Significance of offering a context specific language teaching in contexts persistent of cultural constraints

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Abstract

The purpose of this article is to identify and offer solutions to challenges experienced by pre-service teachers in using isiXhosa as a medium of instruction in teaching Biology and Life Orientation and at the same time language challenges experienced by medical school students in examining patients with abdominal sicknesses (Genitary Urinary Systems) where cultural constraints are dominant. The article focuses on student dilemmas in conveying required information because cultural embeddedness into the language.

Keywords: second language, medical jargon, terminology, communication, multilingualism, cultural sensitivity,

Introduction and contextual background

For the purposes of this article two language lecturers from two universities working in collaboratively to look beyond the surface of the criticality of not undermining the cultural embeddedness nuances into isiXhosa. In one university pre-service teachers were observed and in the other (university) medical school students were observed.

Pre-service teachers were interviewed during the second session of practice teaching were interviewed regarding their experiences in using isiXhosa as a medium of instruction for Scientific learning areas, and a language to conduct interviews in the clinical settings. The study comprised of twenty four (24) 4th year students studying towards teaching and thirty (30) 3rd year students studying towards becoming medical doctors. However, for the sake of this article, similar language matters will be reported and be the focus. Such challenges could range from participants’ struggles on teaching students during the pre-service teaching and interviewing patients in isiXhosa where meaning could be lost because due to avoidance of cultural sensitive terms and concepts. In this context, avoidance can result into patients not getting the real diagnosis of their sickness, the same way that meaning could be compromised in teaching students curriculum appropriate terms with understanding. In which case meaning gets lost in trying to avoid sounding rude or less
There are many significant reasons for promotion of multilingualism in South African classrooms. These include exposing students to other languages used by other speakers in the form of second language learning. The benefit of such approach would prepare students to function fully in our diverse societies, and prepare them meet the language needs in the world of work. Particularly in a medical context where language is not just a barrier but could have serious life and death implication in case diagnosis was misinterpreted. Addressing patients in the language they understand is of significance in the medical context to avoid miscommunication of diagnosis which could be a predicament for the patient and medical practitioners. Also, the use of language is important to build a relationship between the medical context which the language reflects and creates (Young 2009).

Young’s assertion is critical since misunderstandings generally occur due to a breakdown of communication as a result of an inaccurate expression on the part of the speaker, or the receiver’s unintentional misinterpretation of an utterance, which according to Thomas (1983) is also referred to as pragmatic failure. Pragmatic failure in the words of Thomas (1983) often occurs when the illocutionary force of utterance, such as a request, has not been taken into consideration, resulting in speaker intent and hearer interpretation not matching. This is critical to a medical context and therefore requires the communicative competence to be well developed for optimal understanding.

Theoretical framework

The article uses theory of cognitive dissonance, cultural linguistics and Perkin’s theory of difficulty as a framework to explain the classroom processes leading to this article.

Cognitive dissonance is employed because for teachers to express a spectrum of beliefs about the role of culture in suppressing meaning of concepts in meeting the needs of linguistically and culturally diverse students in Human sciences and Health Sciences. Although both pre-service teachers and medical students’ creativity was restricted, cultural traits in the language does not really acknowledge the needs of students the language is intended for. To such that, the curriculum appears irrelevant and at time impractical due to the language’s cultural embodiment. As a result, pre-service teachers and medical students implemented what they found to be for their students by adjusting the curriculum.

The theory of conceptual difficulty (Perkins, 1993) allows us to understand the language difficulty students grapple with. His notion of difficulty views language as a set of cognitive skills and a set of practices which entail the ability to synthesise information, comprehend meaning, evaluate content and searching information. Jurneidd’s (1991) language management model helped to explain the implementation of multilingual interventions and the impact on understanding key concepts beyond the surface meaning. Thus, it becomes imperative for language for language practitioners to be aware of the manner in which cultural sensitivity can constraint learning and create predicament and stagnancy in progression.
Cultural linguistics is used for this article because culture plays a bigger part of isiXhosa language and to some extent has been molded to the task of expressing that community’s culture. As a result, cultural concepts are embedded in language, and the framework of each language contains culturally specific features, traits and characters.

Method

This is an exploratory study. The research process involved analysis of terms taught in class, terms spoken in the clinics, analysing curriculum documents and relevant study materials. This study uses probability methods in that the selection is a simple random where the whole population is available and each member has an equal and known chance to be selected. Probability methods include random sampling, systematic sampling and stratified sampling. The advantage of the probability sampling is that the error can be calculated. Sampling error is the degree to which

In order to gain specific knowledge for a specific problem in this specific situation, the study found some of the principles of action research appropriate (Cohen and Manion 1994a: 194) While action research is not a method or a technique, its nature of being applied research which is carried by practitioners who have identified a need for change or improvement, it assists to arriving at recommendations on good practice that will tackle the problem or enhance the performance of the organization and individuals through changes to the rules and procedures within which they operate (Denscombe 2010:12).

Data Collection

Data are collected by means of observations, interaction with students and through reviewing study materials. For the purpose of this paper it two sets of data were used. One collected from the medical school by observing the manner in which students were struggling with the words taught and how language lectures had trouble in explaining these terms at university. The second part of data were collected from a Primary School where students that were taught Life Sciences learned body parts with caution whereby alternative words were used but the same way they were taught at home, this is not real terms but those used in the name of respect and sound less rude. Participant observation enables researchers as is possible to share the same experiences as the subjects, to understand better why they act the way they do. The researcher has to be accepted by the individuals or groups being studied, this can mean doing the same job, or live in the same environment and circumstances as the subjects (Lutz 1986:108).
Significance of teaching a discipline specific language to medical students:

Jargon used in clinics

Teaching isiXhosa to medical students who have not been exposed to isiXhosa or less exposed to the languages is a great but mammoth task. Our curriculum strive to maintain the language pure of any slang, code-mixing or code-switching or even leaning towards Xhosalising some of the difficult terms. However, the clinical jargon students get exposed to through clinical visits informs us that, there is another layer of the language we cannot ignore. For the purposes of aligning our curriculum to the cause of teaching isiXhosa at Medical school, we are not only required to acknowledge it but to somehow include it in our study materials, in our classes during contact time and accept its existence even during assessment. Since it is a spoken language that mediates understanding between the patient and the doctor and other medical practitioners in clinical settings, it has to be “visible”. This becomes a challenge because, although we attempt to keep the standardized nature of the language, the clinical jargon keeps demanding ‘acknowledgement’ which pushes us to change.

This demand compels us to adapt the language to use as “standard variety” words that are already used in clinics. These words are either borrowed or coined to express the scientific meaning they carry and convey a message that is well understood by the patient (Madiba, 2001). This adaptation tends to increase the vocabulary of isiXhosa in Health Sciences which should be plausible because it enriches the language pool. In turn, it does not only see the medical setting as a “language consumer” but also a contributor towards second language development.

A challenge for appropriating study materials

The nature of study materials we develop for students should be assisting them to learn more about what they learn in class so that they can communicate in the field. Although this is happening successfully, there is a constant need of appropriating the content as students use the language in clinical settings. Adjusting study materials may be a daunting task, however necessary, particularly when the understanding of the illness is based on clinical jargon more than the standardized variety. Below is an example of a set of terminology that has proven to us that meaning making is essential and of significance in this field. A term might not have an equivalent but a phrase explaining the medical term could assist to mediate understanding. This has been practical into explaining many terms during curriculum development and lesson planning. For example, when one refers to some of terms and concepts explained below, they become clear and applicable. Although this is a daunting task but it is worth the effort because maintaining intellectualization of African languages requires critical awareness on difficulties of forcefully aligning concepts to equivalents they do not have. This has tendency to provide a different meaning that is decontextualised, a phenomena that would create confusion, if encouraged.
A challenge to appropriate materials

Although this is the language that students may not necessarily share with patients, but it is imperative that they understand in case they have to explain the meaning as cases arise.

Urinary genital system – Amalunguomchamo. The Xhosa meaning of the phrase describes the function of the body part is not the equivalent of the system discussed. Literally the meaning refers to “parts of urine” which is far different from the intended subject. So, this requires a collective effort from all language planners to be aware of these differences in meaning and start developing phrases that speak to the context.

Urethra – umbhobhowomchamoosukwisinyiophumelangaphandle, umbhobhookhuphaumchamo. Again, this speaks more to the function of the tubes that releases the urine to the outside of the body. It does not provide an equivalent. Although providing phrases, is plausible, students should always be made aware of the fact that isiXhosa at times does not require developing an equivalent but the functionality of the term or concept.

Ureters – imibhobhosesukwizintoiyekwisinyi; these also are tubes that run from the kidneys to the bladder. The term suggests the function but not the illness of this body part, which the lesson is intending to do. This often creates contrasting

Ubafazi- the term literally means womanhood which is more than a vagina. The terms then falls short of really addressing the real issues.

Ebufazini (to the womanhood )–locative of the private which is not a direct meaning for “vagina.” So, these linguistic repertoires compels the language users to

Ubudoda (manhood not the penis – from the word indoda)

Ebudodeni (to manhood a locative)

Incindiephumaebufazini /idistshaji– this means a juice that flows put of womanhood not necessarily a “discharge” which is supposed to be.

Incindicould be any other juice, for example, orange juice (incindi ye-orenji)

Ukwabelanangesondo – sharing the corner of the blanket (having sexual intercourse)

Ukulalana – a slang word gaining popularity meaning to have sex

Igusha – a sheep referring to the vagina

Ibhiskithi/ikhekhe- a biscuit-referring to the vagina

ikuku- a cake – referring to the vagina

usisi- sister-referring to the vagina
inkomo—a cow—referring to the vagina; probably this carries a connotation of an expectation that when a girl grows up and gets married, lobola was in the form of cows and still is although now, it has been concerted to money because of migration and limitations of space within urban areas.

Iketile—the literal meaning is the “kettle” —referring to the penis

Iindawozokuhlala – referring to bums; Literally the term “iindawozokuhlala” means sitting places and in fact there is nothing taboo about using the word “iimpundu” when referring to bums. However, our languages in the context of talking about private parts of the body have suffered a certain level of stereotyping and labelling from us and were never given an opportunity to be used freely of stigma. This will take time to overcome as more time is needed to find common understanding about which words are acceptable to us, users of isiXhosa before teaching phrases that are contrary to the real meanings.

As shown above with selected terminology, this kind of terminology, in a way creates difficulty for students who are taught the importance of embracing the culture embedded in isiXhosa, while on the other side, it denies them opportunities to understand real isiXhosa terms. So, when culture is treated as the basis for causing communication barriers in this context, students might find it difficult to communicate the diagnosis. This in a way might create many communication problems at the interpersonal level which would communication strategies that should determine the propriety of interaction (Wang Jian-Ying, 2014). However the challenge to teach the learners real words emanate from societal stereotypes that any of these words in African languages, particularly in isiXhosa, are regarded as rude and taboo. Words above, from ukulalana to the last word, were collected from a school where learners brought these with because that is how they were taught at home. The irony is, teachers of LifeSkills in their classes were using the same words that their families used.

**Student attitudes towards learning isiXhosa**

Students appear to warm towards isiXhosa and very keen to learn. However, they favour inclusion of isiXhosa in their elementary schooling years. They attribute their reasons to a number of issues such as: Learning isiXhosa at an early age would make it easier for them to adapt into the medical jargon. Master of any language requires greater exposure to it. So, learning it at an early age would make them part of a greater society a bigger society where multilingualism and diversity are embraced, as enshrined in the National Language Plan (2002). Although students appreciate the opportunity to learn isiXhosa at this stage, the still see the process as overbearing and an extra effort. This view, in fact speaks to a curriculum that is inclusive of all languages spoken in each province in the country (National Language Plan, 2002). As students yearn to master the language beyond conducting a three steps examination (Taking Personal Information, History and Medical History), they feel the need to express themselves clearly in the language and being able to probe deeper. At present, the challenge is to ask questions and being unable to create a conversation outside the three steps.
What more needs to be done:

Identify key terms that are regarded as “clinical jargon” and include them in the curriculum to eliminate “communication complexities”. Although this is might attract a lot of work but the integration sessions and clinical visits, where students interact with patients could inform us. Currently, we make mention of them and stick to our standardized variety. Extend use of cases to clinical settings by making them available to clinical hospital and clinical staff. The same way in schools pre-teachers should be enabled to use terms and concepts, when teaching Human Physiology concepts where teaching of private parts is concerned, in language that is appropriate yet not compromising meaning.

One of the things could be appropriateness of interpreting training. Design and develop adequate study material that could strengthen the language expertise of interpreters that are already in the clinics we work with and extend the programme to other clinics, interpreting in the healthcare sector. This appropriateness could assist in developing training materials that could be used by healthcare institutions, teacher training institutions in partnership with HEIs to ensure that learners both in HEIs and schools benefit favourable from what is taught.

Promote isiXhosa among pre-service teachers, nurses, doctors and admin staff that are already in the field, particularly those who studied before the programme of, “Language of Becoming a Doctor” which was introduced only 10 years ago at UCT and those in the –pre-teacher service programme who are preparing to make significant contributions towards language learning and language teaching. Currently, this is happening in a small scale but if we were to influence language change in the medical context, this would be expanded to reach out to many.

Start introducing isiXhosa in Year 1-Year 3, of Rehabilitation Sciences. In the first year we can deal with introduction of grammar and sentence structure and spend time on Communicating in the Context and in their year focus on developing interview questions, questionnaires and summaries that patients/clients are part of. That will eliminate overloading the curriculum when they do isiXhosa and will facilitate the gradual process of learning that currently takes place among students.

In both scenarios medical students and pre-service teachers felt that learning isiXhosa early would equip them for a greater society and prepare them for the future benefit of their clients. This would then compel the university to design a language programme for foreign students who would not have exposure to the language. While this could have been the case, students asserted that, students who are from provinces where isiXhosa is spoken (the Western Cape and Eastern Cape) could in turn serves as tutors. That would eliminate the high levels of scarcity of students who have medicine and the language background. This would be an opportunity to have tutors who understand the medical field and the language of the patient. Should this be approach, a lot of money could be saved since the number of students in need of isiXhosa would be quite reduced. Students saw the need for additive bilingualism at an early stage to avoid overloading their studies in medicine, when isiXhosa could have been part of their learning from early stages. Particularly in the Western Cape, where isiXhosa although is a second or third language but second in dominance. Since the Language Policy of the province acknowledges isiXhosa, it would not be a difficult to enlarge the scale of policy implementation.
It would also raise the status of the languages being learned so that they “...attain value, in particular, economic and intellectual and social value” (Webb 2008:16). However the restrictions and suppression imposed by culture should be slightly removed so as to not compromise the actual meanings of the language. They tend to be unnecessary and stifles the language freedom to be but seem to confuse it with many meanings that are seem peripheral to the language. And in most cases, the substitute words are most appropriate in other contexts and have other meanings, a process that leaves students with a lot of words to learn throughout the process.

CLOSING REMARKS

This area of work needs more investigation which would involve scholars from all linguistics fields to find a way that will bring clarity to terms and concepts that will be acceptable among all, the society, the schools and institutions of higher learning. This clarity would assist other language planners and users from different language backgrounds to use it as a way forward to rework the curriculum in this area.

REFERENCES


