Translating Conjunctive Cohesion in English-Swahili Healthcare Texts

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Abstract

Conjunctive cohesion is a vital element in texts since it gives the reader the logico-semantic relations that exist within a given text and subsequently aids in the overall interpretation of the intended message. However, this area has not been widely studied especially in the African languages and how translation dynamics impact its use in texts. Accordingly, this study explores the use of conjunctive cohesion in the translation of English-Swahili healthcare texts. The article seeks to describe conjunctive cohesion and establish if there is any variation in the translated texts. This study is theoretically anchored in Descriptive Translation Studies. The findings show that there is near uniformity in the use of conjunctive cohesion in the source and target texts. The additive category was found to be the most prevalent. Though not significant, temporals, adversatives and causals are also used in source and target texts. The study concludes that both English and Swahili languages are hypotactic and that informs the closeness in the use of the conjunctive cohesion devices.

Keywords: Conjunctive cohesion, Swahili, healthcare texts, translation, descriptive translation studies, cohesive markers.

INTRODUCTION

Cohesion creates textual unity by attaching the text together both lexically and syntactically (De Beaugrande & Dressler, 1992). Unity in texts ensures that content is delivered to readers with ease and that the intended message is unambiguously communicated. Halliday and Hasan (1976), in their seminal work, came up with five cohesive markers: conjunctions, reference, substitution, ellipsis, and lexical cohesion. This article focuses on how translators achieve conjunctive cohesion in Swahili healthcare texts. Conjunctions reflect the rhetoric of a text and control its interpretation (Baker, 2018). This implies that any modification by translators largely affects the content and logic of the final product. Strictly speaking, the translation of conjunctions can make or break the line of argumentation in the target texts. Healthcare texts carry crucial information that has to be interpreted correctly by the target readers and if the contrary happens, the consequences may be dire. Yet for logical communication of healthcare information, translators have to render the conjunctive cohesion in a way that does not jeopardise the central message. Conjunctions act as bridges that link ideas and help readers make sense of the preceding and subsequent information. Therefore, it is

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important to study how translators achieve conjunctive cohesion in rendering healthcare texts into Swahili. However, it is interesting to note that conjunctive cohesion has not been given much attention in the translation field and absolutely no attention, to the best of the researcher's knowledge, has been accorded to the translation of healthcare texts. In addition, the Swahili language that is central in this study has too not been studied to find how conjunctive cohesion is achieved.

Translation is an important component in healthcare provision. It helps to overcome language barriers and affords readers who would otherwise have been left in the dark have access to information. In fact, Al Shamsi, Almutairi, Al Masharafi and Al Kalbani (2020) argue that language barriers have a major impact on the cost and quality of healthcare. Therefore, translation is the solution to a language barrier and given that most governments are overwhelmed by the cost of providing healthcare access to the populace, this financial implication can be reduced by having healthcare texts translated and disseminated to the target readers. However, it should be noted that the foregoing can only happen if translators strive to render the message as was intended in the source text. Failure by translators to remain faithful to the central message in the process of translating can lead to miscommunication and eventually make the translation costly. By carrying out studies, such as the present one, scholars help inform future translations and subsequently contribute to cost reduction and quality healthcare services.

A review of the existing literature points to a largely understudied area that needs focus to inform future translation processes. Focusing on the translation of conjunctive cohesion of legal documents, Pan (2014) found that the conjunctive patterns in the two subgenres under study differed from one another in wording and frequency of translation methods. Yarahmadzehi and Moghadam (2017) did a study on shifts in coordinate and correlate conjunctions in translation from English into Persian. Their focus was on strategies applied to translate the conjunctions. Though not focusing on translation, Trebits (2009) considered the use of conjunctive cohesion in English EU documents intending to describe its use and uncover textual organisation patterns they show. In addition, Mohamed (2015) studied conjunctions as cohesive devices in the writings of English as second language learners. He found that the conjunction 'and' has a less unifying function and is as a result avoided in high rated texts as opposed to low rated ones. He equally concluded that there was no significant use of the other conjunctions. Further, Károly (2016) investigated the logical relations in the translation of Hungarian-English news. The findings indicated that the shifts in the quantity of conjunctions and relational propositions were not statistically significant. While the researcher has not come across a study that focuses on the translation of conjunctive cohesive into Swahili, this is not surprising given the lacklustre focus on translation studies in the Eastern African region where the Swahili language is dominant. In fact, Mazrui (2016) noted that East Africa exhibits a certain barrenness in the study of translation. Nonetheless, there have been studies that have delved into the translation of other cohesive devices into Swahili: Orang'i and Ndlovu (2021) on lexical cohesion; Orang'i (2021) on substitution and ellipsis; and Orang'i (2022b) on referential cohesion. Further, focusing on healthcare

and the English-Swahili language pair, Orang'i (2022a) carried out a study on the translation of taboo words.

Although there are studies that have investigated the use of conjunctive cohesion as has been discussed above, no study has examined the translation of conjunctive cohesion in Swahili healthcare texts. Besides, translation of conjunctive cohesion has not been deeply studied in other language pairs. The centrality of conjunctions in ensuring the logical flow of content warrants focus from the translation point of view to inform future translations. Accordingly, this study is guided by the following research objectives:

i.   To describe the patterns of conjunctive cohesion devices in the English-Swahili health care texts and;
ii. To establish if there is any variation in the use of conjunctive cohesion devices in the English-Swahili healthcare texts.

The above objectives will be achieved by comparatively analysing the texts and noting the usage of conjunctive cohesion devices.

CONJUNCTIVE COHESION

Newmark (1987) regards cohesion as a crucial constituent not only of discourse analysis and text linguistics but also its applicability to translation. The several studies that have focused on cohesion and translation affirm Newmark's assertion about cohesion and translation (Lapshinova-Koltunski, 2017; Hu, 1999; Károly, 2014; Arhire, 2017; Shlesinger, 1995). It is upon translators to render source texts into cohesive target texts since different languages and genres organise discourse in various ways. According to Arhire (2017), cohesion is inherently related to the fluency and naturalness of expression in the language of (re)production. Therefore, decisions made by translators will either enhance or compromise the fluency and naturalness of the target texts. It is not possible to have absolute sameness in the cohesive devices in the target texts as they were in the source texts. In fact, 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. This article is focusing on conjunctive cohesion.

Halliday and Hasan (1976) aver that conjunctive elements are cohesive not in themselves but indirectly, by virtue of their specific meanings; they are not primarily devices for reaching out into the preceding (or following) text, but they express certain meanings which presuppose the presence of other components in the discourse. Further, Halliday and Matthiessen (2014) point out that the cohesive system of conjunctions provides resources for making logico-semantic relationships that obtain between text spans of varying extent ranging from clauses within clause elements complexes to long spans of a paragraph or more. They go on to argue that cohesive conjunctions are clue words. That is to say that cohesive conjunctions help the reader see connections between ideas presented in a given text. This underscores the role of cohesive devices as foundations of textual unity. A text cannot be understood if the content is presented haphazardly and this is a huge responsibility bestowed on translators in their endeavour to render

acceptable translations. Texts are deemed acceptable when they comply to target language conventions and norms.

Baker (2018) defines a conjunction as one that involves the use of formal markers to relate sentences, clauses and paragraphs to each other. It signals the way the writer wants the reader to relate what is about to be said to what has been said before. The signal can be given to translation critics too and it is not limited to readers. Baker (2018) presents a summary of the main relations expressed by conjunctions: additives (and, or, also, in addition, furthermore, besides, similarly, likewise, by contrast, for instance); adversative (but, yet, however, instead, on the other hand, nevertheless, at any rate, as a matter of fact); causal (so, consequently, it follows, for, because, under the circumstances, for this reason); temporal (then, next, after that, on another occasion, in conclusion, an hour later, finally, at last); and continuatives (now, of course, well, anyway, surely, after all). How a given language makes use of conjunctions definitely impacts the translated text and it forms part of the description of any text. However, Baker (2018) notes that the shortcoming with conjunctions is their reflection of a text's rhetoric and controlling how it is to be interpreted. She further says that the said reflection gives suggestions on the content and argumentation effect of adjusting translations.

METHOD

This study is methodologically anchored in Toury's (1995) Descriptive Translation Studies (DTS). This approach can be termed as a counter to earlier approaches that were mechanical and paid undue attention to equivalence while ignoring other aspects that affect translation and translating. Pym (2010) contends that DTS aims to describe what translations actually are, rather than simply prescribing how they should be. In Descriptive Translation Studies, the translator does a comparison of the source and target texts but a strong recommendation is made of describing the source text in the source system first since a translation critic needs comprehensive knowledge of the source text and source system in which it is embedded (Kruger & Wallmach, 1997). By comparing the ST and TT, one can unravel the use of conjunctive cohesive devices and make conclusions on shifts, if any. This begs the question of how one proceeds with the comparison of the ST and TT, and this is ably answered by James (1980) who points out that one should ensure that he/she is comparing like with like, that is, the source and target must share some attributes. These shared attributes are the constant and are technically referred to as tertium comparationis (TC) which simply means the basis for comparison. The tertium comparationis for this study is conjunctive cohesion.

The nature of comparative analysis is given more emphasis by Toury (1995, p. 80; emphasis in original):

(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.

Further, Toury (2012, in Munday 2016, p. 175) proposes a three-phase methodology for DTS that incorporates a description of the product. It entails:

(1) Situating the text within the target culture system, looking at its significance or acceptability.

(2) Undertaking a textual analysis of the ST and the TT in order to identify relationships between corresponding segments in the two texts. Toury refers to these segments as coupled pairs. This leads to the identification of translation shifts, both 'obligatory' and 'non-obligatory'.

(3) Attempting generalizations about the patterns identified in the two texts, which helps to reconstruct the process of translation for this ST-TT pair.

Generalisations about the use of conjunctive cohesion will be made after comparing the ST and TT and then a reconstruction of how translators render them in Swahili health care texts.

The data used in this study derives from a larger Orang'i (2020) doctoral study. Using total population sampling, texts were collected from Nairobi County, Kenya. Nairobi county was selected due to the high number of health care centres that are close to each other and therefore convenient for the researcher to move from one centre to another. It is also noteworthy that even though the texts were collected from Nairobi County, they are representative of the texts in the Kenyan health care centres. This is because all health care sensitisation materials are supplied by the Disease Surveillance and Outbreak Response Unit under the Health Ministry. The permission to use the texts was granted by the aforesaid unit. I was given a stamped letter that enabled me to visit the health care centres in the county and collect the texts. I visited seven health care centres (Mukuru Kwa Njenga, Mathare North, Njiru, Bahati, Dandora, Riruta and Embakasi) and discontinued further visits to other health care centres when I learnt that the texts found in the visited centres were the same. This is because the sensitisation texts to the health care centres are supplied by the same unit. I only collected texts that had both the English originals and their Swahili translations. The total number of texts collected for the larger doctoral study was 12 pairs, that is, 12 source texts and 12 target texts. However, for the purposes of this study, five texts focusing on cholera (ST: 3 410 words; TT: 3 100 words), HIV and AIDS (ST: 16 203 words; TT: 15 520 words), malaria (ST: 2 236 words; TT: 2 175 words), cancer (ST: 5 632 words; TT: 5973 words) and pneumonia (ST: 14 815 words; 13 200 words) form part of the study. These texts comprise close to 82 264 words for both the source and target texts. The units of comparative analysis emerge as coupled pairs of source and target text segments (Toury 1995). Coupled pairs can be seen from the perspective of mapping translation constraints and the solutions provided by the translator. In this study, segments of the ST and TT are coupled and then the translation of conjunctive cohesion is reconstructed.

RESULTS AND DISCUSSION

This section presents nine coupled pairs from the sample texts and describes the use of conjunctive cohesion in the source and target texts. Equally, it presents a discussion on the implications of the results.

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.*

The ST does not make use of conjunctions but the TT makes use of *na* (and) two times and *au* (or) once both of which are additive conjunctions. It is worth noting that the translator has added more information to the target text than it is in the source text. This partly accounts for the use of conjunctions in the target text.

2nd coupled pair (HIV/AIDS text)

ST: Are you a health worker struggling with the rising rates of Human Immuno-Deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), Sexually Transmitted Diseases (STDs), unwanted pregnancy, **or** maternal mortality? Are you a teacher working daily with young people who face difficult decisions: determining a positive direction in life, potential unwanted pregnancy, **or** the issues of alcohol **or** drug use? Have you been providing health information for years **and yet** see no positive change in your community? Are you a parent, community volunteer, **or** concerned community leader fearful of the toll HIV/AIDS is taking on your area? Are you a young person ready to do something to help lead your friends into a brighter future? If you answered "yes" to any of the above questions, the Life Skills program might be for you.

TT: *Je wewe ni mfanyakazi wa sekta ya afya **na** anayejitahidi kudhibiti viwango vya maongezeko ya Virusi Vya UKIMWI, na magonjwa ya ngono, mimba zisizohitajika, **au** vifo vya akina mama wazazi? Je, wewe ni mwalimu unayefanya kazi kila siku na vijana wanaoonekana kutokuwa na mwelekeo thabiti, wanaoacha shule kwa sababu ya kupata mimba, **au** wanaoingia katika matatizo kwa sababu ya ulevi wa pombe **ama** utumiaji wa madawa ya kulevya? Je, umekuwa ukitoa elimu ya afya kwa miaka mingi lakini bila kuona mabadiliko mazuri (chanya) katika jumuiya yako? Je, wewe ni mzazi, mfanyakazi wa jumuiya wa kujitolea, **au** kiongozi wa jumuiya unayeogopeshwa na maafa yanayotokana na Virusi Vya UKIMWI/UKIMWI, yanayotokea katika eneo lako? Je, wewe ni kijana uliye tayari kusaidia kuwaongoza wenzako kufikia maisha mazuri zaidi siku za baadaye? Kama jibu lako ni 'ndiyo' kwa swali lolote miongoni mwa maswali ya hapo juu basi Programu ya Stadi za Maisha inaweza ikawa kwa ajili yako.*

Both the ST and TT make use of six conjunctions. The ST uses *or* which is an additive conjunction five times and the adversative conjunction *yet* once. The TT, on the other hand, uses only additive conjunctions whereby *na* (and) is used twice and *au* and *ama* both of which mean or.

3rd coupled pair (HIV/AIDS text)

ST: A person who is infected with HIV usually does not develop symptoms of infections **or** AIDS right away. **For example**, a person may not get sick from HIV for two to ten years after he **or** she is infected. We do know that once a person is infected with HIV, he **or** she is infected for life. A person infected with HIV can infect other people at any time during his **or** her lifetime. The person with HIV does not have to be sick with AIDS to transmit the virus.

TT: *Mtu aliyeambukizwa na VVU kwa kawaida haonyeshi ishara za kuambukizwa na viini **au** UKIMWI mara moja. **Kwa mfano**, mtu anaweza kuwa mgonjwa kutokana na viini kwa miaka miwili **au** kumi tangu aambukizwe. Tunajua kwamba mtu anapoambukizwa na viini yeye ameambukizwa kwa maisha. Mtu aliyeambukizwa na viini anaweza kuwaambukiza watu wengine wakati wowote wa maisha yake. Mtu ambaye ana VVU si lazima awe mgonjwa wa UKIMWI ili kueneza viini hivyo.*

The ST and TT make use of additive conjunctions whereby the former has five conjunctions and the latter three.

4th coupled pair (HIV/AIDS text)

ST: People should never say that a person has AIDS because he has one of these symptoms. **In the first place**, AIDS is much like other illnesses. It is very difficult to diagnose **and** this can only be done by a well-qualified, experienced worker **and** laboratory tests. **Secondly**, the person concerned and his family will suffer from anxiety and possible isolation.

TT: *Watu hawapaswi kusema kwamba mtu ana UKIMWI sababu ana mojawapo ya dalili hizi. **Jambo la kwanza**, UKIMWI ni kama magonjwa mengine. Ni vigumu sana kuutambua na hili linaweza kufanywa tu na yule aliyehitimu vyema, mwenye ujuzi wa uchunguzi wa damu katika maabara. **Pili**, mtu aliyehusika na jamii yake watashikwa na wasiwasi na kutengwa.*

The ST has two temporal conjunctions, in the first place and secondly, and four-time use of the additive conjunction *and*. Similarly, the translator makes use of two temporal conjunctions in the TT, *jambo la kwanza* (the first point) and *pili* (second), and the additive conjunction *na* (and) is used three times.

5th coupled pair (malaria text)

ST: You may have already heard the statistics: an African child dies from malaria every 45 seconds. **But** even when the disease doesn't kill, it still wreaks havoc on overburdened economies in malaria-endemic countries. **For instance**, malaria can affect school attendance, decrease worker productivity, **and** drain household resources as families struggle to pay for repeated treatments.

TT*: Yawezekana umeshasikia takwimu: mtoto mmoja wa Kiafrika hufa kwa malaria kila baada ya sekunde 60. **Mbali na** kuua, ugonjwa huu una athari kubwa kwa uchumi uliolemewa hasa kwenye nchi zenye maambukizi makubwa. **Kwa mfano**; malaria inaweza kuathiri mahudhurio ya wanafunzi shuleni, inaweza kupunguza kiwango cha nguvukazi kwenye uzalishaji **na** kudhoofisha rasilimali za familia wakati wakihangaikia gharama za matibabu ya mara kwa mara.*

Both the ST and TT make use of three conjunctions whereby all are additives. The additive conjunctions in the ST are *but, and* and *for instance*. The translator opted for the same conjunctions whereby *mbali na* (besides) and *na* (and) and *kwa mfano* (for example) are used as additive conjunctions. I also note that the ST indicates that an African child dies from Malaria every 45 seconds whereas the TT puts it at 60 seconds.

6th coupled pair (malaria text)

ST: **Similar to** pregnant women, those living with HIV/AIDS are considered high-risk. Co-infection with malaria can be lethal, **and** special consideration should be given to these individuals**. For instance**, people living with HIV/AIDS should be considered a priority for LLIN distributions, **and** pregnant women living with HIV/AIDS should receive an additional dose of SP during IPTp. Each country has guidelines for these situations, **and** country partnerships with ministers of health **and** malaria **and** HIV/AIDS programs can help clarify these procedures.

TT: ***Vilevile** kwa wanawake wajawazito, wale wanaoishi na Virusi Vya Ukimwi (VVU) huzingatiwa kuwa katika hatari kubwa. Maambukizi ya malaria kwa wakina mama hawa wanaoishi na VVU inaweza kuwa hatari kubwa ya kupoteza maisha, kipaumbele kinabidi kitolewe kwa wakina mama hawa. **Kwa mfano**, watu wanaoishi na VVU wanatakiwa kupewa kipaumbele katika ugawaji wa vyandarua vyenye dawa ya muda mrefu, **na** wanawake wajawazito wanaoishi na VVU wanatakiwa kupewa dozi ya nyongeza ya SP kipindi cha IPTp. Kila nchi ina mwongozo wake katika hali hii, **na** nchi washirika **na** wizara ya afya **na** programu za malaria **na** VVU zinaweza kuelezea hili.*

The translator made use of six conjunctions and the ST has seven conjunctions. The ST uses additive conjunction *similar to* and the translator uses the equivalent *vilevile* (equally) and the same applies to the use of another additive conjunction *for instance* in ST and *kwa mfano* (for example) in TT. In addition, there is a five-time use of the additive conjunction *and* in the ST and four-time use of its equivalent *na* (and) in the TT by the translator. This coupled pair contains additive conjunctions only.

7th coupled pair (cancer text)

ST: Some infections **such as** Human Papilloma Virus (HPV) can **also** increase your risk of cancer. Cervical cancer is linked to HPV, which can be spread through sex. HPV is a very common infection **and**, in most cases, it goes away without treatment. Having HPV does not mean you will get cancer, **but** it can increase your risk of developing it.

TT: *Baadhi ya maambukizo **kama** virusi vya Human Papilloma Virus (HPV) huweza **pia** kuongeza athari yako ya kupata saratani. Saratani ya uzazi inahusishwa na HPV, ambayo huweza kusambazwa kupitia ngono. HPV, huwa ni maambukizo ya*

*kawaida sana **na** wakati mwingi huisha hata bila ya kutibiwa. Kupata HPV hakumaanishi kwamba utapata saratani, **lakini** inaweza kuongeza athari za kuipata.*

The translator opted for the equivalent rendering of the conjunctive devices. Both the ST and TT make use of four conjunctive cohesion devices whereby three are additives (such as, also, and plus their equivalents *kama, pia* and *na*) and one adversative (but and its equivalent *lakini*).

8th coupled pair (cancer text)

ST: Women may find that their periods become irregular **or** stop while getting treatment. This doesn't mean that they can't get pregnant, **so** family planning is still needed. In men, the treatments may reduce **or** damage sperm cells. **Even so**, men often become fertile again after treatment is done.

TT*: Wanawake wanaweza kushuhudia mvurugiko wa nyakati za hedhi yao hata kutoendelea wakati wa matibabu. Hali hii haimaanishi kuwa hawawezi kushika mimba. **Hivyo basi**, upangaji wa uzazi unahitajika wakati huo. Kwa wanaume, matibabu haya yanaweza kupunguza **au** hata kuharibu mbegu za uzazi. **Hata hivyo**, wanaume hurejea katika hali yao ya kuweza kuzalisha baada ya kukamilika kwa matibabu.*

There are three conjunctions in both the ST and TT. First, in the ST we have a causal conjunction *so* and its equivalent *hivyo basi* in the TT. Second, there is use of an adversative conjunction *even so* in the ST and its equivalent *hata hivyo* in the TT. Third, an additive conjunction *or* in the ST and its equivalent *au* in the TT.

9th coupled pair (pneumonia text)

ST: In many countries including Kenya, pneumonia is becoming harder to treat **and** cure. Some cases of pneumonia are resistant to usual medications **and therefore** the best way to protect **and** prevent your child against pneumonia is through vaccinations. There is still a very small chance that your child could get pneumonia **after** receiving the vaccine **but** this is lower than children who have not been vaccinated.

TT: *Katika mataifa mengi, ikiwemo Kenya, imekuwa vigumu sana kuutibu ugonjwa wa nimonia. Baadhi ya visa vya nimonia huwa sugu **na** haviwezi kutibiwa kwa dawa za kawaida. **Hivyo basi**, njia zaidi ya kumkinga mtoto wako ni kupitia chanjo. Ni vyema kufahamu kwamba hata **baada ya** kupata chanjo dhidi ya nimonia, bado pana uwezekano mdogo wa mwanao kuambukizwa ugonjwa huu! **Hata hivyo**, uwezekano huo hupungua sana ikilinganishwa na wakati ambapo mtoto wako hajapewa chanjo.*

Whereas the ST makes use of six conjunctions in three sentences, the TT has only four conjunctions in five sentences. The ST uses the additive conjunction *and* three times and *but* once. The temporal conjunction *after* is used in TT. It also uses causal conjunction *therefore* which is a causal conjunction. On the other hand, the TT uses only once the additive conjunction *na* (and), the causal conjunction *hivyo basi* (therefore), temporal conjunction *baada ya* (after) and adversative conjunction *hata hivyo* (even so).

To sum up this section, it emerges that the conjunctions used in both the source and target texts fall under additives, adversatives, temporals, and causal types. The most prevalent conjunctive devices are the additives both in the source and target texts. In fact, it follows that translators opt for the equivalent rendering of the conjunctions as has been exhibited by the coupled pairs. The dominance of additive conjunctions can be explained from the perspective of the nature of texts or genres under study. Health care communication is deemed to be descriptive and prescriptive, that is, healthcare texts contain information that describes, explains and analyses (descriptive) and persuades, intervenes, prescribes, recommends and even convinces (prescriptive). Therefore, due to the descriptive and prescriptive function of the genre, there is bound to be more use of additive conjunctions. This is corroborated by Trebits (2009).

The use of adversative, temporal, and causal conjunctions though not significant in the texts gives a glimpse of how translators render them to the target texts. It has been established that the translators opt for the equivalents and do not make any modifications to their usage. That we have the same number of the conjunctives in the source and target texts says much about their translation in healthcare texts. It can also be viewed from the angle that healthcare texts are not argumentative in nature and consequently the minimal use of the three categories of conjunctive cohesion.

Another interesting finding from the coupled pairs is that both English and Swahili are hypotactic and that explains the near uniformity in the use of conjunctive cohesion devices in source and target texts. Notably, this agrees with Zhao, Yan and Zhou (2009) who concluded that there was no statistical difference of occurrence frequencies of conjunctions between English medical texts and the Chinese ones. This is an important aspect that translators ought to bear in mind whenever they embark on rendering texts from English into Swahili. Besides, healthcare communication does not provide the translator with a license to make significant changes to content as this may distort the intended message as is contained in the source texts.

CONCLUSION

This study aimed to describe the use of conjunctive cohesion in translated Swahili healthcare texts and establish if there is any variation in their use in source and target texts. The analysis was done manually whereby the tertium comparationis for the study was conjunctive cohesion. It has been established that the use of conjunctive cohesion in source and target texts is similar. This is because both English and Swahili languages are hypotactic. There is very negligible difference in the use of the cohesive device. Translators opt for equivalent translation of the conjunctive cohesion devices. Equally, it emerged that the most dominant conjunctive cohesion device is the additive category. This category is prevalent because of the descriptive and prescriptive nature of the health care communication texts. Further, it emerged that the use of temporal, causal and adversative conjunctions is so minimal. This is not coincidental but is informed by the length of healthcare texts and the fact the texts are not argumentative in nature. Previous research established that argumentative texts make more use of causals, adversatives and temporals (Trebits, 2009).

I hope that the findings will provide insight to translators and translation studies in general on the vital role that conjunctive cohesion plays in ensuring that texts are cohesive. They can also guide translators who are engaged in translating healthcare texts. Bottom line, conjunctive cohesion is important since it gives the reader the logico-semantic relations that exist between a given text and subsequently aids in the overall interpretation of the intended message.

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