Referential Cohesion in the Translation of English-swahili Healthcare Texts

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ABSTRACT

Referential cohesion in African languages is a largely neglected area of study. Given the foregoing, this study, theoretically anchored on Descriptive Translation Studies and Halliday and Hasan's (1976) seminal model, explores referential cohesion in the translation of English-Swahili healthcare texts with an endeavour to describe its use and establish if there is variation when texts are translated. Cohesion in translation is fundamental since it is the basis of a network of relations that allows readers to interpret a text. The results show that personals and demonstratives are the most widely used references in both the source and target texts. Further, anaphoric reference is the most prevalent. In addition, it emerged that the translated Swahili text uses more reference items than their English counterparts. This is partly due to explicitation and the nature of the Swahili verb. This study brings to the fore the role of translators in making texts cohesive notwithstanding the reference items used in the source texts.

INTRODUCTION

Cohesion is a fundamental aspect of texts; therefore, translators ought to bear so in mind as they carry out the translation process. However, unlike in source texts where authors may not have difficulty in choosing an appropriate cohesive device, translators have to grapple with finding the most suitable device that will not only not compromise the intended message but also conform to the target language grammar. Blum-Kulka (1986) argued that the process of translation entails shifts in both textual and discoursal relationships and that on the level of cohesion, shifts in types of cohesive markers used in translation affect the explicitness and shifts in text meaning of a translation. Cohesion is one of the seven standards of textuality (cohesion, coherence, informativity, intentionality, acceptability, situationality and intertextuality) propagated by De Beaugrande and Dressler (1981) whereby they apply to all texts that have a communicative value. Bell (1991, p. 163) argues that each of the seven is essential and failure to comply with any one of them constitutes overall failure: the 'text' which lacks any of these characteristics is not a text but merely an aggregate of words, sounds or letters. In other words, any piece of writing cannot pass the test of textuality if it is not cohesive – cohesion is part and parcel of texts. Of interest in this article is the standard of cohesion and, within that, referential cohesion.

De Beaugrande and Dressler (1992) refer to cohesion as that to which the components of the surface text, that is, actual words that we hear or see, are mutually connected within a sequence. According to Bell (1991, p. 165), cohesion consists of the mutual connection of components of surface text within a sequence of clauses/sentences; the process being signalled by lexico-syntactic means. Hatim and Mason (1997, p. 15) define a cohesive text in the sense that the various elements of the surface text are jointly connected within a sequence of some kind. On their part, Orang'i and Ndlovu (2021) point out that it is due to cohesion that concepts in a text are interconnected, and this makes it easier to grasp the intended message, unlike when the concepts are loosely hanging strands. It is apparent that cohesion is the glue that holds a text together and makes it readable. And whereas Halliday and Hasan (1976) came up with five cohesive markers (reference, substitution, ellipsis, conjunction and lexical cohesion), this article focuses on the translation of referential cohesion in English-Swahili health care texts.

Even though the data used in this study is derived from Orang'i (2020) doctoral study, this article is informed by Ndlovu (2013) who pointed out that African scholars ought to consider doing research not only on references as used in African languages but also on the subject of cohesion in general. This recommendation was based on the difficulty the researcher faced in finding literature on the translation

of English references into isiZulu. Apparently, this lack of studies on references in African languages had been pointed out by Kruger (1986) whereby she found out that notwithstanding immense attention reference had been accorded in general linguistic literature, the same was glaringly lacking in linguistic studies that focused on African languages. Indeed, there is limited literature on studies focusing on the translation of English references into African languages. The situation is direr when attention is given to the English-Swahili language pair. It is worth noting that some attempt has been made so far to focus on the translation of other cohesive devices from English into Swahili by Orang'i (2021) on substitution and ellipsis; Orang'i and Ndlovu (2021) on lexical cohesion; and Mohamed (1986) on ellipsis. Besides, Orang'i (2022) did a study that focused on the translation of taboo words in Swahili healthcare texts.

To the best of my knowledge, no study has focused on how referential cohesion is affected in texts translated into Swahili. The foregoing notwithstanding, Habwe (2012), though not based on translation, did a study on reference cohesion within the complex sentence in the Kiswahili of Nairobi. He found out that reference expressions typically anaphorically refer back to their antecedents, although occasionally they can cataphorically refer forward to their referents. Close to the current study is Ndlovu (2013) who looked into referential cohesion in isiZulu translated health texts. His main findings were that translators translated the English pronouns with isiZulu subject and object concords and that the translators' decisions were based on theoretical considerations. Still on translation but focusing on news translation, Károly (2014) explored the (re)creation of referential cohesion in Hungarian-English news translation and concluded that there were considerable shifts of reference in translations. In addition, she termed the shifts optional and pointed out they are conditioned by the discursive features of the genre. On the other hand, Ahangar and Rahnemoon (2019) sought to determine the level of explicitation of reference in the translation of medical texts from English into Persian. They concluded that the most frequently used tie in English was *the* and the most frequently employed tie in Persian was the personal endings as a whole.

It emerges from the reviewed works that reference as a cohesive device has not been given due attention not only in the Swahili language but equally in other African languages as was earlier noted. On the same note, no study has focused on how translators deal with referential cohesion when translating healthcare texts from English into Swahili. It is worth mentioning that even though language does not cure, it is imperative that studies are done to improve how translators render health care sensitisation texts into target languages and thereby save lives. Concerning the gravity of how referential cohesion is translated from English into Swahili, this study attempts to add to the much-needed literature on the nexus between health care and translation. As a result, this study seeks:

(i) to describe referential cohesion in the English Swahili health care texts, and;

(ii) to establish if there is any variation in the use of referential cohesion in the English-Swahili health care texts.

Referential Cohesion and Translation

Before embarking on reference as a cohesive device, it is imperative to underscore the import of cohesion in translation. Without cohesion, it is impossible to establish the network of relations that enable readers to interpret a given text. This makes cohesion a central focus in translation because failure by translators to establish the interconnectedness of ideas in the source text and render them into the target text results in compromising the comprehensibility of the intended message. This incomprehension is contributed by a text that does not hang together and readers find it difficult to retrieve information that is crucial in understanding the translated text. Bearing in mind that healthcare texts disseminate very crucial information, it is needless to say that translators of healthcare texts should give special attention to cohesion of the texts they are rendering to any target language. It is worth noting that translators achieve cohesion not by strictly adhering to the source text's cohesive devices but by taking into consideration the target language grammar and making modifications as necessary. That is why this study is delving into the English-Swahili language pair and establish how referential cohesion is achieved in healthcare texts.

Halliday and Hasan (1976, p. 31) define reference as items in every language that instead of being interpreted semantically in their own right, make reference to something else for their interpretation. That is, information that helps in the interpretation is retrieved from elsewhere and cohesion lies in the continuity of reference whereby the same thing enters into the discourse a second time. They point out that these items are personals, demonstratives and comparatives in the English language. On the other hand, Halliday and Matthiessen (2014, p. 623) refer to reference as a cohesive type that provides resources for making textual status, that is, values assigned to elements of discourse that guide speakers and listeners in processing these elements. They further point out that the textual status in the system of references is that of identifiability whereby the speaker judges whether or not a given element can be recovered or identified by the listener at the relevant point in the discourse. Equally, Baker (2018, p. 195), reference is a device that allows the reader or hearer to trace participants, entities, events and so on in a text. What comes out of these definitions is that reference is not a stand-alone item but rather has to be connected to another item for the reader or listener to make meaning of a text. This calls for higher vigilance from translators as they mediate between languages since they have to make retrievals as they interpret the source text and also look for the appropriate reference to use in the target text.

Halliday and Matthiessen (2014, p. 624), in appreciation of reference as an item that either points 'outwards' or 'inwards' for the sake of retrieving information for interpretation, discuss two technical terms that can be used in that regard: exophora and cataphora. They point out that exophoric reference refers to when the identity presumed by the reference item is recoverable from the environment of

the text. It is also noteworthy that exophoric reference does not contribute to the cohesion of the text, except indirectly when references to the same referent are repeated, forming a chain. Still, on exophoric reference, Halliday and Hasan (1976, p. 33) aver that it does not name anything; it signals that reference must be made to the context of situation. In other words, it is not possible to interpret exophoric reference without taking into consideration the context in which it is used.

On endophoric reference, Halliday and Matthiessen (2014, p. 625) define it as that in which the identity presumed by the reference item is recoverable from within the text itself or, more precisely, from the instantial system of meanings created as the text unfolds. They further posit that endophoric reference may point 'backwards' to the history of the unfolding text, that is, to a referent that has already been introduced and is thus part of the text's system of meanings. When the pointing is 'backwards', this is referred to as anaphora or anaphoric reference and the element that is pointed to is called the antecedent. If the anaphoric reference points 'forwards' to the future of the unfolding text, it is called cataphora or cataphoric reference. What is common about exophora and endophora is that both point and presuppose referents. However, they differ when it comes to whether what is presupposed is the same referent (co-reference) or another referent of the same class (comparative reference).

As earlier stated, Halliday and Hasan (1976) categorised references into personals, demonstratives, and comparatives. They posit that the category of personals includes personal pronouns (I, we, you, he, she, it, they, one), possessive determiners or called possessive adjectives (his, my, your, her), possessive pronouns (mine, yours, his, hers). Demonstrative reference as part of co-reference may either be anaphoric or exophoric. Halliday and Hasan (1976, p. 57) refer to it as a form of verbal pointing. Examples of demonstrative references include this/that, these/those, here/there, now/then, the, it. Comparative reference is divided by Halliday and Hasan (1976) into general comparison and particular comparison whereby the former express likeness between things and the latter expresses comparability between things in respect of a particular property. It is expressed by certain adjectives and adverbs. Halliday and Matthiessen (2014) view it as one that sets up a relation of contrast. Examples of comparative references include but are not limited to: same, equal, identical, similar, additional, different, bigger, more quickly and so on.

The Swahili Language

Swahili is a language of the Bantu subgroup of the Niger-Congo language phylum, Grimes (1996 as cited in Lindfors 2003, p. 6). According to Lindfors (2003, p. 6), the standardisation of the Swahili language was done in 1926 and it adapted the Latin script. It is now spoken in Kenya, Tanzania, Uganda, Rwanda, Burundi, The Democratic Republic of Congo, Mozambique, Southern Somalia, Zambia, Malawi, and Comoros. It is equally spoken in far-flung areas such as Madagascar, Southern Oman, Yemen and the Persian Gulf (Lindfors, 2003, p. 7). According to Akidah (2013, p. 2), Swahili has about 100 million speakers, especially in

the eastern and southern parts of Africa. In the Kenyan context, Swahili is spoken by the majority and it is considered the language of both the schooled and unschooled. The Swahili language was hitherto a national language but with the Kenya Constitution (Government of Kenya, 2010), it is also an official language together with English. It is the only privileged language that enjoys the status of being not only an official but also a national language. As an official language, it is used for the transaction of business in offices, parliament, courts and other formal areas. It is, however, heavily overshadowed by English in official usage even though Swahili speakers are more than those of English. On the other hand, the status of Swahili as a national language makes it the language of national integration and cohesion. Due to its widespread use in Kenya, providers of health care services produce sensitisation materials in Swahili but this is more often than not translations from English.

SVO is the basic Swahili sentence order whereby agreement markers corresponding to the noun class of the subject and object of the noun phrase are prefixed to the verb stem (Mwamzandi, 2014, p. 17). The Swahili verb can also function as a whole sentence. When comparing the Swahili and English verb, it becomes evident that the former is more complex because it contains many derivational and inflectional morphemes that are attached to the verb root. Inflectional morphemes mark negation, tense, reflexivisation, and relative marker while the derivational morphemes mark reciprocal, causative, passive, static, stative, reversive, and relative marker. Swahili verbs have a final position vowel 'a' that is taken as a word ending morpheme even though there are a few exceptions (ibid. 17). Below is the general affixes position in the verb root

Pre-prefix (Pp) + Subject prefix (Sp) + Tense marker (T) + Object Prefix (Op) + ROOT + derivation (d) + Suffix (s) + Post-suffix (Ps).

Alimfunza.
A + li + m + funz + a
Sp T + Op + ROOT + d
S/he taught him/her.
Hatutamfunza.
Ha + tu + ta + m + funz + a
Pp + Sp + T + Op + ROOT + d
We will not teach him/her.
Tunafunzana
Tu + na + funz + a + n + a
Sp + T + ROOT + d + S + Ps
We are teaching each other.

As can be seen above, Swahili consists of several affixes that are both inflectional and derivational morphemes, attached to the verb root. This was observed too by Abuom and Bastiaanse (2013, p. 925). The agglutinative nature of the Swahili language is crucial in describing translations and it also sheds light on how referential cohesion is achieved as this study demonstrates.

METHOD

This study focuses on the referential cohesion in translated health care texts from English into Swahili. Given that

the study intends to describe how referential cohesion is achieved in translation, I adopt Toury's (1995) Descriptive Translation Studies theory. DTS gained prominence after most scholars expressed their reservations about equivalence-based theories that ignored other factors in the translation and translation process (Holmes, 1988; Kruger & Wallmach, 1997). Unlike equivalence-based theories, DTS does not give undue attention to the source text but instead focuses on the target text. Even so, the source text is too given attention since one cannot purport to carry out a comparative analysis without referring to the source text. Hermans (1999) posits that the DTS approach was developed in the early 1970s, gained momentum in the 1980s, boomed in the 1990s, and still inspires several researchers seeking to delve into translation as a cultural and historical phenomenon, to explore its context and its conditioning factors to search for grounds that can explain why there is what there is.

The data used in this study is derived from Orang'i (2020) doctoral study. Healthcare texts were collected from Nairobi County, Kenya. The researcher visited the ministry of health and enquired about the availability of healthcare sensitisation texts. I was sent to the department in charge of the Disease Surveillance and Outbreak Response Unit where it was confirmed that they were in charge of health care sensitisation materials The officials at the department however indicated that they were not in charge of dissemination of those materials and they instead used health care centres to distribute them. It emerged that the texts are done in English and then translated into Swahili. To access the texts at the health care centres, I was given a stamped letter from the department indicating that I had been allowed to collect the texts for research purposes. The texts under study here were collected from Nairobi County, Kenya. I settled on the county because it is not only cosmopolitan but also has health care centres close to each other. I visited and collected 12 pairs of healthcare sensitisation texts, that is, 12 English source texts and 12 Swahili target texts from Mukuru Kwa Njenga, Mathare North, Njiru, Riruta, Embakasi, Dandora and Bahati health care centres. Even though Nairobi County has more healthcare centres than the ones listed, it was not necessary to visit other centres since I established that the centres visited had the same texts. As a result, any further visits would not have been of any value to the study.

Whereas 12 pairs of healthcare sensitisation texts were collected for the larger doctoral study, this study has extracted data from 7 pairs of healthcare texts which were on cholera (source text [ST] 3,410 words and target text [TT] 3,100 words), pneumonia (ST 14,815 and TT 13,200 words), smoking (ST 2,623 and TT 2,325 words), HIV/AIDS (ST 16,203 words and TT 15,520 words), cancer (ST 5,632 and TT 5973 words), tetanus, diphtheria and pertussis (TDAP) (ST 1,674 and TT 1,613 words) and polio (ST 3,738 and TT 3,560 words).

As indicated, the focus of this study is referential cohesion in English-Swahili health care texts. This means that a comparative analysis has to be done to establish how the cohesive device manifests in the texts. Kruger and Wallmach (1997) provided a methodology for comparing source and target texts. In determining the basis of comparison and how sets out to compare anything, James (1980, p. 169) avers:

> The first thing we do is make sure that we are comparing like with like: this means that the two (or more) entities to be compared, while differing in some respect, must share certain attributes. This requirement is especially strong when we are contrasting, i.e., looking for differences, since it is only against a background of sameness that differences are significant. We shall call this sameness the constant, and the differences variables. In the theory of CA [contrastive analysis], the constant has traditionally been known as the *Tertium Comparationis* or TC for short.

The *tertium comparationis* for this study is referential cohesion. It should be noted that comparative analysis is only carried out on what Toury (1995) refers to as coupled pairs or units of comparative analysis in simple terms. This is emphasised by Toury (1995, p. 80):

1. Every comparison is partial only: it is not really performed on the objects as such, only certain aspects thereof;
2. A comparison is also indirect in its very essence; it can proceed only by means of some intermediary concepts, which should be relatable to the compared aspect(s) of both texts; and
3. These intermediary concepts should also be relatable to the theory in whose terms the comparison would be performed.

RESULTS AND DISCUSSION

This section presents the results from the coupled pairs and thereafter a discussion.

1ˢᵗ Coupled Pair (Cholera text)
ST: Cholera is a dangerous disease caused by germs that make a patient to pass excessive watery diarrhoea, leading to death within 3 to 4 hours if not treated quickly.
TT: *Kipindupindu ni ugonjwa hatari unaosababishwa na viini vinavyoenezwa kupitia kwa kinyesi. Viini hivi husababisha mgonjwa kuhara na wakati mwingine kutapika kwa wingi. Hali hii husababisha mgonjwa kupoteza maji na madini mwilini na kuwa mnyonge. Kipindupindu husababisha kifo kati ya masaa matatu au manne mgonjwa akikosa kutibiwa kwa haraka.*

Whereas the ST did not make use of references and communicated its message in just one sentence, the TT uses anaphoric references. As can be seen, the TT has four sentences and the first reference can be seen in *unaosababishwa* (it is caused) and the reference *u-* anaphorically refers back to *kipindupindu* (cholera). Also, the demonstrative reference *hivi* (these) refers to *vinavyoenezwa kupitia kwa kinyesi* (are spread through stool). Equally, *hii* (this) in the TT is an anaphoric reference that refers to *kuhara na wakati mwingine kutapika kwa wingi* (diarrhoea and sometimes vomiting a lot).

2ⁿᵈ Coupled Pair (Cholera text)
ST: Cook food thoroughly and eat it while it is still hot. Ensure all food is stored safely.

TT: *Pika chakula hadi kiive vizuri na ukile kingali moto. Hakikisha chakula chote kimefunikwa na kuwekwa vizuri.*

The ST uses the referent *it* to refer back to food and the same with the TT whereby *ki-* in *kiive* (well cooked) and *kimefunikwa* (has been covered) is too used to anaphorically refer to *chakula* (food).

3ʳᵈ coupled pair (Pneumonia text)

ST: Pneumonia can be prevented by the new pneumonia vaccine. Many children with pneumonia in Kenya don't get proper healthcare, so vaccinations are the best way to keep children healthy. The vaccine is safe, works well and it's free in government health facilities. It's important that your child gets all the three doses of the pneumonia vaccine.

TT*: Kupitia chanjo mpya ya PCV 10, unaweza kumkinga mtoto wako kikamilifu dhidi ya nimonia! Mara nyingi, watoto wengi wanaoambukizwa nimonia nchini Kenya hawapati huduma bora zaidi za afya. Hivyo basi, chanjo tu ndio njia bora ya kumkinga mtoto wako kila wakati. Chanjo hii ni salama, inafanya kazi vyema, na inapatikana bila malipo katika zahanati na hospitali za umma. Hakikisha kwamba mwanao amepata dozi zote tatu za chanjo ya nimonia.*

In the ST, the pronoun *it* in the second sentence anaphorically refers to the pneumonia vaccine and in the third sentence, it refers to the fact that vaccinations are the best way to keep your children healthy. It can be seen that in the TT, the translator has used more references than they are in the ST. The *u* in *unaweza* (you can) anaphorically refers to the parent who may have a child whom the pneumonia vaccine is meant for and *wa* in *wanaoambukizwa* (those who are infected) refers back to *watoto* (children). *Ku* in *kumkinga* (to protect him/her) refers to the agent whereas *hii* (this) is a demonstrative pronoun referring to *chanjo* (vaccine) and it is notably not present in the ST because that bit of information has been added in the TT.

4ᵗʰ coupled pair (Pneumonia text)

ST: When you go for your child's vaccination, make sure you have your Mother and Child booklet. The nurse will check this booklet to see which vaccines need to be given to your child. She will tell you how each vaccine protects your child.

TT: *Kila unapompeleka mtoto wako kupewa chanjo, hakikisha una kitabu cha kliniki. Kitabu hiki humsaidia muuguzi kujua ni chanjo ipi anayofaa kumpa mtoto. Wakati huo huo, muuguzi atakufafanulia jinsi kila moja ya chanjo hizi humlinda mwanao.*

In the ST, *you* is anaphorically used to refer to a parent or guardian that takes a child for vaccination while this is demonstrative that refers to the booklet. The reference she refers back to the nurse. On the other hand, in the TT *u-* in *unapompeleka* (when you take him/her) refers to the parent or guardian exophorically, hiki (this) is demonstrative that refers to *kitabu hiki* (this book), *hu-* in *humsaidia* (it helps) also refers back to the book. In addition, *a-* in *anayofaa* (he/she is supposed) and *atakufafanulia* (he/she will explain) refers to *muuguzi* (nurse), *hizi* (this) is a demonstrative referring to *chanjo hizi* (these vaccines).

5ᵗʰ coupled pair (Pneumonia text)

ST: You'll be told what vaccines your child will get on each visit. Ask the nurse if you have any questions or are worried about anything – she'll help you and make sure you understand. The nurse will explain why some vaccines are given at the same time and it is safe – and why it is important.

TT: *Muuguzi atakuelezea chanjo anayopaswa kupewa mwanao kila unapotembelea kliniki. Pia atakueleza kwa nini baadhi ya chanjo hizi hutolewa wakati mmoja, na vile vile manufaa yake. Iwapo una wasiwasi wowote, muulize muuguzi na atakusaidia kuelewa yote unayopaswa kujua.*

You in the ST refers to the parent or guardian who takes a child for vaccination and it is used four times but its equivalent in the TT is used six times. *She* refers to the nurse in the TT just as *a-* in *atakueleza* (he/she will explain) and *atakusaidia* (he/she will help you) in the TT. We also have *u-* in *unayopaswa* (what you should) refers to the parent or guardian. Notably, the TT has *hizi* (these) which is a demonstrative pronoun that refers to *chanjo hizi* (these vaccines) and *hu-* in *hutolewa* (it is given) refers to *chanjo* (vaccine). Another notable aspect is that whereas the ST has two sentences, the TT delivers the message in three sentences.

6ᵗʰ coupled pair (Smoking text)

ST: Smokers have twice the risk of developing cataracts. This is the clouding of the eye with lens that blocks light and may lead to blindness. It can be brought about by the constant irritation of the eye by tobacco smoke; or as a result of difficulty to differentiate colours (mucular degeneration) resulting from tobacco use.

TT: *Wavutaji sigara wamo katika hatari maradufu ya kushikwa na ugonjwa wa macho (cataracts) kuliko wenzao wasiovuta. Ugonjwa huu hufanya kiwingu kwenye mboni ya jicho (sehemu inayopitisha mwanga), hali ambayo huzuia mpenyo wa mwanga na mara nyingine husababisha upofu. Ugonjwa huu unaweza kusababishwa na mwasho wa jicho unaotokana na moshi wa tumbaku; au kutokana na matatizo ya kutambua rangi (kuona kiwi) kutokana na matumizi ya tumbaku.*

While there are only two instances of reference in the source text, there are seven cases of reference in the TT. In the ST, the referent *this* refers back to development of cataracts and *it* in the third sentence refers to cataract itself. In the TT *wa-* in *wamo* (they are) refers anaphorically to *wavutaji* (smokers) and there is two-time use of the demonstrative *huu* (this) in *ugonjwa huu* (this disease). The use of *hu-* in *huzuia* (it blocks) refers to the condition of clouding that blocks light and the second use of *hu-* in *husababisha* (it causes) refers to *ugonjwa wa macho* (cataracts). *U-* in *unaotokana* (it is brought by) refers to *mwasho wa jicho* (eye irritation).

7ᵗʰ coupled pair (Smoking text)

ST: Smoking reduces blood flow to the penis resulting in impotence. The chemicals may also damage sperms leading to the babies born with birth defects and even miscarriages. These interferences can lead to infertility.

TT*: Uvutaji wa sigara hupunguza usambaaji wa damu kwenye mboo na hivyo kusababisha ugumba (uhanithi). Kemikali hizo pia zinaweza kuharibu shahawa na hivyo kusababisha watoto kuzaliwa na madhara ya nyakati za*

kuzaliwa na hata wakati mwingine mimba kutunguka. Mvurugo huu unaweza kusababisha ugumba.

In the ST, *the chemicals* is used as a co-reference to smoking and these interferences is used to refer to the effects of reduced blood flow to the penis. The TT equally has used the references of *kemikali hizo* (those chemicals) and *mvuru-go huu* (these interferences) in the same way.

8ᵗʰ coupled pair (HIV/AIDS text)

ST: John thinks he can get AIDS from working in the job with a person who has AIDS. He also thinks that people with AIDS do not have to use condoms because it is too late.

TT: *Yohana anafikiri kwamba anaweza kupata UKIMWI kwa kufanya kazi pamoja na mtu aliye na viini. Anafiki-ri kwamba watu walio na UKIMWI hawahitaji kutumia mipira kwa sababu muda tayari umeshaisha.*

The ST makes use of three references whereby the per-sonal pronoun *he* refers to John both in the first and second sentence, whereas *it* in the second sentence refers to the fact that it will be too late for infected persons to use a condom. In the TT, the prefix *a-* in *anaweza* (he can), *anafikiri* (he thinks) refers to Yohana and *ha-* in *hawahitaji* (they don't have to) refers to *watu walio na ukimwi* (people with AIDS) and *u-* in *umeshaisha* (it is already over) refers to *muda* (time).

9ᵗʰ coupled pairs (HIV/AIDS text)

ST: AIDS is a problem and we have the power to do something about it.

TT: *UKIMWI ni tatizo sugu kwenye nchi yangu, na tuna uwezo wa kulishughulikia.*

In the ST we have two references whereby *we* exophor-ically refers to those who can do something to curb the dis-ease and *it* refers to AIDS. On the part of TT, there are three references and *tu-* in *tuna* (we have) exophorically refers to people who can joins hands in the fight against the disease just as *li-* in *kulishughulikia* (to deal with it) anaphorically refers back to *tatizo* (problem).

10ᵗʰ coupled pair (Cancer text)

ST: Sometimes the doctor will need to put a radiation source inside you. When that happens, it is called im-plant. This implant is put very near or right inside the tumour.

TT: *Wakati mwingine, daktari atahitajika kuweka kifaa cha kutoa miale ndani ya mwili wako. Hilo linapofa-nyika, huitwa 'implant'. Kifaa hicho hutiwa karibu na uvimbe huo au ndani.*

The ST has used three references and the TT five referenc-es. The three in the ST, *you* exophorically refers to the cancer patient, *it* anaphorically refers to the putting of the radiation source inside the cancer patient and the demonstrative pro-noun *this* refers to the implant. In the TT, the reference *a-* in *atahitajika* (he/she will be required) refers to *daktari* (doc-tor), *hilo* (that) is a demonstrative referent, *li-* in *linapofan-yika* (when that happens) refers to the putting of the radiation source inside the cancer patient, *hu-* in *hutiwa* (it is put) refers to *kifaa* (implant) and *huo* (that) is a demonstrative referent.

11ᵗʰ coupled pair (Cancer text)

ST: Complementary therapies are those that are not part of your medical treatment, but that can safely be used

along with your medical treatment. They should not be used instead of your medical treatment. They can help relieve certain symptoms of cancer or side effects of treatment.

TT*: Huduma ya ziada ya afya ni ile ambayo si sehemu ya matibabu rasmi, lakini inaweza kutumika sambamba na matibabu rasmi. Haifai kutumika kama kibadala cha matibabu rasmi. Huduma hiyo inaweza kusaidia kupun-guza athari ya saratani au madhara andamizi ya matib-abu hayo.*

There are three references in the ST and five in TT. In the ST, *those* refers to complementary therapies that do not form part of the patient's treatment just as the two-time use of *they* to refer to complementary therapies. In the TT, *ile* (that) refers to *huduma ya ziada* (complementary therapies) and the same applies to the use of the prefix *i-* in i*naweza* (it can) and *ha-* in *haifai* (they should not). *Hiyo* (that) and *hayo* (that) are used as demonstrative references to refer to complementary therapies and treatment respectively.

12ᵗʰ coupled pair (Cancer text)

ST: Tell your family and friends about your cancer as soon as you feel up to it. They might feel hurt or left out if they haven't heard about it from you. Explain what kind of cancer you have and how it will be treated. Let them know that no one can catch it from you. Explain that you are getting treatment to get better.

TT: Waambie jamaa wako na marafiki kuhusu saratani uliyo nayo mapema kadri unavyohisi una nguvu za kusema. Wanaweza kukasirika au kuhisi kupuuzwa iwapo hawatasikia kutoka kinywani mwako. Eleza ni aina gani ya saratani uliyo nayo na jinsi itakavyotibi-wa. Wafahamishe ili wajue kwamba hakuna anayewe-za kuambukizwa saratani hiyo kutoka kwako. Waeleze kwamba unaendelea kupokea matibabu ili hali yako iimarike.

There are twelve cases of references in the ST whereby the two-time use of *they* and *them* refer to family and friends, *you* in all the instances exophorically refers to the cancer pa-tient, *it* in the first sentence refers to the action of telling fam-ily members and friends and in the third and fourth sentences *it* refers to cancer. In the TT, *wa-* in *waambie* (you tell them) and *wafahamishe* (inform them) are exophoric references to a cancer patient just as *u-* in *uliyo* (that you), *unavyohisi* (when you feel), *una* (you have) and *unaendelea* (you are on). *Wa-* in *wanaweza* (they can) and *ha-* in *hawatasikia* (if they don't hear) refer to family and friends. In *itakavyotibi-wa* (how it will be treated), *i-* refers to *aina ya saratani* (type of cancer) while *i-* in *imarike* (get better) it refers to *hali yako* (your condition).

13ᵗʰ coupled pair (Tetanus, Diphtheria and Pertussis text)

ST: Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these dis-eases. And, Tdap vaccine given to pregnant women can protect new-born babies against pertussis. These diseas-es are caused by bacteria.

TT: *Pepopunda, dondakoo na kifaduro ni magonjwa ha-tari sana. Chanjo ya Tdap inaweza kutulinda kutokana na magonjwa haya. Na, wanawake wajawazito wanap-*

opewa chanjo ya Tdap inaweza kuwalinda watoto walio tumboni kutokana na kifaduro. Magonjwa haya husababishwa na bakteria.

The ST makes use of the referent t*hese* two times whereas the TT has nine instances of references to refer to vaccine, diseases, people who may get Tdap and pregnant women.

14ᵗʰ coupled pair (Polio text)

ST: Poliomyelitis (polio) is a highly infectious disease caused by the poliovirus. The disease spreads fast and causes paralysis and even death.

TT: *Polio ni ugonjwa wa kupooza unaombukizwa kwa haraka na husababishwa na virusi vya polio. Ugonjwa huu husababisha kupooza na hata kifo.*

This is co-reference whereby *the disease* in the ST refers back to polio that is already previously mentioned. The translator equally rendered an equivalent translation since the TT uses *ugonjwa huu* to refer back to polio that is mentioned at the beginning of the preceding sentence. The prefix *u-* in *unaoambukizwa* (that is infectious) anaphorically refers to polio, *hu-* in *husababishwa* (it is caused) and *husababisha* (it causes) likewise refers to polio.

To sum up, despite there being anaphoric, cataphoric and exophoric reference types, the healthcare texts exhibit an inclination towards the use of anaphoric reference. The preference for anaphoric reference can be explained based on the texts at hand and their intended purpose. Cognisant of the purpose of healthcare texts to inform the masses and the fact that anaphora is the use of a referent to refer to something or a term earlier mentioned, it thence explains why healthcare texts prefer the use of anaphoric reference. Healthcare texts are prepared with the assumption that the target audience is ignorant of the contents therein as backed up by Ratzan et al. (1994) who contend that health communication is an art of informing, influencing, and motivating individual, institutional and public audiences about health issues through planned learning experiences based on sound themes. It emerged that translators too, just like it is in the ST, prefer the use of anaphoric reference.

It was also evident that Swahili healthcare texts have a higher frequency of the use of references for cohesion as opposed to English texts. In fact, in some instances, the coupled pair for analysis showed that there can be no use of reference in the ST but present in the ST. This use of more references in the TT than ST can be explained from two perspectives: the translators and the language pair in the translation. On one hand, it cannot be ignored that translators, without considering other influencing factors, are responsible for a large percentage of the decisions made in translations and therefore the use of more references is due to their preference to make the texts reader-friendly. For instance, cases where the translator decides to add information that is not in the ST point to the usage of more references and this accounts for the Swahili healthcare texts possessing more references. In other words, one can argue that the use of explicitation in translations yields more references and this was noted by Blum-Kulka (1986) that shifts occur in the types of cohesion markers used in the target texts and records instances where the translator expands the target text by inserting

additional words. Equally, this was also confirmed by Ahangar and Rahnemoon (2019).

On the other hand, the language pair in this study also accounts for the frequency of references in either of the texts. As noted, the Swahili language uses more references than English and this is due to the nature of the Swahili verb being more complex by containing many derivational and inflectional morphemes that are attached to the verb root. The presence of more references in Swahili healthcare texts can be traced to the attribute of Swahili marking both the subject and object, unlike English. This is in tandem with Mwamzandi (2014, p. 17) who observed that in Swahili agreement, markers corresponding to the noun class of the subject and object of the noun phrase are prefixed to the verb stem. The foregoing also explains why the prefixes *-a, -u, -zi, -ku* among others are most commonly used in the Swahili healthcare texts. The other dominant reference used is the demonstrative pronoun.

CONCLUSION

This article explored the translation of referential cohesion in English-Swahili healthcare texts intending to describe the use of referential cohesion and establish any variation in the use of referential cohesion in the translation of English-Swahili healthcare texts. In order to achieve the foregoing, an analysis of data derived from the author's doctoral study was manually done. It was established that both the English and Swahili healthcare texts make use of referential cohesion. Among the three categories of references, personals are the most used in both the STs and TTs. The use of demonstratives is fairly spread in the coupled pairs in both STs and TTs. There is very minimal use of comparatives, in fact, it is almost non-existent. On the other hand, anaphoric reference (pointing backwards) was the most prevalent. The use of anaphoric reference is because it refers back to what has already been said and since healthcare sensitisation texts are meant to educate the masses, it clearly explains its use in this genre.

It has emerged that there is a relatively large variation in the use of referential cohesion in English texts as compared to the Swahili texts. The Swahili texts have a higher frequency use of references as opposed to the English texts. We have instances in the coupled pairs where there is no use of references in the source text but present in the target text. This is due to the nature of the Swahili verb and explicitation. Swahili healthcare texts translators endeavoured to make explicit what they deemed implicit in the source text. Any addition of more information in the target text leads to more references. Overall, the Swahili healthcare texts are more cohesive than the English healthcare texts due to the high frequency of references in the texts.

REFERENCES

Abuom, T., & Bastiaanse, R. (2013). Sentence production in Swahili-English bilingual agrammatic speakers. *Aphrasiology, 27*(8), 921-937.

Ahangar, A. A., & Rahnemoon, S. N. (2019). The level of explicitation of references in the translation of medical

texts from English into Persian: a case study of basic histology. *Lingua* 228, 102704.

Akidah, M. (2013). Phonological and semantic change in language borrowing: The Case of Arabic words borrowed into Swahili. *International Journal of Education and Research. 1*, 1–20.

Baker, M. (2018). *In Other Words: a coursebook on translation* (3rd ed.). Routledge.

Beaugrande, R., & Dressler, W.U. (1981). *Introduction to Text Linguistics*. Longman.

Beaugrande, R., & Dressler, W.U. (1992). *Introduction to Text Linguistics*. Longman.

Bell, R. (1991). *Translation and Translating: Theory and Practice*. Longman.

Blum-Kulka, S. (1986). Shifts of cohesion and coherence in translation. In L. Venuti (Ed.) *The translation studies reader* (pp. 298-313). Routledge.

Government of Kenya. (2010). *Constitution of Kenya*. Government Printer.

Habwe, J. H. (2012). Reference cohesion within the complex sentence in the Kiswahili of Nairobi. *The University of Nairobi Journal of Language and Linguistics, 2*, 78-88.

Halliday, M. A. K., & Hasan, R. (1976). *Cohesion in English*. Longman.

Halliday, M. A. K., & Matthiessen, C. (2014). *Halliday's Introduction to Functional Grammar* (4th ed.) Routledge.

Hatim, B., & Mason, I. (1997*). The Translator as a Communicator*. Routledge.

Hermans, T. (1999). *Translation in Systems*. St. Jerome Publishing.

Holmes, J. (1988). *Translated! Papers on Literary Translation and Translation Studies*. Rodopi.

James, C. (1980). *Contrastive Analysis*. Longman.

Károly, K. (2014). Referential cohesion and news content: a case study of shifts of reference in Hungarian-English news translation. *Target*, *26*(3), 406-431.

Kruger, C. J. H. (1986). Non-structural (anaphoric) semantic relations with reference to Tswana. *South African Journal of African Languages*, *6*(4), 152–155.

Kruger, A. & Wallmach, K. (1997). Research methodology for the description of a source text and its translation(s) - a South African perspective. *South African Journal of African Languages*, *12*(4), 119-126.

Lindfors, A. (2003). *The ku-marker in Swahili*. Institutionen for lingvistik, Uppsala Universitet.

Mohamed, A. M. (1986). *Ellipsis: A Contrastive study of Swahili and English discourse* (Unpublished doctoral Thesis). Columbia University.

Mwamzandi, M. Y. (2014). *Swahili Word Order Choices: Insights from Information Structure* (Unpublished doctoral Thesis). The University of Texas.

Ndlovu, M. V. (2013). Referential cohesion in isiZulu translated health texts. *Southern African Linguistics and Applied Language Studies*, *31*(3), 349-357.

Orang'i, D. O. (2020). *Translating linguistic and cultural aspects in Swahili healthcare texts: a descriptive translation studies approach* (Unpublished doctoral thesis). University of South Africa.

Orang'i, D. O. (2021). Substitution and ellipsis in the translation of English-Swahili healthcare texts. *Advances in Language and Literary Studies, 12*(3), 39-45.

Orang'i, D. O. & Ndlovu M. V. (2021). Lexical cohesion in the translation of English-Swahili health care texts. *Southern African Linguistics and Applied Language Studies*, *39*(3), 269-281.

Orang'i, D. O. (2022). Translating taboo words in health care texts from English into Swahili in Kenya. *Southern African Linguistics and Applied Language Studies*, *40*(2), 200-211.

Orang'i, D. O. & Ndlovu M. V. (2021). Lexical cohesion in the translation of English-Swahili health care texts. *Southern African Linguistics and Applied Language Studies*, *39*(3), 269-281.

Ratzan, S., Stearns, N., Payne, J., Amato, P., Liebergott, J., & Madoff M. (1994). Education for the health communication professional. *American Behavioural Scientist 38*(2), 361-380.

Toury, G. (1995). *Descriptive Translation Studies and Beyond*. John Benjamins.