
The Compilation of the Shona–English Biomedical Dictionary: Problems and Challenges*

Nomalanga Mpofu (*nomalanm@yahoo.com*) and
Esau Mangoya (*emangoya@arts.uz.ac.zw*), African Languages Research
Institute (ALRI), University of Zimbabwe, Harare, Zimbabwe

Abstract: The bilingual Shona–English dictionary of biomedical terms, *Duramazwi reUrapi neUtano*, was compiled with the aim of improving the efficiency of communication between doctor and patient. The dictionary is composed of terms from both modern and traditional medicinal practices. The article seeks to look at the methods of production of the dictionary, the presentation of entries in the dictionary and the problems and challenges encountered in the compilation process, namely, developing Shona medical terminology in the cultural context and especially the aspect of equivalence between English and Shona biomedical terms.

Keywords: BIOMEDICAL, ADOPTIVES, ENTRIES, SYNONYMS, CROSS-REFERENCES, IDIOMS, CIRCUMLOCUTION, STANDARDISATION, HEADWORD, EQUIVALENCE, VARIANTS, DEFINITION, CULTURE, EUPHEMISMS, MODERN, TRADITIONAL, MONOLINGUAL, BILINGUAL, CORPUS, BORROWING, SHONA, COMMUNICATION

Opsomming: Die samestelling van die Sjona–Engelse biomediese woordeboek: Probleme en uitdagings. Die tweetalige Sjona–Engelse woordeboek van biomediese terme, *Duramazwi reUrapi neUtano*, is saamgestel met die doel om die effektiwiteit van kommunikasie tussen dokter en pasiënt te verbeter. Die woerdeboek bestaan uit terme van sowel moderne as tradisionele geneeskundige praktyke. Die artikel wil die metodes van die totstandkoming van die woerdeboek beskou, die aanbieding van die inskrywings in die woerdeboek en die probleme en uitdagings wat in die samestellingsproses teëgekom is, naamlik, die ontwikkeling van Sjona-mediese terminologie binne die kulturele konteks en veral die aspek van ekwivalensie tussen Engelse en Sjona- biomediese terme.

Sleutelwoorde: BIOMEDIES, LEENWOORDE, INSKRYWINGS, SINONIEME, KRUISVERWYSINGS, IDIOME, OMSKRYWING, STANDAARDISASIE, TREFWOORD, EKWIVALENSIE, WISSELVORME, DEFINISIE, KULTUUR, EUFEMISMES, MODERN, TRADISIONEEL, EENTALIG, TWEETALIG, KORPUS, ONTLENING, KOMMUNIKASIE, SJONA

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1. Introduction

This article aims to highlight the problems and challenges faced by a team of four researchers of the African Languages Research Institute (ALRI) at the University of Zimbabwe in the compilation of the first biomedical dictionary in Shona, *Duramazwi reUrapi neUtano*. This project, started in August 2001, was undertaken in collaboration with the Institute for Continuing Health Education (ICHE) at the University of Zimbabwe's Medical School.

The dictionary is composed of terms from both modern and traditional medical practices. It was compiled with the aim of providing a tool for communication between doctors of mainly the younger generation and patients. There was a need for better communication between doctors and patients so that patient expectations could be fulfilled after a visit to the doctor. The situation that has acted as a barrier to communication between doctor and patient in Zimbabwe, is the training of doctors in English while the majority of people who will consult them, will use indigenous languages, in this case Shona.

Entry into university to study medicine is based on the marks obtained at A-level, proficiency in the indigenous languages not being one of the requirements. The situation is made more complex when young doctors are deployed to rural areas where only Shona is used as compared to urban areas where there may be instances of the use of English or cases of code-switching. It was foreseen that there would automatically be a communication problem because of the different languages and levels of language use. Quite often, there is also a generation gap between doctor and patient, since some of the doctors are young and fresh from medical school. As a result, there are cultural nuances in the language that are usually missed by the younger generation of doctors. Kotzé (1999: 91) states that language as a phenomenon forms part of the cultural stock of a community. Hence a cultural gap between any two people can bring about communication problems.

Language use also differs according to factors such as age, social status, educational background and geographical location. For example, an elderly patient may come to a young doctor and try to explain his/her sickness using veiled language. Because the young doctor does not have proficiency in Shona and as a result also lacks the cultural background, there is automatically a communication problem between them. The purpose of the *Duramazwi reUrapi neUtano* is therefore to try and address all the differences in communication that may be found among different individuals, especially those from different age groups. This dictionary thus wants to help address the needs of doctors to understand the terms and expressions used by patients, especially those of the older generation. It also wants to help standardise terms used by different age groups in different parts of the country. The targeted users of the dictionary are therefore the medical fraternity and the general public.

2. Selecting the Headwords

The scope of the words selected for inclusion in this dictionary are biomedical,

that is to say, they are both biological and medical. The compilers tried to include as many terms as possible from the major areas of medicine, namely general medicine, gynaecology, ophthalmology, paediatrics, surgery and urology, to mention but a few. Terms are also both technical and general. Maintaining a balance in the inclusion of terms from these areas of medicine was one of the challenges faced. Preference was given to those terms mainly used in everyday medical practice and consultation.

The headword selection process was preceded by field research. Four people in the nursing field were engaged by ALRI to carry out field research. The data gathering technique mainly used by these field researchers was that of targeted questions on diseases and their symptoms. These discussions were tape-recorded and later transcribed. The informants included medical doctors, nurses, other medical personnel and the general public.

Four traditional healers from the Zimbabwe Traditional Healers' Association (ZITHA) were also used as reference group for traditional medical terms and practices. They were consulted for terms from the traditional medical perspective referring to diseases, their symptoms and treatments. They were also helpful as far as beliefs associated with or linked to some ailments are concerned. From the Shona traditional perspective, beliefs were seen to play an important role in the understanding and treatment of diseases.

Finding headwords for *Duramazwi reUrapi neUtano* also included library research. This involved searching through medical and other general books such as dictionaries. One of the books that was helpful in finding headwords for the dictionary, was A.E. Strover's *A Shona–English Phrase Book* (1965), which contains questions in English addressed by the doctor to the patient. In this scenario, the doctor is not a native Shona speaker and he/she needs a translator to be able to communicate with the patient. The questions range from the patient's medical family history to gastrointestinal ailments and gynaecological problems, roughly translated and in some cases transliterated into Shona. No explanations or definitions of terms relating to ailments are given in this phrase book.

Shona bilingual and monolingual dictionaries, namely *Standard Shona Dictionary* (1974), *Duramazwi: A Shona–English Dictionary* (1981), *Duramazwi reChiShona* (1996) and *Duramazwi Guru reChiShona* (2001), were also used as sources for headwords. English medical books such as *Blackwell's Dictionary of Nursing* (1994) were consulted, especially during the defining stage as these provide guidelines pertaining to the causes, symptoms and effects of ailments.

3. Presenting the Information

3.1 Entries

Duramazwi reUrapi neUtano is a bilingual dictionary. It is divided into two sections. The first section comprises Shona headwords with each headword having an English equivalent. The entries in this section consist of the headword in

Shona, followed by a variant or variants where applicable. After the variant comes the English equivalent, followed by the definition(s). After the definition(s), synonyms of the headword are given. Two illustrations of entries from the dictionary are presented under (1):

- (1) **chipfunga** [chipfungwa] bilharzia. Chirwere chinokonzerwa nekupindwa neutachiwana hwemumvura isina kuchena, chinoonekwa nekuita weti kana manyoka ane ropa. Zvimwe zviratidzo zvinoti kutemwa nemusoro nekurwadziwa nemudumbu. FAN *bharaziya, muhamba*.

(An illness caused by bacteria found in contaminated water that results in passing bloody urine or faeces. Other symptoms include headache and stomach pains. SYN *bharaziya, muhamba*.)

dhepo depoproveria. Jekiseni rino bayiwa vanhukadzi senzira yekudzivirira kubata pamuviri.

(An injection given to women as a form of contraceptive.)

Not all entries in this section have definitions. Synonyms and variants are cross-referenced by using *ona* (see) to the more frequently used word. Examples of this treatment are given under (2):

- (2) **chipfungwa** bilharzia. ONA *chipfunga*.
chizvaro womb, uterus. ONA *chibereko*.
-fufudzika miscarry. ONA *-pfupfudzika*.

The second section of the dictionary is a reversal of the articles in section one. Here the English headword is the main entry followed by the Shona equivalent(s). As illustrated under (3), the reversal is in alphabetic order:

- (3) **diabetes mellitus** chirwere cheshuga, shuga.
lymphogranuloma venereum mverapi, mvirapo.
malaria marariya, marungu, musarara, rumungwe.
male puberty dzvito.
xeroderma -oma ganda.

As can be seen from the **malaria** example, all the Shona words referring to *malaria* are given as one entry separated by commas. This method of presentation was used to avoid repeating the same English headword for every Shona term and its synonyms. No definitions are given in the English–Shona section because it was generally felt that there are many medical books and dictionaries in English giving information on and explanations of these terms.

3.2 Illustrations

The dictionary is also illustrated. The illustrations are in the middle section of the dictionary between the Shona–English and the English–Shona sections. The main parts of the human anatomy were selected for illustration, these including the skeleton, the head and its different parts, the reproductive organs and the leg. In all, 14 pages of the dictionary are devoted to illustrations. These illustrations are captioned in Shona.

4. Solving the Problems and Accepting the Challenges

4.1 Equivalence

In bilingual translation dictionaries, the source language headword has to be rendered by an equivalent word in the target language. In this dictionary, it entailed translating Shona medical terms into English in the first section and vice versa in the second section. Some terms may be called universal or culture free, causing no problems as far as finding equivalents for them in another language is concerned. Among these can be classed general terms such as *dhokotera* (doctor), *chirwere* (disease) and *chipatara* (hospital); parts of the human body such as *ziso* (eye), *musoro* (head), *gokora* (elbow) and *datira* (hamstring); and terms referring to general diseases such as *gomarara* (cancer), *gwirikwiti* (measles) and *manyoka* (diarrhoea).

Problems of equivalence between Shona and English biomedical terms occur when some medical conditions are culture bound. Because of the cultural differences which these two languages often show as a result of different belief systems, there is not a one-to-one relation as far as medical terms are concerned. Both languages therefore present term gaps in the translation of some words. In the Shona–English section, the result of these term gaps was the filling of the slot for the English terms by an explanatory equivalent rather than just a corresponding translation. In other instances, a near equivalent had to be given. For instance, in the case of the term *runyoka* which is, according to Shona custom, a charm believed to cause punishment to an unfaithful partner, an explanation had to be given because no such practice is known in English society. Therefore, it is not only a problem of the lack of equivalent terms between the two languages but also differences in the belief of the causes of certain medical conditions.

4.1.1 Circumlocution

The conceptualisation of medical terms may vary across languages and cultures. Simple and standardised English terms often do not have direct equivalent terms in Shona. As a result circumlocutions sometimes had to be given as

Shona equivalents to precise and detailed single English terms, as can be seen from the examples under (4):

- (4) **allergy** kusawirirana kwomuviri nechimwe chinhu (literally, failure of the body to agree with something)
appetite kuda kudya (literally, to want to eat)
haematuria weti ine ropa (literally, urine with blood)
jaundice ruvara rweyero mumaziso (literally, yellow colour in the eyes)
menorrhagia -buritsa ropa rakawandisa pakutevera (literally, to lose a lot of blood during menstruation)
miscarry -bva pamuviri (literally, to lose pregnancy)
quadriplegia -remara maoko nemakumbo (literally, to be crippled or deformed in both arms and legs)

In these examples, the Shona equivalents are given in the form of longish phrases which the doctor and patient have to memorise. In a way, this defeats the idea of trying to create a standardised Shona terminology. However, the given phrases were the best possible equivalents the compilers could find.

Circumlocution must therefore often be used for finding suitable Shona equivalents for English medical terms. The goal of compiling the dictionary being to enhance communication between doctor and patient, the longer translations do not result in direct and natural communication. Every time the longer phrasal terms are used, they must be adapted to the form of the sentence. These longer version translations are subject to a variety of conceptualisations which in turn might misdirect and distort the sense contained in the source language terms.

Mtintsilana and Morris (1988) state that the disadvantage of circumlocution is that instead of one word the term consists of two or more words. This is especially cumbersome when a phrase has to take the place as headword. Circumlocution, though, cannot be avoided when dealing with two languages such as Shona and English that do not have a one-to-one correspondence for all the words, making a one-to-one equivalence impossible. Kotzé (1999: 91) states that in such cases one has to settle for equivalence of whatever kind between the two languages.

The best translations are those that would also give the equivalence in the same grammatical category. One would expect the equivalent of a noun to be a noun and of a verb to be a verb if the texts are to be equivalent. In the above examples, the Shona equivalents are in phrase form and the phrases involve words belonging to various grammatical categories. The given Shona version of the English term "miscarry" which is a verb, combines the verb stem *-bva* with the noun *pamuviri*. The verb stem *-bva* is therefore further qualified by the noun *pamuviri* in an attempt to capture the concept of miscarriage. In these phrases, words in particular grammatical categories are qualified by words

from different classes and grammatical categories. The phrasal equivalents given are evidence of terminological gaps in Shona. The introduction of these phrases plays a double role. Firstly it exposes these terminological gaps and secondly it encourages the finding of more suitable terms and the elimination of the initial inapt attempts.

In the dictionary, term creation was confined to a minimum. Only for very few selected entries where it was felt that their introduction would not bring about confusion, terms were created. This involved the application of Shona terms that are already being used in other spheres or fields, as can be seen from the examples under (5):

- (5) **anaesthetise** -fendesa (literally, make someone have a temporary sleep)
 blood bank bhangi reropa (literally, place where blood is preserved)
 cell chivako (literally, building brick)

Further examples of created terms for specific conditions are given under (6):

- (6) **cephalopelvic disproportion** mabhonzo echirume, mapfupa echirume (literally, male bones)
 colour blindness, achromatism -saona ruvara (literally, failure to see colours)
 laparotomy -ongororo yemudumbu (literally, examination of the inside of the stomach)
 night blindness -saona usiku (literally, failure to see at night)
 osteoporosis -pera mabhonzo (literally, wearing out of the bones)
 radiotherapy -rapwa uchipiswa nemagetsi (literally, to be treated by being burnt with electricity)

Certain diseases or disorders had to be described as a disease or disorder of a specific organ or part of the body. Hence there is a section with headwords that begin with *chirwere che-* (disease of ...), e.g. rheumatoid arthritis is given as *chirwere chemagodo* (disease of the bones), arthritis as *chirwere chemakumbo* (disease of the legs), stomatopathy as *chirwere chemumuromo* (disease of the mouth) and sexually transmitted disease as *chirwere chepabonde* (disease of the reed mat).

Circumlocution results from the fact that, since modern medicine is a foreign field, medical concepts might not be in existence in a particular cultural group. The terminological gaps between English and Shona result from the fact that medicine in Zimbabwe is still largely practised in English and that doctors are also trained in English. The foreign concepts from specialised fields like medicine therefore remain unfamiliar to the general people who would under normal circumstances quickly create matching terms in their own languages. Where concepts exist in both cultural groups and are conceptualised in the same fashion the process becomes easy and natural.

That symmetry does not exist between languages communicating different cultures was acknowledged in this dictionary. What was aimed at was a symmetry in the content of the messages in the two languages involved (Fourie 1993: 82), and not a one-to-one correspondence between all the terms. The compilers also aimed at coining terms that would be acceptable to the users of the dictionary.

4.1.2 Traditional Medical Beliefs

Some medical terms are based on cultural and societal beliefs. Even the causes of some diseases are based on such beliefs. Barrenness in a woman is most commonly attributed to witchcraft and sorcery, which causes some people to consult traditional and faith healers. In instances where there were absolutely no equivalents, an explanatory equivalent was given, as can be seen from the examples under (7):

- (7) **kamhandara** medicine to tighten vaginal muscles ...
 mukutura medicine for cleansing uterus ...
 mutimwi charm tied around waist of child ...
 sokora woman who has passed childbearing age

From these examples it can be seen that traditional healers have their own terminology based on their understanding and methods of diagnosing and treating ailments or disorders different from Western medical practice. Before the introduction of Western medicine sick people consulted traditional healers about ailments or disorders. As a consequence, traditional medicine has its own terms for diseases and their causes based on these beliefs. Terms from traditional medicine were incorporated in this dictionary to enable young doctors to enhance their understanding of the differences between traditional and Western medicine. The definitions given in the dictionary had to capture all these differences, some being pronounced while others being quite subtle. These differences are often the result of varying perceptions in the diagnosis and cause of a particular disease. For example, menstrual pain is *jeko* in Shona. Traditional medical practice distinguishes between *jeko gadzi* (literally, menstrual pain that is female in nature) and *jeko gono* (literally, menstrual pain that is male in nature). *Jeko gadzi* is said to be the milder type of menstrual pain that can be treated and does not cause fertility problems. *Jeko gono*, on the other hand, is the more painful type that is difficult to treat and is believed to be the cause of barrenness in women. Traditional healers, however, believe that *jeko gono rinogona kuputswa kuti riite gadzi*, that is, "breaking" or "taming" *jeko gono* into the milder type *jeko gadzi* is a way of treating it. These differences in understanding the cause and cure or management of an ailment or condition posed difficulties in finding equivalent terms between Shona and English biomedical terminology. Because of the lack of equivalent terms in English for *jeko gono* and

jeko gadzi, the compilers called them both menstrual pain or dysmenorrhoea and then highlighted their differences in the definitions.

Other diseases or disorders are also believed to be brought about by an enemy or a jealous person. Hence there are terms such as *chikandwa*, *chipotswa* and *chitsinga* whose near equivalent "form of rheumatism" was given. In Shona, it is believed that *muvengi anenge akukandira mushonga unokukuvadza* (an enemy used harmful medicine affecting your limbs), i.e. someone bewitched you. Other examples are given under (8):

- (8) **chipindira** failure by infant to suckle. Chirwere chinoita kuti mwana atadze kuyamwa mukaka uye chinonzi chinokonzerwa nokuti anenge abatwa nemuhu ane mhepo dzakashata.

(An illness that makes an infant fail to suckle, said to be brought about by the handling of the infant by a person with bad spirits.)

mubobobo magical sexual powers. *Mushonga wokuromba unionzi kana munhurume ainawo anokwanisa kupindira chero munhukadzi waanoda achirara naye asi iye mukadzi wacho asingazvizivi.*

(Magical powers that are said to enable a man who possesses them to go in and sleep with any woman he desires without the woman's knowledge.)

Because belief systems differ, the defining language made it clear that what is being explained is "said to be" so. It has been tried to demarcate between what is laid down as fact and what is commonly believed. The words *unionzi* (which is said to) in the **mubobobo** example and *chinonzi* (which is said to) in the **chipindira** example were therefore used to show that what follows is a cultural belief.

4.2 Adoptives

Some English terms and concepts used in the specialised field of medicine have never been utilised in Shona. This became a challenge to the compilers in that they had to introduce new concepts and completely new terms as well. The best solution was to borrow both the term and the concept. In this process, terms were adopted from English. These adoptives had to be adapted and naturalised to be identified, written and articulated as Shona words.

Examples of adoptives from English entered in their Shona form into the biomedical dictionary are shown under (9):

- (9) **andibhayotiki** antibiotic

areji allergy

bhiipii blood pressure, hypertension

gauti gout

karisiyamu calcium

kondomu condom

maigireni migraine

meninjaitisi meningitis

Entering these adoptives in the dictionary contributes to standardising them. Trudgill (1983: 161) views standardisation as the establishment of the agreed orthography in which some set of forms are written. Their inclusion helps to have them accepted and legitimatised as Shona terms usable in the medical field. Demonstrating the way they should be written will enable young practitioners to confidently use and write them and as a result be able to adequately communicate with their patients.

There are also cases where indigenous Shona terms exist alongside some of the adoptives. This posed a challenge to the lexicographers, for the adoptives have gained a more substantial use than the indigenous Shona equivalents. In these cases, it was considered that the adoptives would mostly be familiar to both the practitioner and the patient. The dictionary user would more likely search for the adoptive first before looking up the indigenous term. In such cases, the adoptives were entered as headwords. However, the purpose of compiling the dictionary being to enhance communication in Shona, the compilers agreed that there should be a bias towards the Shona terminology. As a result, despite the familiarity of the adoptives, the Shona equivalents were made to carry the definitions. Examples of such entries in which *ona* means "see" are given under (10):

- (10) **eidzi** acquired immunodeficiency syndrome. ONA *mukondombera*

hepisi herpes. ONA *madzvausiku*

In the first example, *eidzi* is the adoptive which has been cross-referenced to the Shona equivalent, *mukondombera*. The Shona term *mukondombera* is now defined. So when users look up the common adoptive the dictionary refers them to the Shona term where the definition is given. Such is also the case with the second example where *hepisi* is cross-referenced to *madzvausiku*.

The idea is to start from the commonly used terms which in these cases are adoptives. Then the adoptives are cross-referenced to the not so commonly used Shona terms and in this way the users of the dictionary benefit by being introduced to the Shona terms. Their understanding is enhanced as the Shona terms now carry the meanings they share with the commonly used adoptives. The incentive for users to go to the Shona entries are the definitions carried by the Shona terms. Consulting the dictionary, users are cross-referenced from such adoptives to more information at the Shona terms.

The dictionary had to be as informative as possible. The biomedical dictionary project being a pioneering work of its kind, most of the Shona terms

have not yet been standardised. This is unlike the English situation where amongst many possible English terms, only the standard ones are now used in medical practice. In many instances, Shona has more than one term referring to the same concept. Again, for purposes of giving full information, cross-referencing was used.

4.3 Synonyms and Variants

Another challenge to the compilers was that, as was the case with adoptives and indigenous terms, Shona synonyms and variants also were in competition. In the absence of standardised Shona terms, a decision had to be made as to which entries would be defined and which ones would be cross-referenced. The problem was compounded by the fact that, in some instances, adoptives were competing with Shona synonyms. Some of the synonyms are the result of the existence of different dialects in Shona. The dialects that compose Shona are Karanga, Zezuru, Ndau, Manyika and Korekore. Some of these dialects have terms more peculiar to them than those of other dialects. This resulted in several Shona terms where English only has a single standard term. In the examples of synonymous terms from the various dialects under (11), adoptives from English are marked with an asterisk.

- (11) **cancer** mhuka, nhuta, nyamakazi, gomarara,*kenza
goitre humbu, *goita, sokorodzi, bukumuro
uterus chibereko, chizvaro, chirambo, nyoka

One of the major problems was what to include and what to exclude. If all of them were included, the size of the dictionary would be enlarged but the content value would be small. This would also compromise the quality of the dictionary because so many entries would have to be given for the same concept. On the other hand, there would be a limitation of communication if either the patient or the doctor encountered such terms but cannot find them in the dictionary. Young doctors would not be aware of the existence of these various Shona terms. It was therefore decided that these terms would be entered but for the purpose of saving space only one of them would be defined.

The decision to have all the synonyms entered created yet another problem. Criteria for choosing the headword which would be given the definition had to be found. A number of options were considered. These included corpus searches to find out which term featured most in the concordances. Despite the fact that the Shona corpus consists of about 3,5 million running words, the concordances were found not to be fully reliable, for the material used in the building of the corpus did not directly focus on the field of medicine and other scientific disciplines. The attempt to use the corpus showed that some medical terms are actually lacking. This is due to the fact that no medical material had been introduced into the corpus, the main reason being that the Shona corpus

has been established mainly for language and linguistic research. In its present state, the corpus cannot fully fulfil scientific needs.

One way of making a selection was to choose the term that had been popularised through both the electronic and print media. This would be a more standardised term used in all the dialects. As a result of this procedure, from the synonyms that denote "cancer" in the above example, the entry *gomarara* was chosen to be defined. This term has been extensively used during cancer awareness campaigns. In such cases, the popularised term would automatically be given the definition. As regards the synonyms in the other examples, those terms that were mostly used in all the dialects were considered suitable to carry the definitions. With this criterium, it was found that *chibereko* and *humbu* were the most familiar of the terms denoting "uterus" and "goitre" respectively. So the most familiar ones were defined and the rest of the synonyms were cross-referenced to them.

In the same way, the compilers had to deal with more than one term in cases where there were variants. Variants are alternative forms of words in a given context (Crystal 1980: 370) which are close to each other in articulation and as a result in spelling. This is even more so with Shona which has a phonetic spelling system. The variants are quite close in articulation and spelling as can be seen from the examples under (12):

- (12) **bilharzia** chipfunga, chipfungwa
menstrual pain jeko, jekwa
symptom chiratidzi, chiratidzo

Variants are given as separate entries. As was the case with synonyms, one of the variants had to carry the definition and again a criterium for choosing which entry to define had to be found. The definition was given at the most familiar of the variant terms. So the compilers had to consider all the variants to find the most familiar one which should be defined. In the first example, *chipfunga* was found to be more familiar than *chipfungwa*; in the second example, *jeko* was chosen above *hekwa*; and in the third example, *chiratidzo* was given preference to *chiratidzi*.

This was a huge task considering that a total of 497 of these variants and synonyms were entered in the dictionary. All of them had to be considered to decide which one would be defined and which other ones would have to be cross-referenced to it. Shona does not have standardised medical terms as all the doctors and nurses are trained and taught in English. No effort has previously been made to find suitable Shona terms.

4.4 Idioms and Euphemisms

Another challenge that presented itself to the compilers was the abundant use of idioms and euphemisms in Shona. These are used in situations where Shona

speakers refrain from making direct reference to certain terms.

When it comes to specialised fields, the history of a language is very important. The language develops or adopts terminology when a particular practice continues for a long time. English society is characterised by a long period of modern medicine practice. Often borrowing from Latin, English medical terminology has been well developed. There are certain English terms for which Shona does not have direct translations but renders them by idiomatic or euphemistic expressions. The idioms reflect the Shona people's sociocultural understanding of certain concepts. Idioms are phrasal statements, the meaning of which emerges when the words remain in a certain sequence. Some of these have always been used without ambiguity to express certain biomedical concepts in Shona. In the absence of standard medical terms, idioms had to be considered as entries in the dictionary as well. These idioms are used quite often in everyday conversations. Some of the idioms entered in the dictionary are given under (13):

- (13) **barrenness** -cheukwa netsuro (literally, to be mocked by a hare)
menstruate -enda kumwedzi (literally, to go to the moon)
sexually transmitted disease chirwere chepabonde (literally, disease of the sleeping mat)

The compilers were aware that these were not the real terms for the medical concepts they express, but at the same time it was not possible to create completely new terms. The compilers' efforts were directed towards enhancing communication between doctor and patient. In the absence of Shona terms, it was agreed that the idioms would be a temporary help. These can easily be replaced in future editions of the dictionary once more appropriate terms have been found. The compilers' mandate did not go as far as creating new terms. They therefore had to content themselves with what existed in the language. As older people would be comfortable in using these idioms, communication between patient and doctor would be clear. However, idioms are not the most appropriate communicative means in the specialised field of medical practice. They are best included in a general dictionary or a dictionary of literary and linguistic terms.

This lack of standardised terminology also surfaced in a slightly different form regarding the issue of euphemism. Euphemism is the replacement of a term seen as less refined or too direct by a more refined or less direct term. This is mostly evident when it comes to the naming of the private parts of the body and any biological functions associated with them. Mentioning them and describing their functions is considered to be highly obscene in Shona culture so that alternative descriptions for them have been created in an effort to diminish the obscenity which they are deemed to carry.

Another problem is that these euphemisms also tend to accumulate the negative connotation of obscenity with time. This results in a multiplicity of terms as new terms are created as a way of avoiding the earlier euphemisms

now also deemed obscene. This multiplicity of terms is demonstrated by the examples under (14):

- (14) **beche** (vagina) sikarudzi (creator of a tribe), mukana (passage), kunzira (the way)
mboro (penis) mhuka (animal), chirombo (a big thing), mbonausiku (a thing that sees at night), chombo (weapon), chirema (a cripple), sikarudzi (creator of a tribe)
-svira (copulate) -isa (put, insert), -vata (sleep with), -kwira (climb)

The first example *beche* has three euphemisms, the second *mboro* has six and the third example which is a verb *-svira* has three. What is being prioritised in the dictionary is effective communication between doctor and patient. Elderly patients would be more comfortable using the euphemisms.

The compilers had a problem with treating the entries of these euphemisms. On the one hand, the Shona community avoids the explicit terms for cultural reasons whilst, on the other hand, it is mandatory that there be effective communication between patient and doctor. It was resolved that euphemisms be entered. At the same time, it was felt that since the dictionary deals with a specialised field, there should be some initiative towards accentuating the explicit terms. As a result, all the euphemistic terms were cross-referenced to these basic terms normally considered taboo, so that the users of the dictionary can become acquainted with them. The compilers considered the dictionary as the first step towards using these terms in a direct manner. It was felt that the inclusion of the explicit Shona terms, giving them the important role of carrying the definitions, would encourage their application in medical practice.

In general purpose dictionaries, euphemism is widely employed when treating sensitive or obscene words. One of the challenges faced in this dictionary was defining private parts of the body. Euphemism has been avoided as much as possible in definitions because this is a medical dictionary using specialised language. Terms indirectly referring to parts of the body, due to society's norms of being polite, have been avoided as much as possible in the defining language. Hence, a term such as *sikarudzi* (creator of a tribe), an euphemistic reference to both the male and female genitalia, was only entered as headword but was not used in definitions. Thus, in defining sexually transmitted diseases, for example, reproductive organs were referred to by their real, not their euphemistic names. The compilers tried to be as direct as possible. The challenge was to avoid the conventions of the general purpose dictionary and keep the specialised nature of this dictionary in mind.

5. Conclusion

Duramazwi reUrapi neUtano is a milestone in the development of Shona lexicography because it is the first scientific dictionary in one of Zimbabwe's local

languages. The aim of the dictionary is to be user-friendly to both the medical fraternity in order to enhance their efficiency and to the clients they serve. Although it is a relatively small dictionary, it will hopefully open up research of a scientific nature in the local languages and serve as a model for other African languages.

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