International Journal Of Humanities Education And Social Sciences ***(IJHESS)*** *E-ISSN:* **2808-1765**
Volume 4, Number 5, April 2025, *Page. 2457 – 2466*
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Self-harm in the public spaces while trying to embrace indigenous languages in South African context

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Abstract

In public debates about language discourse there is commonly an agreement that people need to be enabled to express themselves sufficiently. However, there are few or no scholars who come forth to address social implementation of multi/ open language policy in the public sector. This paper adopts critical social theory (CST) to explore the debates around the cry about linguistic exclusion in public institutions which necessitates multi/ open language policy. This qualitative study purposively sampled 5 public hospital nurses and 5 public clinics nurses from two South African provinces in order to thematically analyse the findings that emanate from their experiences with regards to language policy. Findings show that the arguments for multi/ open language policy are commonly positively skewed as scholars ignore its negative aspects on implementation failures. This study contributes to literature in terms of exposing an unpopular view that multi/ open language policy has with regards to implementation and expose the likely negativity of its informal implementation. Therefore, data collected through semi-structured interviews during this study will be subject to thematic analysis as the objective is to expose that multi/ open language policy in the public hospitals and clinics has some negative aspects than having only positives.

Keywords: Self-Harms, Multi-Language Policy, Inclusivity, Linguistic Exclusion, Tribalism

INTRODUCTION

Language use in public places does become a problem as it is never true that people would be linguistically homogenous. In South Africa there are eleven officially listed languages, which are, not all languages spoken in South Africa (Mohlahlo and Ditsete, 2022). Those listed languages are ones like, Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, siSwati, Tshivenda, and Xitsonga (Mohahlo and Ditsete, 2022) and there are unlisted languages like Khilobedu, IsiMpondomise, Sepulana, Setlokwa and many more which also have a population that uses them (Majola, 2018). In public places like hospitals and clinics notices are usually written in two languages which happen to be English and one local language. According to Kaiper (2018) this understanding of English plus one local language being sufficient directly limits the implementation of open/ multi language policy. By definition, an open/ multi language policy is a kind of public policy whereby communication would be allowed and be facilitated in all available languages in the public sector (Wigdorowitz et al, 2023). The advantage of open/ multi language policy thereof would be to clearly accommodate everyone using the public services, and as Mokwena (2022) argues, this kind of policy is important in a multilingual democratic society/ country like South Africa. Although many scholars like Heugh et al (2020) have spoken about open/ multi language policy in public places, there seems to be little or none that is written about the self-harm which happens during the attempts to implement it in South Africa. In South Africa where there are communities that are superlatively diverse in terms of language, using only two languages does not in any way seem to contextually align with reality. The informal implementation of open/ multi language policy poses self-harm to public servants like nurses because they cannot translate English to all five languages that they find in some communities like Tonga and Malamulele (as some participants in this study narrate). Those are two locations within Mpumalanga and Limpopo provinces of South Africa which have been purposefully sampled for this study.

Matras and Gaiser (2020) argues that notice boards in public hospitals and clinics are sized to only accommodate two languages, hence English and one local language system is used. It is against that backdrop that this study rejects; (a) the assumed idea of linguistic homogeneity in South African communities/ villages, (b) the idea that everyone who does not know the dominant local language knows English, and (c) the false idea that everyone in South Africa is willing to learn the two provided languages in exclusion of other available languages. Those assumptions are not only false, but they also undermine the linguistic diversity that is intertwined with cultural diversity that exists in the democratic South Africa. According to Mokwena (2022) the use of only two languages in a community with five languages screams the lack of open/ multi language policy or its lack of implementation thereof. Hence, Villanueva (2023) relates that nurses end up trying on their own to translate/ interpret hospital's or clinic's notices to their patients who even feel excluded by the use of the two chosen languages on notice boards. The primary question that one may ask is, does the use of the two languages capture the context of the South African communities? The secondary question to that would be, why notice boards are sized only to accommodate two languages instead of accommodating the whole public/ community? The tertiary question then is, why creating a situation whereby nurses have to be responsible for interpreting languages instead of government making ways to properly implement open/ multi language policy in public hospitals and clinics?

At core, this study argues that talking about open/ multi language policy without a plan to formally implement it amounts to self-harm in public service spaces like hospitals and clinics. Therefore, when nurses have to focus on their duties, it becomes a waste of time and energy to be translating or interpreting the notices to some patients. Perhaps, since technology keeps improving day by day, there must be a way to create notice boards that are in line with open/ multi language policy implementation in all public service places in the whole Republic of South Africa (RSA). In the outline, from here going forward this study has literature review, methodology, theoretical framework, findings, analysis, recommendations, conclusion, and references as the last part of it.

RESEARCH METHODS

According to Snyder (2019) research methods refer to strategies and techniques that the researchers employ to explore, analyse, critique, and discuss a particular phenomenon being studied. Then, scholars like Kumar and Praveenar (2025); Gupta and Gupta (2022); Patel and Patel (2019) argue that it is always necessary for the researchers to detail their methods used in a study so that one may understand how the findings/ results were obtained. This is a qualitative study for which 10 nurses from 2 public clinics and 2 public hospitals were purposively sampled. The method of collecting data was semi-structured interviews which were conducted in person with the participants. It was convenient to visit those public clinics and public hospitals in order to avoid any possible complications in terms of communication, and all participants actually preferred this method when they were contacted casually prior to the interview's visitations. Prior to the interviews, researchers communicated with the nurses telephonically and requested the permission to having interviews with them. Nurses from all the public clinics and hospitals had to grant their clearly voluntary consent whether verbally or written, with a clause that they can withdraw from interviews at any point they feel like doing so. For record keeping, all verbal consent statements were recorded with a recording devise as the participants agreed to that action. Ethical clearance was acquired from the researchers' university with the reference number TREC/804/2024: PG after the ethics committee examined the proposal for this study and gotten satisfied with it. With the ethical clearance certificate, it was then easy to approach the clinics and hospitals for them to approve the continuation of this research in their premises.

Headmasters/ headmistresses and superintendents of public clinics and public hospitals granted their verbal permission statements that their staff members can participate in this study. In all selected clinics and hospitals, headmasters/ headmistresses granted their permissions with the condition that there must be no disturbance of nurses in their performance of duties, or the interviews time must not clash with their duty time. With that condition being upheld, semi-structured interviews based on the following open-ended questions too place. Basically, the questions that this study seeks to have answers to, are (i) what does the language policy in your workplace say about your working context? (ii) how many languages are spoken around your workplace and how many of them are you conversant with? (iii) do you face problems with the implementation of language policy in your workplace? If yes explain, and (iv) how do you think the problem caused by the diversity of languages in South Africa can be solved?

From the above sub-questions, the objectives are (a) to find out if the language policy relates to the context of public clinics and public hospitals in South Africa, (b) to explore the assumed homogeneity of South Africans in relation to the language policy in places of public service, (c) to explore nurses experiences with the implementation of language policy in their workplaces as it directly affects them, and (d) to find out if public servants like nurses in public clinics and public hospitals can offer any solutions to the problems caused by language diversity in South Africa. The data collected through those semi-structured interviews was then thematically analysed and subjected to 3 layered interpretation approach. The 3 layered interpretation approach according to Ntshangase et al (2024) speaks to (a) textual interpretation of textual notices from the notice boards of selected public clinics and hospitals, (b) contextual interpretation approach which looks at the context at which the problem arises, and (c) substantive interpretation which looks at the fundamental aspects and continuation of the problem against the multi/ open language policy being implemented.

This study complies with the requirements of authenticity, reliability, and trustworthiness because (a) participants in this study are real people who can always be revisited for verification of data collected from them, (b) places where the research took place are real places in South Africa, which can be revisited to validate the data collected as recorded in this study, (c) data collection and storage in a recorded form makes it easier to revisit the records, and (d) the 3 layered interpretation approach allows for a deeper analysis of data than the ordinary thematic analysis because it even accommodates the ordinary language of the participants.

Limitations to this study are (a) due to financial constraints this study only involved two provinces which are Limpopo and Mpumalanga, (b) this study only used thematic analysis and 3 layered interpretation approach, for which someone may argue that they are not exhaustive, (c) this study only used qualitative methods, for which someone may argue that it is not the only approach to research, (d) only nurses as public servants participated in this study while someone may argue that other public servants should also have participated, and (e) community members who use different languages and refuse to speak English when requiring public clinic or public hospitals services were not involved in this study. However, all these limitations can be satisfied in other studies that will later build from this one

RESULT AND DISCUSSION

Some parts in these findings are written as translated from the original languages of participants. As it is the case that this study is presented in English, it has been important to allow the participants to express their views in their own languages which were then translated to English when recorded here in the study. To avoid repetition, participants who report similar information are recorded as a group (eg P1, P2 & P3) with their response after their P codes.

Research locale

In Mpumalanga province of South Africa, Tonga hospital and Mzinti clinic are the two public health service centres that were found suitable for sampling in this study. They are both situated in a place where the local people speak, IsiSwati, Xitsonga (Shangaan), Sepedi, Sotho, and Ndebele. In Limpopo province of South Africa, Malamulele hospital and Malamulele clinic are the two public health centres that were found suitable for this study as they are both surrounded by villages that speak, Xitsonga, Sepedi, Tshivenda, Khilobedu, and Shona. The common characteristic of all these public health centres is that they serve linguistically diverse communities which makes them face the same problem of open/ multi language policy implementation as they need to accommodate multiple languages while offering their services. The table below shows the profile of sampled participants for this study.

Table 1. Participants' profile

Participant	**Gender (M=male/ F=female)**	**Profession**	**Place**	**Language proficiency (fluency in speaking & writing)**	**Home language**
P1	M	Nurse	Tonga Hospital	IsiSwati & English	IsiSwati
P2	F	Nurse	Tonga Hospital	IsiSwati, Shangaan & heaEnglish	IsiSwati
P3	F	Nurse	Manzini Clinic	IsiSwati & English	IsiSwati
P4	M	Nurse	Manzini Clinic	IsiSwati & English	IsiSwati
P5	F	Nurse	Malamulele Hospital	Xitsonga & English	Xitsonga
P6	F	Nurse	Malamulele Hospital	Xitsonga & English	Xitsonga
P7	M	Nurse	Malamulele Clinic	Xitsonga & English	Xitsonga
P8	M	Nurse	Malamulele Clinic	Xintsonga, Venda & English	Xitsonga
P9	M	Nurse	Tonga Hospital	IsiSwati, IsiZulu & English	IsiSwati
P10	F	Nurse	Malamulele Hospital	Xitsonga, Afrikaans & English	Xitsonga

P1, P2 & P9: ***"****(a) the language in our workplace (Tonga Hospital) enforces the utilization of English and IsiSwati because in Mpumalanga the majority speaks IsiSwati. When it comes to notices, they are written in both English and IsiSwati to contextually accommodate*

most people. However, in an actual fact there are more languages than merely those two languages. We then end up having to accept that other people do not understand what is in those notice boards and interpret/ translate for them. (b) there are five languages spoken in Tnoga as part of Mpumalanga province. Those languages include, English, IsiSwati, Xitsonga (Shangaan), Sepedi, Sotho, and Ndebele. Most of us are conversant with only two or three of those languages and we rely on English language which is deemed to be common among all people in South Africa. (c) Yes we do face some problems with implementing open language policy here in Tonga. As many people speak different languages, notice boards are quite small to accommodate notices written in all those languages and that is why we end up writing only in two languages (ie English and IsiSwati). In the hospital itself we use IsiSwati and English when we communicate and that makes language policy be highly accommodating English and IsiSwati than being open to all as it should. (d) We think that language related challenges can be solve if everyone can be willing to learn English and be conversant in it or at least learn isiSwati in this area".

P3, P4: ***"****(a) the community around Manzini clinic speaks about 5 languages and the policy merely emphasises English and isiSwati, so it does not say anything about the open/ multi language policy. (b) many of us only speak IsiSwati and English, our notice boards are also written in those languages in exclusion of all others. Problems related to language policy cannot be solved because the South African government assumes that all people are conversant with English language secondary to their home languages. So, there seems to be no time where notices in public spaces will be written in all languages that people speak".*

P5, P6 & P10: ***"****(a) here in Malamulele hospital the language policy is only accommodating English and Xitsonga, in exclusion of other languages spoken around. And that cannot be understood as open/ multi language policy while it is limited to only two languages. Since the community is made up of people who speak Xitsonga, Sepedi, Tshivenda, Khilobedu, and Shona, we observe that contextually our language policy does not much relate to context. (b) our language policy is not open/ multi language policy because it is limited to two (ie English and Xitsonga). (c) there seems to be no way language related challenges can be solved because people are diverse and their ability to learn different languages limits them".*

P7, P8: **"***(a) in Malamulele clinic, like all public spaces our work policy emphasises English and Xintsonga and that does not address the actual context whereby different people speak more than 4 languages. (b) there are about 5 languages spoken in Malamulele area and most of us are conversant with only 2 languages (ie Xitsonga and English). (c) problems related to language policy may be solved through educating everyone and making sure that everyone knows English which is the official language of the Republic of South Africa".*

Analysis

Theme 1: Language policy in public service places does not contextually align with the community requirements. According to critical social theorists like Ntshangase (2024) and Cherubini (2024) once there is a disconnect between the context and the policy or practice then there is no to follow that policy. If the current language policy in public hospitals and public clinics in Limpopo and Mpumalanga it becomes a serious question as to why those policies should be followed. The community desires that all languages be recognised and public servants/ nurses be relieved of the duty to translate/ interpret notices for their patients. According to Kaiper (2018) it does not matter that there is a language policy but what matters is whether it aligns with the context of the community or not. This study purports that there must be a better way to apply the open/ multi language policy such that everyone feels accommodated. When the hospital or clinic does not use the language of the local people it creates a sense in which it seems to be not build for everyone living in that community (Donahue et al, 2024; Kaiper, 2018). When the community has five languages used by the residents, the public hospital or clinic should also practically include all of those languages in their language policy. But in South African public

hospitals and clinics that seems to be not the case as participants of this study present their experiences of having to translate/ interpret the notices for their patients.

Theme 2: Language policy as implemented in public hospitals and clinics only accommodates two languages in exclusion of all others. All the sampled public hospitals and clinics demonstrate clear evidence of the fact that it is English and one of the local languages that is used to write public notices. That simply means there is no open/ multi language policy being implemented. Then the question is, how do those public hospitals and clinics contextually relate with their community members? For which the quick answer then is those public hospitals and clinics situated in Limpopo and Mpumalanga are not contextually representing or meant to be accommodating members of those communities wherein they are built. Since this study argues for open/ multi language policy, the idea hereby purported is that bilingual approach does not have much advantage as needed. This falls in line with Mokwena's (2022) argument that language speaks to both recognition and accommodation, that means if your language does not feature anywhere in the public spaces, it may easily translate to one's existence being not acknowledged. Therefore, the implementation of open/ multi language policy would bring a better alignment and advantage in South African communities that used to be victims of bilingual policy as implemented in public hospitals and clinics.

Theme 3: Nurses deem it their responsibility to address gaps in open/ multi language policy implementation. Nurses narrate that their pain begins when they see patients not understanding what is written on the noticeboards, and they try to translate for them. This is an informal way to implement open/ multi language policy and it should not be happening like that. Frankly speaking, this study argues that such is an informal and unexpected implementation of language policy, hence some languages get to be informally treated while few enjoy the status of being on top. There is a level at which community residents are made to be unequal through this approach to language diversity and inclusion. According to Ntshangase (2024) and Kaiper (2018) any democratic society must make everyone feel comfortable, welcomed, and valued. So far, the ones whose languages do not feature on public spaces feel unwelcomed, not valued, and not important in their communities, and that needs to be addressed officially. The idea that the common practice has to continue forever can be changed, and studies like this one are aimed at facilitating that change and champion the necessary development in South Africa.

Recommendations

Although this study cannot be prescriptive of what can help in this issue of linguistic diversity in South Africa, but these few suggestions may influence a move towards finding the solution or solutions. Therefore, this study recommends; (a) community leaders must have a program or meeting whereby people decide on a most popular language to be used in their places of public service; (b) employment places in a particular community must include more of local people who will not struggle with communication in the local vernacular; (c) youth must take education more seriously and be conversant with English language while government at the same time must organise programmes to educate the elderly community members who feel linguistically excluded with English; and (d) there must be awareness campaign which encourages all South Africans to be conversant with at least 4 languages besides individual's home language and English. Perhaps with these recommendations acted upon, South Africa with its linguistic diversity might shift towards finding solutions to the implementation of multi/ open language policy in public service spaces like public clinics and public hospitals

CONCLUSION

The existence of many languages in South Africa brings a variety of problems in terms of implementation although it is considered necessary to accommodate everyone. Many South Africans are very tribalistic to the extent that they do not make any effort to learn other languages, and this makes them not understand even the common language of instruction, English. It seems that there is still more work that needs to be done in order to fairly accommodate everyone in public spaces of service like public clinics and public hospitals. In rural areas where there is a large population of uneducated or even illiterate people there needs to be always a way to linguistically accommodate everyone who require service there. But the problem is that in a community where there almost 5 languages spoken, the notice board becomes too small to accommodate all those languages. Although English is nationally considered as a common language of instruction, but it seems not efficient as it should be in many places of public service. However, in communities where there is homogeneity of indigenous language use it is easier to write notices in English and the local vernacular. This study holds that perhaps the issue of creating one unitary means of communication that will accommodate everyone needs to be further studied because it can help public servants who have to serve different communities in South Africa.

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