically resonate with members of the community.

5. Conclusion

NGOs remain an important platform through which to channel development aid to rural areas in many parts of the developing world. The scope of their involvement is evidenced by their diversity and the breadth of their areas of operation. For NGOs in the public health sector, especially those involved with local communities, it is crucial to ensure that any information disseminated is not only comprehensive but also leads to the desired outcomes. This study investigated the beliefs and practices of translator-interpreters who disseminate health information in local communities in Cameroon. Based on the TPB, we investigated the adoption of Pidgin English as the ideal language to disseminate health information among local community members. The quantitative results indicated the beliefs of the translator-interpreters that (1) Pidgin English enables local community members to pay more attention and act on the message; (2) fellow translator-interpreters also opt to use Pidgin English; (3) close friends and family members prefer information in Pidgin English; and (4) the translator-interpreters were confident in their ability to disseminate healthcare information in Pidgin English using strategies that included occasional code-switching, explanation, borrowing, practical example use, and technology use.

The participants' use of these translation strategies was largely corroborated when we analysed the notes and audio recordings of the translator-interpreters at work. The qualitative analysis confirmed that the translator-interpreters employed borrowing, explanation, addition, omission, reduction, transposition, terminological clipping, and adaptation as strategies to improve the receptibility of healthcare information by local community members.

Despite the non-inclusion of TPB-based findings for community members and some de-terminologization strategies, including the use of neologisms, as independent findings, we believe the current study is significant as it underlines the crucial importance of translating healthcare into minority languages that remain a crucial conduit for governments and NGOs to reach the grassroots population. In fact, the efforts of NGOs in developing countries may be fruitless if the importance of low-resource languages continues to be underestimated. Furthermore, translation

is indispensable to NGOs that intend to reach grassroots communities in developing countries. Therefore, by focusing on the strategies adopted while translating or interpreting into languages such as Pidgin English that have no standardized writing conventions, the study contributes to valorizing the work of NGOs in local communities, while offering practical solutions to translator-interpreters in the sector.

In contrast to the perceptions of other researchers (Marais, 2014; O'Brien & Federici, 2019, the study demonstrated that NGOs do hire professionally trained translators. Meanwhile, the focus on de-terminologization as a strategy to reach the local population advances recent discourses undertaken with regard to the COVID-19 pandemic (Bowker, 2020) and in the broader context of medical translation and terminology (Shevchenko & Suliaiev, 2021). Moreover, the study analysed the written and oral material used by translator-interpreters, in this way illustrating the importance of multimodality in the translation of low-resource languages and partially justifying Marais's (2014) claim that

> the common practice of simplifying texts for semiliterate readers is not the most effective. In the context of developing countries, we need to look at multimodality and inter-semiotic translation as one of the solutions to this problem (p. 184).

Furthermore, grounding the study in the TPB – a theory that has been underexploited in the context of translation studies to explain the beliefs and practices of translators and interpreters – was informed by the potential of the discipline to accommodate other disciplines from both an epistemological and a practical point of view. Therefore, the study, in its own significant way, responds to Göpferich's (2007) plea to widen the scope of translation studies.

Tekwa, K., & Tazoacha, F. (2022). *No worry, dat sick go finish small time*: Encouraging local community participation in global health care using de-terminologization as a low-resource language translation strategy. *Linguistica Antverpiensia, New Series: Themes in Translation Studies, 21*, 222–252. DOI available online.

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Appendix

Survey questions for translators/interpreters

Thank you for accepting to participate in this questionnaire about health education provided by NGOs in Cameroon. This is a research project conducted by Mr. Nkemasong Francis of Nkafu Institute and Tekwa Kizito of Guangdong University of Foreign Studies.

You will be expected to share your opinion about health education/services provided by _____ NGO based in Cameroon and specialized in the health sector. Your private information will not be solicitated and your confidentiality shall be guaranteed throughout the entire process.

If you feel you have not been treated according to the description in this form, or that your rights have not been honored, email tazoachafrancis@gmail.com.

If you agree to participate in the questionnaire, please sign below:

Signature: _____

1) **Behavioral beliefs**
   a) Your presentation/translation of information in Pidgin English is beneficial
      Most unlikely 1 2 3 4 5 6 7 *Most likely*

   b) The local population listens to you better when I speak Pidgin English
      Most unlikely 1 2 3 4 5 6 7 *Most likely*

   c) You receive better feedback from the population when you translate/interpret in Pidgin English.
      Very likely 1 2 3 4 5 6 7 *Very unlikely*

   d) You believe healthcare information should be disseminated to the local population in Pidgin English
      No, not at all 1 2 3 4 5 6 7 *Yes, definitely*

2) **Normative beliefs**
   a) Your colleagues think that you should translate NGO-related information in Pidgin English for local community members.
      No, not at all 1 2 3 4 5 6 7 *Yes, strongly*

   b) Your family members think NGOs should disseminate health-related information in pidgin English.
      Yes, strongly 7 6 5 4 3 2 1 *Not at all*

c) Your community members would encourage you to speak to them in Pidgin English during information sessions.

Not at all 1 2 3 4 5 6 7 *Most likely*

d) When it comes to matters of health, how much do you want to be like your colleagues?

Not at all 1 2 3 4 5 6 7 *Very likely*

3) Control beliefs

a) You expect to continue providing/translating my NGO's health information in Pidgin English for the local communities.

Not at all 1 2 3 4 5 6 7 *Mostly likely*

b) Pidgin English translations/interpretations enable you to contribute to the overall health of your community and call members to action.

Very likely 7 6 5 4 3 2 1 *Very unlikely*

c) You strongly believe you need to do your part to improve the contribution of your NGO to improving the health situation of communities.

No, not all 1 2 3 4 5 6 7 *Yes, very strongly*

d) You believe will be more effective if the information is disseminated in Pidgin English to members of your local community.

No, not all 1 2 3 4 5 6 7 *Yes, very strongly*

Other information about yourself and your job

1) **Education:** What is your highest level of education?

Postgrad	*Masters*	*Bachelor*	*High school*	*Middle Sch.*	*Primary*	*None*

2) How many years of training in translation/interpretation do you have? ☐

3) How old are you? ☐

4) What is your gender? ☐

5) Do you live in the community where you work? ☐

6) How many years have you been translating/interpreting/providing information for your NGO or other NGOs? ☐

7) How do you translate into Pidgin English?

		Always	Almost always	Sometimes	Rarely	Almost never	Never
1	I do not mix English and Pidgin English						
2	I include English medical terms						
3	I use Pidgin words to explain medical terms						
4	I include indigenous language words to make my message understood						
5	I use French words sometimes						
6	I add practical examples in my interpretation/translation						
7	I do not just interpret/translate, I explain.						

8) Have you always translated/interpreted/provided information in Pidgin English?

9) What type of information have you translated/interpreted/provided in information sessions?

10) Do you use any technology in translating/interpreting/providing information?

Electronic dictionaries	Google Translate	Computer-assisted Translation	Translation Apps	Terminology management tools

Other technology: _____

Thank you for participating.