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Abstract

Language is the means by which a patient accesses the health care system, learns about services, and makes decisions about her or his health behavior. Language is also the means by which the health care provider accesses a patient’s beliefs about health and illness, and thus creates an opportunity to address and reconcile different belief systems. In essence, communication between nurses and patients is the heart of nursing care. Communication between patients and chemists is also key to their access to healthcare. Such patients visit chemist for self medication or to procure medicine for themselves or their families. The multilingual situation in Kenya and many African countries can complicate communication between healthcare providers and their patients. Such complications can cause language barriers that can impair access to healthcare. This is due to low literacy levels and challenges in understanding languages of wider communication such as English and Kiswahili for the case of Kenya. Under these circumstances, translation and interpretation become key to alleviating or eliminating communication barriers. This paper discusses linguistic challenges in access to healthcare in Kenya and proposes translation and interpretation as a way of dealing with the challenges. It argues that in a highly multilingual situation as is the case in Kenya, translation and interpretation is a significant way of addressing challenges in medical access.

Introduction

The discourse about access to healthcare has revolved about financial, quality and geographical factors. While discussing financial factors that hinder access to good healthcare, such issues as income and poverty feature. Geographical factors include distance from healthcare providers and infrastructure. The issue of language has hardly been discussed as an impediment to access to healthcare, yet many scholars have argued and demonstrated that language is the means through which people achieve socioeconomic development (see Sapir, 1958; Mazrui and Mazrui, 1995; Wright, 2002; Adeniyi et.al, 2006; Wolff, 2006; Kou, 2006; Chiswick, 2008; Trudell, 2009 and Casale and Posel 2010). In healthcare, language is key to development. It is the means by which a patient accesses the healthcare system, learns about services, and makes decisions about her or his health behaviour (Woloshin, Schwartz, Katz, & Welch, 1997). And as Weech-Maldano et.al (2003) and Fradznini and Fernandez-Esquer, (2006) argue, lack of fluency in languages of health communication may cause language barriers and hinder one’s access to good health. The World Health Organization (2018) recognizes that health communication is a vital resource to effectively management of global health concerns. Health communication is seen to have relevance for virtually every aspect of health and well-being, including disease prevention, health promotion and quality of life.

A key concern during an epidemic is accurate information. Anyone brought in to deal with a health emergency must be aware of the cultural setting and the languages and literacy rates of the states where they are operating. Written leaflets on medicine, produced in English, are not useful in a place with low levels of literacy, and where most people do not speak English. Ensuring that consistent messaging is being communicated is vital. This inherently implies that the accuracy of anything being translated i.e. the quality
of translations is crucial to proper education and mitigation about health concerns. Whereas the effect of language barriers on healthcare has been argued and demonstrated, the discourse about access to primary healthcare in Kenya still revolves around other factors other than the issue of language. In his research, Toboso (2012) found out that patients who visit pharmacies in Eldoret town in Kenya face language barriers. This is despite Eldoret being an urban area where the population is expected to be educated. Whereas the government of Kenya in partnership with the 47 devolved units and other local and global partners have tried to address issues of access in relation to the various identified impedimental factors such as finance and geography, the issue of access to medical care is not close to being adequately addressed. For example, WHO informs that life expectancy in Kenya is between 58 and 60 (Financial Standard, May 16th, 2017). This is in comparison to the global figure of 71 years. At the same time, WHO informs that Kenya has one of the highest mortality rates in the world ranging between 250 and 680 per 100,000 births (Financial Standard, May 16th, 2017). This makes Kenya rank among top ten countries with high maternal mortality rates in the world. With these figures, there is urgent need to interrogate healthcare access with regard to other cardinal factors such as language.

Communication barriers related to cultural and linguistic diversity are getting increasingly recognized as contributors to health disparities (see Brach and Fraser 2000; Collins et al. 2002; Denboba et al. 1998). As this happens, scholars around the world have for some time been proposing translation and interpretation as a measure to mitigate the barriers (see Hafner, 1992; Hagland, 1993; Douglas, 1993; Baker, 1996; Lewis, 1998; Perkins, 1999). Language barriers in healthcare have prompted these scholars to interrogate the significance of translation and interpretation in eliminating language barriers in medical communication.

Causes of Linguistic Barriers in Healthcare in Kenya

(i) Kenya’s Multilingual Landscape

Kenya is a multilingual country. This is due to the many languages (42 according to Webb and Kembo-Sure 2000) spoken by the Kenyan population. This is, not considering other languages such as Mandarin, Gujarati etc, spoken by foreigners who live and do business in Kenya and have access to the Kenyan healthcare system. This is also not considering the many dialects of various Kenyan languages such as Kalenjin and Luhuya some which are very distinct and may be considered as distinct languages.

The multilingual landscape in Kenya complicates issues of inter-ethnic communication especially with regard to the millions of Kenyans who do not understand languages of wider communication which are English and Kiswahili. What this means is that people who cannot communicate in English or Kiswahili face language barriers when communicating with people from outside their communities.

(ii) Lack of Fluency in Languages of Wider Communication

English is the medium of instruction in Kenyan schools and colleges. Teaching of medical courses in Universities and colleges is carried out in English. At the same time, English is the co-official language with Kiswahili. Due to this fact, much of communication in Kenyan hospitals between healthcare providers and patients is carried out in English and Kiswahili. At the same time, English is the main language used by medical staff such as doctors and nurses in medical prescriptions and to give written directions to patients about use of medicine. The directions are used by patients to take their doses of medicine at home or in hospital. The instructions are also used by patients to buy medicine in pharmacies outside hospitals. The fact that the directions are written in English makes it difficult for patients who do not understand English to understand and use them. This forces patients to rely on pharmacists and relatives for interpretation, which may lead to misinformation. Kiswahili and English are also the main languages of communication in Kenyan hospitals. Due to this reason, patients need to have understanding of one of the two languages in order to access healthcare in Kenya.

(iii) Foreign Workers and Language Barriers

There are many foreign medical workers in Kenya. There are foreign consultants, interns and students who are attached to Kenyan hospitals especially referral hospitals like Kenyatta and Moi in Eldoret, but who do not understand English or Kiswahili. Some of the hospitals in Kenya are also foreign owned and therefore are run by doctors of Asian or European origin who may not have fluency in English and Kiswahili. There are many pharmacies in Kenya which are owned by businessmen of Asian origin, who do not have fluency in English and Kiswahili. With the contraction of Cuban doctors to work in Kenyan hospitals, there are likely to be more complex communication barriers. Spanish is the most dominant language in Cuba spoken by 90% of the population as first language. It is also one of the major official language, others being Haitian Creole and Lucimi. English is not a popular language in Cuba due to the effect of the cold war. This means that medical staff from Cuba are likely to encounter language barrier in...
Kenyan hospitals where English and Kiswahili are the languages of communication.

(iv) Lack of Interpretation Services
Some countries like USA, have a policy which requires hospitals to offer interpretation services to patients who do not understand English. This policy forces hospitals to make use of qualified interpreters who may be present in hospitals or may offer their services through phone and other communication technology. Kenya does not have such policy on the national scale, which may force hospitals to provide interpretation services. The multilingual landscape in Kenya can complicate communication where patients who do not understand English and Kiswahili (or who have little understanding of them) are involved. Lack of interpretation services in Kenyan hospitals can lead to language barriers which can affect communication between healthcare providers and patients who do not understand English or Kiswahili.

(v) Untranslated Leaflets in Medicine
Use of languages of wider communication also affects patients who use off-counter medication service. Many Kenyans who cannot afford hospital bills get their medication through chemists. Many medicines which are sold in Kenyan hospitals and pharmacies, however, come with leaflets whose information is written in English and other world languages like French, Spanish, Italian and Arabic. A few of the medicines which are made in Kenya have the English information on leaflets translated into Kiswahili. English, however, remains the main language for medical leaflet literature. This means that patients who prefer self medication off-counter must rely on information from Pharmacists. Patients who forget or do not get clear directions from the pharmacists are likely to encounter difficulty in using their medicine, if they do not understand English. At the same time, if the pharmacy is operated by a person who does not have fluency in Kiswahili or English, language barriers are likely to be enhanced. In the European Union, medicine used in all countries must have leaflets translated into local languages. This is however not the case in Kenya.

(vi) Medical Curricular that do not Take Care of Linguistic Factors
The curriculum used to train doctors and nurses in Kenya does not take care of languages of wider communication in Kenya. Language does not form part of the curriculum for Doctors and nurses. As a result students leave college and universities after training, without going through language training despite the fact that linguistic communication between medical staff and patients is key in healthcare provision. Although this is the case, lack of policy to ensure presence of qualified translators in Kenyan hospitals forces medical staff to assist in interpreting patient’s communication. This happens as an informal stopgap measure. This is despite the fact that doctors, nurses and other hospital staff are not trained to act as translators and have no training in language and communication. In such circumstances, language barriers are bound to persist.

Effects of Language Barriers on Healthcare

(i) Inability to Access Healthcare
According to UNDP and World Bank reports of 2016, access to healthcare in Kenya is still a challenge. This is due to the low income levels of majority of Kenyans, high poverty levels and low income by majority population. The report says that only 20% of Kenyans are covered by contributory medical schemes. This means that millions of Kenyans cannot access medical care in public and private hospitals. Although the report mentions poverty and inaccessibility as contributing factors, it does not address the issues of language and their implications on lack of access to healthcare.

Research has shown that patients with linguistic challenges are likely to avoid health providers. This means that patients who have once faced challenges communicating with doctors and nurses due to communication barriers are likely to avoid them in future.

(ii) Inappropriate Use of Medication
Inappropriate use of medication implies inability to interpret healthcare provider’s instructions about use of medicine. In Kenya, instructions about use of medicine are mostly given in English. This means that instructions by doctors, clinicians and nurses to patients about use of medicine are given in English. Similarly, literature attached to many medicines in Kenya are mostly written in English and other foreign languages like French which many Kenyans do not understand.

(iii) Patients Miscommunication of Symptoms
Doctors rely on patient description of symptoms to reach a conclusion about the patient’s ailment. This therefore means that communication between patients and doctors must be without any barriers that can lead to miscommunication. Elimination of barriers in communication requires the interlocutors to be conversant with each other’s language and ways of communication including vocabulary and paralanguage used. Miscommunication arises when one fails to understand the other’s language, vocabulary, accent or intonation.

(iv) Inability to Understand Directions on Leaflets

Toboso, (2018)
Many people in Kenya use Pharmacies as the alternative to the costly hospital healthcare. As a result, pharmacies play a significant role in provision of healthcare service in Kenya. One challenge of pharmacies as healthcare providers is that doctors are not present to offer description about use of medicine bought. Patients must therefore rely on information given by pharmacists or read leaflets attached on medicine or inserted in packets carrying the medicine. If a patient seeking medicine is unable to understand the language used on leaflets to communicate dosage and general use of the medicine acquired then language barriers are likely to occur.

Translation and Interpretation Remedial Measures
(i) Translation of Leaflets
There is need to have a policy that will ensure that all leaflets in medicines in Kenya are translated into Kiswahili. This is meant to take care of millions of Kenyans who do not understand English, but who prefer self medication due to the high hospital bills. Kiswahili is spoken on a more wide scale in Kenya than English. Translation of leaflets will help to eliminate language barriers arising from lack of understanding of literature on medicine leaflets. And as ECDC (2016) argues, country-based users of internationally-produced health communication resources need to be able to read, understand and apply the translated materials within their own contexts. It further argues that attention should be given to end-user comprehensibility and the cultural appropriateness of translated materials; and that care should be taken during translation because valuable health communication materials that have been shown to effectively inform, motivate, guide and support health interventions in their countries of origin can get lost in translation. Companies that make the medicines have to ensure quality translation because research has shown that multi-country health communication material translation projects usually devote too little time and resources to assessing the specific information needs and assets of different national audiences (see ECDC, 2016).

(ii) Interpretation of Patient-Doctor Communication
There is need for national policy that will require hospitals to ensure successful communication between patients and doctors and nurses. There is therefore need to have interpretation services in hospitals to help doctors to communicate with patients who have little understanding of English and Kiswahili. With the advent of the Cuban doctors, there is urgent need to have qualified interpreters in all hospitals where the doctors will be based.

Issues to Consider in Translation and Interpretation of Medical Communication
Translation of leaflets and interpretation of patient-doctor communication should consider the following facts.

(i) Trained and qualified translators and interpreters should be used
(ii) Speakers of Kiswahili should be used to translate texts into Kiswahili
(iii) Translators and interpreters should be conversant with medical topics
(iv) Language used should be adjusted to the level of consumers. Simple understandable language should be used
(v) The use of jargon, colloquialisms, idioms or vernacular terms should be avoided
(vi) Medical language should only be used when specifically addressing healthcare providers.

Conclusion
Language is the means by which a patient accesses the health care system, learns about services, and makes decisions about her or his health behavior. Language is also the means by which the health care provider accesses a patient’s beliefs about health and illness, and thus creates an opportunity to address and reconcile different belief systems. In essence, communication between nurses and patients is the heart of nursing care. Communication between patients and chemists is also key to their access to healthcare. Such patients visit chemist for self medication or to procure medicine for themselves or their families. The multilingual situation in Kenya and many African countries can complicate communication between healthcare providers and their patients. Such complications can cause language barriers that can impair access to healthcare. This is due to low literacy levels and challenges in understanding languages of wider communication such as English and Kiswahili for the case of Kenya. Under these circumstances, translation and interpretation become key to alleviating or eliminating communication barriers.

References
Toboso, (2018)


