Multilingual health education tapes project

With a view to boosting the efforts of field staff in Thailand, cassette tapes on health education have been produced in the languages of hill tribes.

It is often difficult to convey health messages to people in areas where minority languages are spoken. Yet clear communication is necessary to persuade people to accept a wide range of services and to defend their own health to the greatest possible degree. Cassette tapes in local languages can prove invaluable in this connection, for even in the remotest villages people have tape players.

In 1985 the Thai-German Highland Development Programme (TG-HDP) and the Royal Thai Government’s Malaria Regional Centre for Northern Thailand cooperated to produce malaria education tapes in 15 languages. Almost 400 tapes were issued to malaria workers for use in villages, with the result that many people increased their involvement in the prevention and treatment of the disease.

This success led to the production by the TG-HDP of tapes in six tribal languages on family planning, maternal and child health, nutrition, and disease prevention (1).

The endeavour was supported by other bodies, especially the Hill Tribe Family Planning Centre, Payap University and the Ministry of Public Health. Over 2000 copies have been issued to participating agencies. Several agencies are planning to produce tapes in still more languages.

We wished to give close attention to quality control. When producing educational materials in one’s own language it is easy to examine them at each stage. But how can one examine materials in languages that one cannot understand? A rigorous system of checking and double-checking is desirable so that mistakes can be corrected before the expensive stages of recording and mass copying are reached (see figure).

If several organizations participate, time and money can be saved by a rational sharing of translating and other tasks. The distributions of ethnic groups has to be worked out and an assessment has to be made as to whether people with similar dialects will be able to understand the same tape. If possible, a pilot project should be conducted, covering only one topic or one language. The lessons learnt should prove useful subsequently.

In Thailand it was found that people were more interested in drama or radio magazine
formats with a series of short features than in lectures or talks by a single person. These formats, with several speakers, require more money, recording time and management than do monologues. Music and sound effects can be used to heighten interest. The music should be appropriate for the target group and should be free of associations that might blur the health messages.

**Scriptwriting**

Many health education materials used locally contain information that is suitable for scripts, but they usually meet the needs of several ethnic groups or the majority group.

In order to adjust standard messages to meet the particular needs of hill tribes, we sought information from villagers, research workers and health officials on the following topics:

- problems and misconceptions in each tribe;
- feasible solutions to problems;
- explanations that the people had found convincing;
- health services and policies for hill areas.

A team of writers exchanged information and experiences on the topics. Advice was obtained from broadcasting professionals on the writing of radio magazine and drama
scripts. The hill tribe people participated in the writing, their views being taken into account.

Scripts should contain simple explanations and comparisons related to the audiences’ experiences. For example, if rice is sown too densely, weak plants result; likewise, if births are not adequately spaced, children may grow up unhealthy.

The explanations given were intended to prevent conflict between traditional and modern ideas and to reduce suspicion of government services. People who followed the recommended health practices were praised as respecting tradition, ancestors and fellow-villagers. Some villagers doubted the government’s motives; for example, officials were suspected of selling blood samples. Every procedure was therefore explained in the scripts, and it was emphasized that the government wanted to help everybody because communicable diseases could spread from village to village.

The Thai scripts were written so that the translated versions would require no more than the time allotted on tape. Some of the translated versions were substantially longer than the original texts because of the need for careful explanation. Colloquial Thai was used in the originals for two reasons: some translators had only a low educational level, and ordinary conversational modes of the local languages were required in the translations. To facilitate translation the Thai scripts were written in mainly short, grammatically simple sentences with literal meanings.

Translators

Time and money can be saved in the long term by ensuring that the translators engaged are competent and by guiding them through a detailed process of translation, examination, pretesting and recording. Problems encountered during previous projects had usually arisen because officials had overlooked linguistic and cultural questions relating to translators’ qualifications and the translation process.

Translators should be:

— adult native speakers of the languages into which they are translating;
— literate in both their own languages and the language of the scripts;
— experienced in teaching health education in their own languages;
— accustomed to working face-to-face with members of the intended audience.

Basically, we were looking for bilingual, bicultural people who could bridge the gap between Thai culture and the cultures of the hill tribes. We tried to find native speakers because many of the hill people can speak several languages, although with imperfect accent and grammar. It was expected that the tribal people, traditional respecters of age, would accept advice more readily from an adult voice than from that of a high school student. We tried using an illiterate speaker who spoke from memory, but his translations were more wordy, rambling and inaccurate than those that were written down, examined and revised. People who had been involved in health education knew how to explain each concept, and they had experienced listeners’ reactions to the different ways of expressing ideas. Some urban, acculturated tribal people used too many Thai words, or were reluctant to translate certain sections on subjects that many Thai people consider backward. However, translators who worked often with villagers were able to translate everything, including material relating to sensitive issues.
Not all the 98 translators we hired had the full qualifications. Some had not been involved in health education but had worked in community development or agricultural extension. Some of them made mistakes in translating technical information on health whereas those who worked as health officials or as village public health or malaria volunteers made few or no technical errors in translation. Unfortunately, some of these health workers were poor speakers. We therefore set up mixed teams, in which a range of skills was available.

We found qualified translators through tribal kinship and organizational networks. Hill people we knew, especially leaders in rural development work, recruited or put us in contact with relatives and friends. The most skilled translators had full-time jobs, and with them slow progress with translation and recording was sometimes inevitable. On the other hand, some translators who had a lot of free time and could work quickly were less competent.

We also needed to understand the social networks in the tribes. Some leaders were so involved in controversy that we decided not to employ them on the ground that listeners might react according to their feelings about the speakers.

An effort was made to find translators who lived near our offices, so that they could attend frequent meetings concerning translation, examination and recording.

Translation

The group of translators produced rough draft translations. We asked them to translate sentence by sentence or idea by idea, not word by word. It was important to communicate scientific meaning exactly, and to adjust cultural content according to the tribe being targeted.

Many hill people understood little of health education in the Thai language. This was especially true of older people in remote villages. So the translators used common expressions and only a minimum number of Thai or scientific words. We advised them to translate scientific words directly when possible, such as terms for symptoms of disease. Other ideas could be explained in a few sentences. Some common international scientific terms, such as "vaccine", were to be used unchanged and explained in the local languages. Some Thai words already used in the hill people's languages were also to be employed. The names of characters were left open in the scripts so that the translators could choose ones appropriate to their tribes.

Problems and misconceptions varied from tribe to tribe, and so did the explanations that the people found convincing. The scripts dealt with problems, misconceptions and explanations common to several tribes. Each translator had to revise the scripts to meet the circumstances of his or her own tribe. For example, one tape advised people not to eat "raw chopped meat", but some translators changed this to "spoiled leftovers" because this had more relevance in their tribes. In some sections the translators were encouraged to talk about their personal experiences so that what came over sounded real rather than academic.

The translators were asked not to criticize traditional practices or beliefs, but to explain
the benefits of modern scientific methods. It was important to avoid conflict and resistance to progress. The translators were advised not to frighten people by overemphasizing the dangers of disease. Feelings of disquiet about disease and prevention practices were to be handled in dramatic and humorous passages.

Various methods were employed for writing and reading translations. Some of the languages have standard alphabets, and in these cases most of the translator groups wrote out their translations and then read them in the recording sessions. However, some translators had not learned the alphabet of their languages; furthermore, some languages do not have commonly used alphabets. Since these translator groups were illiterate in their own languages but literate in Thai, alternative methods had to be devised. Some groups used Thai texts rewritten to correspond to the word order of their languages, and read their translations aloud in the recording studio. Other groups wrote translations in their own languages, using the Thai alphabet. Since they had no standard way of spelling their language with Thai letters, difficulties were encountered by the group members in reading each other’s writing. For this reason each member translated only the parts which he or she would speak. The parts were cut and pasted to make complete scripts, which were photocopied. Copies were given to each translator to read from when recording.

Most deficiencies in translation came to light during retranslation into Thai. Looking only at the texts in their own languages, they backtranslated verbally, line by line, while we compared the result with the original Thai text. Of course, the wording usually changed considerably. Thus, on one occasion, “A woman must have time to rest before getting pregnant again” became “A woman must stop before having another child”. We accepted this because the need for rest continued to be expressed elsewhere.

Officials examining the accuracy of translations need to understand the technical content well enough to be able to recognize which changes are harmless and which could cause misunderstanding and damage. During the backtranslation process, officials and translators should also consider the appropriateness of changes in cultural content.

After backtranslation the translators should again revise the text in their own languages. They should then read the texts together like actors rehearsing a play. They should record a practice session and play it back for friends and relatives in order to get their comments on how to improve it.

If a translator who cannot write translates aloud from a Thai script, an examination involving backtranslation cannot be performed. The next best way is to question the translator thoroughly about his or her understanding of the material. A practice session should be recorded by the translator, who should revise it according to feedback from friends and relatives.

**Most deficiencies came to light during retranslation into Thai.**

The commonest mistakes made by translators were to change the meanings of technical terms concerned with health and to fail to adjust cultural content in accordance with the circumstances of their tribes.
Sometimes, unfortunately, everything was translated literally. For example, a whole list of misconceptions about a disease was translated, yet it emerged that the translators had never heard members of their own tribe talking about some of them. Clearly, only those misconceptions their people actually held should have been included.

The translators’ commonest mistakes were to change the meanings of technical terms and to fail to adjust cultural content in accordance with the circumstances of the target populations.

The translators also had to modify texts on everyday matters. Thus, one script indicated that planting rice every year could ruin the fertility of an upland field, just as having a baby every year could ruin a woman’s health. If one were to translate this literally the result might, for grammatical reasons, be confusing to listeners.

Changes in the meanings of technical terms fell into the following categories.

- **Simple mistakes.** In one instance a section on how pregnant women should take care of themselves was mistranslated when words meaning “menstruating women” were used.

- **Words with more than one meaning.** The Mien (Yao) language has a word which means both “birth control” and “castration”. Translators had to avoid the use of this word.

- **Exaggeration of problems.** A translation indicating that a person with intestinal parasites had no energy and could not do heavy work had to be changed to convey that someone with parasites could not work as hard or for as long a period.

- **Exaggeration of solutions.** It was stated in one translation that if villagers allowed the spraying of insecticide there would be no mosquitoes and no malaria. This was unsatisfactory on the ground that even one case of malaria could subsequently disillusion the villagers to the extent that they would reject insecticide spraying.

**Recording**

A recording studio should be chosen which has appropriate equipment and experience. Close collaboration with studio personnel should take place from the early planning stages of a project. The staff can explain how to use their service to full advantage.

The previous experience of studio staff with similar projects is as important as their equipment and technical competence. If the technician is familiar with only the electronic aspects of the work, a tape project manager should supervise the translators and technicians closely in each recording session. On the other hand, if the technician understands health education concepts and the purposes and methods of the project, the tape project manager may be able to leave him or her to function as recording director.

Technicians should develop manual and spoken signals to use with the translators in editing. If technicians cannot understand the languages, neither will they be able to identify which words to erase and re-record. The translators therefore have to signal which words are wrong, and the technicians have to signal when the translators should begin talking in order to re-record.
Even if one cannot understand a language, one can still understand from a translator's tone of voice, speed of delivery and emotional input. Many translators read too slowly, with little expression, as if reading from texts. Some people are self-conscious when recording and sound nervous. Others become excited and talk too fast.

One can identify a poor translation during the recording session, even if one cannot understand the language, on the basis of the following observations.

- The speaker uses many words in the language of the original script. He or she may not know how to translate them or, if translating aloud directly from the script in the original language, may have done insufficient preparatory work.
- The speaker hesitates frequently because he or she has not practised adequately.
- The completed tape has a much longer playing time than good tapes in other languages which are based on the same script, or is more than 30% longer than the script in the original language. This may reflect sloppy translation.

Pretesting

By this stage the translators have already pretested twice with friends, using a rough draft and a practice tape. After recording in the studio has been completed, the tape should be pretested again in a final check for problems before mass copying and distribution. This should be done as follows.

- Literate members of the target ethnic group should compare the tape with the script in the original language and comment on the translation.
- Illiterate villagers should describe their reactions to the tape. Their knowledge should be tested before and after they listen to it.
- Field officers should play the tapes when working with villagers, and observe whether these people participate to a greater extent in health work or improve their health practices as a result.

Each of the steps in backtranslation and pretesting should be performed thoroughly when a new translation team is engaged. If the first few tapes are satisfactory the translators will learn from the experience. Later tapes can be examined less thoroughly.

Distribution and follow-up

Meetings should be held so that the tapes, with leaflets bearing instructions for use, can be distributed. We found that tapes could be used to attract attention and win the villagers’ interest. However, some display of interest by health officials themselves was necessary. If they merely put the tapes on and then walked away, the villagers took little interest.

People are enabled to hear technically accurate, culturally appropriate messages.

Receipts should be issued to each rural health centre for returning each set of tapes. This helps to discourage the storing of tapes in provincial offices.

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As a result of the procedures described above, people are enabled to hear technically accurate, culturally appropriate messages.
messages. Translators, who are leaders and professionals in their ethnic groups, gain experience in health education and in ways of bringing together traditional and modern outlooks. Project managers expand their knowledge of local ethnic groups, their health problems, and ways of solving them. Each person involved builds new relationships and gains experience in inter-ethnic cooperation. All this is of value in helping people to live in harmony as development obliges different ethnic groups to interact more closely with one another, both at home and at work.

Acknowledgements

This project was supported by the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), the Agency for Technical Cooperation of the Federal Republic of Germany, and the Office of the Narcotics Control Board and the Ministry of Public Health of the Royal Thai Government. The ideas expressed in this article do not necessarily reflect the official policies of these agencies.

Reference


Peers and patients as health promoters

Many people do not acknowledge that AIDS could affect them and their communities until they see the impact of the disease on individuals and their families and friends...

Revealing the human aspects and emotions involved in the AIDS epidemic is vital in motivating people to take personal, professional and political action, particularly in those parts of the world where the incidence of AIDS is low or not generally known. If individuals or decision-makers can see and meet people who are affected by the epidemic, particularly people with whom they can identify in some way, they are more likely to see the problems as their own.