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RESEARCH ARTICLE

Language matters: dietitians' lived experiences of language barriers during nutrition counselling with Sesotho-speaking mothers in the first 1 000 days of life

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Objectives: The objectives of this study were to explore language barriers between dietitians and Sesotho-speaking mothers, the impact of these language barriers on nutrition consultations, and proposed solutions to address them.
Design: A qualitative phenomenological study was undertaken to explore the dietitians' lived experiences through face-to-face interviews.
Setting: The study was conducted at 20 public health institutions in the Free State province.
Subjects: The sample included 22 dietitians who were purposively selected.
Results: Most of the participants reported experiencing language barriers, including dietitians lacking proficiency in Sesotho, the predominantly spoken language. The negative impact of language barriers on the nutrition care process was explored. Furthermore, some Sesotho-speaking mothers displayed resistance to receiving healthcare services in English. The role of power and privilege in language was also highlighted, given that indigenous South African languages have not received equal parity compared with English and Afrikaans. Dietitians reported difficulty in explaining nutrition concepts in Sesotho. Strategies and recommendations identified to overcome language barriers included the use of interpreters, visual aids, and codeswitching.
Conclusion and implication: The results of the current study confirm that language barriers result in communication gaps and that practical solutions are necessary to ensure the success of healthcare interventions. This study contributes to understanding the intricacies of language barriers, especially in a South African public health care setting. However, it recommended that the research be repeated in other areas of South Africa to understand the true complexity of language barriers in healthcare interventions.

Keywords: dietitians, health communication, indigenous languages, language barriers, nutrition education

Introduction

Globally, one in three people suffer from one or more forms of malnutrition, i.e. over- and undernutrition and micronutrient deficiencies.[1] The coexistence of undernutrition (micronutrient deficiencies, stunting, and wasting) and overnutrition (overweight and obesity) at all population levels is known as the double burden of malnutrition (DBM)[1] The DBM is a serious issue for public health with maternal and child malnutrition being a major contributor.[2] The first 1 000 days of life refers to the critical period of development between conception and two years of age.[3] Adequate nutritional care is invaluable during this period, and without it the tone is set for poor health outcomes into adulthood.[1]

South Africa has made strides towards combating malnutrition during the first 1 000 days of life by upscaling health initiatives and interventions.[4] Through legislative support, the First 1000 Days of Life initiative is supported by South Africa's National Integrated Early Childhood Development Policy, social grants, nutritional supplementation programme, and various other nutrition policies.[5] In terms of healthcare, it was deemed important to strengthen the provision of healthcare services across the life cycle. More specifically, the care of women and children has been prioritised.[2,4]

Dietitians are qualified experts on diet and nutrition who assess and diagnose dietary-related problems on an individual and group level.[6] They are responsible for the dietary management of diseases and facilitate patients' adherence to dietary advice.[7] Nutrition education is an integral part of medical nutrition therapy and has been shown to contribute significantly towards reducing the prevalence of the DBM during the first 1 000 days of life.[8] Effective communication skills are required to provide nutritional education and counselling to patients.[9] However, the language in which dietitians and their patients are proficient in communicating frequently differs.[10] This results in language barriers, as patients receive medical care that is not communicated in their home language.[11,12] The nutrition care process becomes redundant if patients fail to understand the nutrition education communicated by the dietitian. It is, therefore, crucial for dietitians to continuously upskill and maintain their communication skills and abilities. The efficacy of dietetic care is dependent on it.[9]

Language is embedded in the social and cultural make-up of communities.[12,13] Language and culture exist synergistically and cannot be separated.[12] For this reason, cultural competence, which entails effective engagement and awareness of different cultural groups, is a critical component in health care. The main source of understanding culture is rooted in language, because cultural nuances are shared through language.[12,14] Language barriers and a lack of cultural competence may lead to ineffective communication between dietitians and patients.[7] Moreover, language barriers compromise

the quality of healthcare interventions and have a negative impact on patient health outcomes.[7,14]

Overcoming language barriers is particularly difficult in countries with linguistically and culturally diverse populations.[15,16] In South Africa, English is typically a common and widespread language used by health care professions (HCPs) in public health institutions,[11,17] though English is not the most commonly spoken language in the country.[18] This is noteworthy, considering South Africa has 11 official languages[13], with indigenous African languages accounting for 10 official languages.[19] Consequently, many patients in South Africa are not proficient in English and often do not communicate well with their HCPs.[11] Historically, the development of indigenous African languages has been stunted due to South Africa's history of inequality.[10,13,20] The Patients' Rights Charter states that patients have a right to receive health care in their preferred language.[17,21] From a legal standpoint, the importance of language use between HCPs and patients is well recognised and acknowledged in official South African laws and documents. Despite this, language barriers in health care continue to negatively impact health interventions and outcomes.[20]

Addressing the linguistic component in health interactions should be prioritised, as communicating health information using the patients' indigenous languages is more likely to be effective.[7,15] Therefore, this qualitative study aimed to explore the language barriers between dietitians and mothers during nutrition consultations related to the first 1 000 days of life. The objectives of this study were to explore the language barriers between dietitians and Sesotho-speaking mothers, the dietitians' perceptions of the impact of these language barriers on HCP–patient interactions and proposed solutions to address them.

This study stems from a published thesis submitted in fulfilment of Magister Scientia in Dietetics in the Faculty of Health Sciences, Department of Nutrition and Dietetics, University of the Free State, Bloemfontein.

Methods

A phenomenological qualitative study design was used to describe language barriers between dietitians and Sesotho-speaking mothers of infants and young children during the first 1 000 days of life.

Participant recruitment

Dietitians were eligible for participation and were recruited through the Department of Health at district, secondary, tertiary, and regional health facilities. Participating dietitians were purposively selected to include those who specifically worked with Sesotho-speaking mothers. Sesotho is one of South Africa's official languages and the most spoken language in the Free State.[19]

Data collection

The data were collected using face-to-face interviews (refer to addendum one) at 10 public health institutions in the Free State province, South Africa, in February 2023. Phenomenological research uses open-ended research questions and emphasises gaining an understanding of the phenomena being studied.[22–24] Face-to-face interview sessions were conducted with participants to gain a detailed account of their experiences and viewpoints.[23] The interviews were conducted in a private room as identified at each institution and they were approximately 20–30 minutes long. The interview sessions were audio-recorded, transcribed, and the researcher kept field notes during the interviews. The audio-recorded data were transcribed by the researcher.

Data analysis

One round of member checks was conducted with each participant. Qualitative data analysis software can serve as a useful and effective platform to manage, categorise/code, and organise data.[23] The transcribed interviews were imported to the NVivo 12 Pro software programme (https://lumivero.com/products/nvivo/), which enabled the researcher to organise and analyse data to draw deep insights. All the transcribed data were reduced to significant statements or quotes. The data were coded, and three major themes were generated, with accompanying subthemes, until data saturation was reached. Data saturation refers to the concept whereby the researcher has reached a point where no new information can be extracted from the data that adds to an understanding of the category.[24] Data saturation was reached at interview number 22.

Demographic data of the participants are described in Table 1. The study included 22 dietitians employed at district, secondary, regional, and tertiary health facilities. Most participants identified as White Africans who spoke Afrikaans as their first language; the rest of the participants identified as Black Africans who spoke various indigenous South African languages. Every participant in this study was fluent in English. Themes and sub-themes reported in this article are summarised in Table 2.

Ethical considerations

The study received ethical approval from the Health Sciences Research Ethics Committee (HSREC) of the University of the Free State and the Free State Department of Health protocol (Reference number: UFS-HSD2022/1733/3101). Written informed consent was obtained from participants, and all written and recorded data were kept confidential. Data were deidentified to protect confidentiality. The data used for this study will be kept for three years after the publication date.

Results

Theme 1: challenges when consulting with Sesotho-speaking mothers

Language barriers were frequently encountered during nutrition consultations because most participants could not speak Sesotho fluently. The factors related to language barriers are described in the sub-themes below.

Inability of dietitians to communicate in Sesotho

The participants stated that they faced language barriers when consulting with Sesotho-speaking mothers because they were unable to communicate effectively in Sesotho. Fourteen of the participants reported that they were not fluent in Sesotho.

> "I can't speak; I can't actually speak Sesotho … ." (P1)

> "I really need a language course because my Sesotho is really not adequate." (P8)

The negative impact of language barriers on nutrition outcomes

A few participants expressed that their inability to speak Sesotho hindered them from providing the best dietary intervention.

Table 1: Demographic data of participants

Participant	Age	Years of experience	First language	Language fluency
1	39	12	Afrikaans	Afrikaans & English
2	31	7	Afrikaans	Afrikaans & English
3	26	4	Afrikaans	Afrikaans & English
4	31	7	Afrikaans	Afrikaans & English
5	27	CSD	Afrikaans	Afrikaans & English
6	25	3	Afrikaans	Afrikaans & English
7	25	2	Seswati	Seswati, Xhosa, Ndebele, Sepedi, Sesotho, & English
8	24	1	Sepedi & Setswana	Sepedi, Setswana, Sesotho, Zulu, Tsonga, & English
9	36	13	Afrikaans	Afrikaans & English
10	35	12	Afrikaans	Afrikaans, Dutch, & English
11	36	13	Afrikaans	Afrikaans & English
12	28	6	Afrikaans	Afrikaans & English
13	21	CSD	Sepedi	Sepedi, Setswana, Sesotho, & English
14	39	16	Sesotho	Sesotho, Setswana, & English
15	39	16	Afrikaans	Afrikaans & English
16	39	16	Afrikaans	Afrikaans & English
17	28	3	Sepedi	Sepedi, Setswana, & English
18	37	6	Sesotho	Sesotho, Sepedi, Setswana, & English
19	24	3	Sepedi	Sepedi & English
20	27	3	Sepedi	Sepedi & English
21	34	11	Afrikaans	Afrikaans & English
22	24	CSD	Afrikaans	Afrikaans & English

CSD: community service dietitian.

Table 2: Study themes and associated sub-themes

Theme	Subthemes
Theme 1: Challenges when consulting with Sesotho-speaking mother	• Inability of dietitians to communicate in Sesotho • Negative impact of language barriers on the nutrition care process • Sesotho-speaking mothers who were resistant to receiving healthcare services in English • Language barriers resulting from the language diversity in South Africa • Role of privilege and power in language relations
Theme 2: Identified medical terms and concepts that were difficult to explain in Sesotho	• No subthemes
Theme 3: Strategies and recommendations to overcome the language barriers	• The use of informal interpreters • Codeswitching and language learning • Sesotho educational material, and visual aids • Other strategies and recommendations to overcome language barriers

> " … So sometimes it really feels like we are not helping the patients in a way that we should because we are not speaking their language. Sometimes we feel, you know, that we are not able to do our jobs properly." (P9)

Participants mentioned that the number of patients that they could see in a day was reduced due to language barriers, which also affected the amount of time available for patient consultations.

> "At the end of the day, I can only see, like, a few patients. Where if I could speak the language, then I would have been able to see more patients". (P22)

It became more difficult when the participants had to take a diet history to determine the primary cause of the patient's disease.

> "If there's a language barrier, then it's very difficult for me to get a diet history … to see why they are malnourished." (P12)

A participant felt that patients wanted to speak their home language, especially during times of stress.

> " … if I can go to breastfeeding … it is a stressful situation. And as soon as you are in a stressful situation then you tend to go back to your roots. And when you

are at your roots, that's when you speak your home language … ." (P11)

Sesotho-speaking mothers who were resistant to receiving healthcare services in English

Many of the participants stated that some mothers displayed resistance to communication in English and preferred to receive nutrition counselling in their home language.

> "Sometimes I know a mother can understand English, but the moment she hears that I cannot speak her language then it's just like she just closes off. Yes, they are resistant and just because I cannot speak their language, they just refuse to just meet me halfway [laughs] … ." (P9)

Participants reiterated that the attitude and approach of the dietitian might be a redeeming factor and determine whether resistance from the mother will occur or not. Nutrition consultations were often unsuccessful if dietitians displayed a sense of entitlement when speaking Afrikaans or English. In contrast, mothers were perceived to be more understanding of the dietitians' lack of proficiency in Sesotho when dietitians were more accommodating and made efforts to converse in Sesotho.

> "It's more in the way that you, not so much the language, but more so how you approach the patient, with what attitude you convey the information." (P3)

> "But in most patients, if they see that you try to speak in their language, they respect you more … ." (P5)

Participants acknowledged that mothers do have a right to receive healthcare in the language of their choice. So, it was completely reasonable for mothers to expect to receive healthcare in their language of choice.

> "It's just maybe trying to prove a point I don't know because I mean, they do have a right to receive service in a language of their choice. They do have it so maybe it comes down to patients' rights and they know it and they should receive healthcare in their language of choice." (P9)

Language barriers resulting from the language diversity in South Africa

Participants often consulted with mothers who spoke languages other than Sesotho. The experienced language barriers occurred with local South African indigenous languages such as Afrikaans, Xhosa, Pedi, Shangaan, and Zulu.

> "It wasn't really difficult for me to communicate with Sesotho mums. But I did struggle to communicate with Afrikaans-speaking people because I'm from Limpopo and we do not really speak Afrikaans that side. So, when I came here, it's really … it's purely really Afrikaans speaking. Most of the things that I've done here is Afrikaans, it's Afrikaans based. I cannot communicate in Afrikaans at all." (P8)

Four of the participants were Sepedi speaking, and one participant was Setswana speaking, and they all expressed some difficulty when communicating with Sesotho-speaking mothers.

> "I thought there is not much difference. So, I was surprised when they didn't understand what I was saying because I took it like Sesotho and Sepedi is more related which is not really the truth. They are not in any way. They are different." (P7)

> "Sesotho and Sepedi is more or less the same, but with some of the terms I don't even understand." (P17)

One participant who spoke Sepedi and Setswana expressed that it is difficult to understand the different dialects because indigenous languages are so deep.

> "Well, being Tswana really does help, it does help. I'm not shocked when people say a lot of words in Sotho [Sesotho] … . I have that background, and it only pushes you to a certain extent. Because the languages are so deep. They don't always relate when it comes to a certain point." (P8)

Participants experienced the impact of migration across provinces and the influx of foreigners into South Africa. Interestingly, some participants recalled situations where language barriers were experienced because mothers had limited English proficiency and spoke international languages such as French (spoken in some parts of Africa), Mandarin (spoken in China), and Shona (spoken in Zimbabwe).

> "I saw a Chinese diabetic one that could not understand any other language than Mandarin. I've had patients that were French-speaking patients from higher up in Africa or you can get someone from Zimbabwe or Zambia. Those ones are a challenge because there isn't anyone to translate." (P1)

> "We have also a struggle with the Lesotho citizens who come here for healthcare or deliver babies here. And they also usually struggle with English and Afrikaans as well. So, then we have to get someone to help to translate." (P2)

The role of privilege and power in language relations

According to some participants, dietitians of Black African ancestry were inclined to receive more backlash or resistance from mothers for not being able to speak Sesotho.

> "Most of the time, the backlash comes to Black and Coloured dietitians. They experience that with some patients … . When it comes to a black person, they already expect that you are supposed to know a better level of understanding towards them. So, I think that's why most black dietitians that are not proficient in the language like Sesotho would feel like patients give them more backlash for not being able to communicate in their language than what may be reported from their white counterparts." (P6)

A few of the participants had the belief that speaking Sesotho or Zulu guarantees fluency in the other indigenous South African languages, which are spoken by Black Africans.

> " … I feel Sesotho is the basic language that everybody understands … . I think the Sesotho in the black Culture is like our English." (P12)

> "In all the languages, ja, any type of native language. A lot of people say that if you can understand Sesotho, then you can more or less understand the different languages … ." (P21)

Some of the participants disputed this idea as they indicated that this perception relates to poor public knowledge around African languages to the exclusion of Afrikaans.

There was a perception among participants that mothers should be able to speak English because it is a universal language. Some participants believed that because they are Afrikaans speaking, and the mothers are Sesotho speaking, they should meet each other on common ground and speak English.

> " … because most people study another language and I believe people should actually study English, in my opinion. And I go back to my opinion that everybody in South Africa should be able to speak English. Because it is the language of instruction." (P5)

> " … What I always tell them is that I'm here to help them … and I can't speak your language. But we can speak in English because … its common ground so, ja." (P9)

Participants felt that some dietitians displayed a level of entitlement towards speaking English to Sesotho-speaking mothers. This was frowned upon by some of the participants because they felt that the dietitians were in the patients' territory and therefore had to make more effort towards learning the patients' home language.

> "I think dietitians can be more accommodating to patients." (P13)

> "Nobody expects anybody to speak full Sesotho. But I think sometimes we have a level of entitlement to speak in English to patients." (P5)

Participants expressed that they felt some mothers felt ashamed that they could not understand English.

> "Sometimes I think mums are ashamed that they do not understand English. Because English is glorified as the language of the smart people." (P10)

According to the participants' perceptions, some mothers occasionally viewed English-speaking dietitians as superior and authoritative.

Theme 2: Identified medical terms and concepts that were difficult to explain in Sesotho

The second theme delved into the medical words and concepts pertaining to the first 1 000 days of life that participants found challenging to communicate to mothers in Sesotho.

Several participants mentioned that their lack of proficiency in Sesotho caused difficulties when they had to communicate scientific words and concepts in Sesotho. A few participants who had proficiency in Sesotho stated that they sometimes experience difficulties in finding the appropriate Sesotho terminology to explain medical terms and concepts. This was because these participants perceived certain scientific and medical words and concepts as non-existent in Sesotho.

> " … the difficult thing about Sotho that I have to say is, for some concepts there isn't a Sotho word. It's an explanation so it makes it a bit difficult … ." (P16)

Participants who had proficiency in Sesotho reported difficulty describing words that may impact the mothers' understanding of the concepts being discussed.

> " … When I deal with kids with epilepsy and cerebral palsy then sometimes it is difficult to explain to them in their home language. I would just make actions, like showing how a person with epilepsy would act, just falling randomly. Or just shaking, so try by all means to explain through symptoms, and not what the definition is." (P13)

The majority of the participants, including those participants who had proficiency in Sesotho, reported difficulty in explaining nutrition and medical terms/concepts related to the first 1 000 days of life in Sesotho.

> "I don't know what hormone is in Sesotho." (P8)

> "I think neurodevelopment, just the complexity of that and even the gut permeability and how the physiology works." (P15)

> "Dietitian is difficult to explain." (P2)

Table 3 demonstrates the medical terms and concepts that participants perceived as difficult to explain in Sesotho.

Theme 3: Strategies and recommendations to overcome the language barriers

Participants offered several suggestions for bridging the language barriers between mothers and dietitians.

The use of informal interpreters

The majority of participants stated that they relied on interpreters to navigate language barriers and that the personnel at their facilities are often helpful when it comes to interpreting. There were no dedicated and trained interpreters at any of the facilities in this study.

> "In the ward, I go grab the nearest enrolled nurse that will help me." (P12)

Dietitians occasionally asked Sesotho-speaking mothers to bring family members who could communicate in Afrikaans or English to their appointments to help with interpretation.

> " … with the patients that we have a language barrier with, we always ask them to bring a family member with that they are comfortable with or with whom they are living with, who understands either English or Afrikaans." (P10)

Finding other staff to interpret was particularly difficult in the presence of time constraints.

Table 3: Medical terms and concepts that were difficult to explain in Sesotho

Dietitian
Exclusive breastfeeding
Mixed feeding
Epilepsy
Cerebral palsy
Feeding on demand
Brain development
Fetus
Pneumonia
Insulin
Hormones
Gestational diabetes
Vitamins and minerals
Immunity
The different food groups
Complementary feeding
Formula mixing and preparation
Positioning and attachment in breastfeeding
Explaining moderate and severe malnutrition
Disease pathophysiology involving body organs
Reliable signs that the baby is getting enough breastmilk
Issues around iron and miscarriages
Neurodevelopment
Gut permeability
Metabolic terms
Psychological terms
The clinical signs of malnutrition
Effect of malnutrition on intelligence

> "So, if you've got enough time, you can find someone, but if it's pressed for time … that will be a problem." (P1)

Codeswitching and language learning

Codeswitching and language learning was identified as a common strategy to overcome language barriers. Code-switching is a linguistic technique where speakers change or adjust their language, speech, accent, or behaviour to adapt to the target population.

> "I use my broken Sotho words. I have a small vocabulary that I do have that I try to address some of the issues or at least." (P3)

> "Even when I ask about "dijo", instead of food, patients are more willing to engage with you. So, definitely with the mothers as well … if they see you trying it makes a big difference to them." (P4)

> "But I've learnt, and I see that the more I'm willing to communicate in Sesotho, the more that they willing … to listen at that point. Because they see that I'm at least trying in the beginning or to communicate certain phrases to them in Sesotho." (P6)

> "Whatever the language is that is spoken in that province, it is your responsibility to learn some words, so I think the responsibility also falls on us as well. To make sure that you try your best to learn." (P4)

> "I think it's self-development. You just have to learn the language yourself, that's all. Start with the basics. If you know the basics, then you know it will make a big difference." (P17)

Sesotho educational material and visual aids

The use of visual aids and educational material in Sesotho came up frequently as a recommendation to bridge the language barriers. Participants reported that mothers understood nutrition education better when they were able to see what was being communicated by the dietitian.

> "I use visual aids, because an apple is an apple, in any language." (P16)

> "I use pictures so at least I think if a person can't read, but they do see pictures, then they can interpret those pictures." (P17)

> "Making use of pictures and visual aids. It's really one of the easiest ways to get a message across, is by having a picture." (P16)

Other strategies and recommendations to overcome language barriers

In order to navigate language barriers, participants also reported utilising Google Translate and searching for common Sesotho words and phrases on Internet search engines. Creating a lexicon or glossary of nutrition-related terms and phrases was one of the other suggestions. This recommendation provided a breakdown of nutrition-related questions and mothers' replies in Sesotho. Furthermore, it was recommended that the Department of Health (DoH) develop video recordings of nutritional education in all the indigenous African languages.

Many participants stated that they did not really have trouble explaining medical terms or concepts. Instead of using scientific jargon, participants used practical methods to explain medical terms/concepts; for example, participants used a fake breast to show the mother how to breastfeed appropriately. Interestingly, of the nine participants who expressed no difficulty in explaining medical terms or concepts in Sesotho, six were Afrikaans-speaking.

Overall, most of the participants experienced language barriers during consultations with Sesotho-speaking mothers. Most of the language barriers were experienced by the participants themselves, whereas the others were observed in other dietitians. The consensus is that language barriers pose a challenge that needs to be addressed.

> "I just hope that these language barriers are addressed because it's very challenging." (P10)

Discussion

This phenomenological qualitative study examined dietitians' language barriers experienced during nutrition consultations in the first 1 000 days of life. Many participants reported experiencing language barriers due to differences in spoken language and an inability to speak Sesotho.

Prior to conducting nutrition education, dietitians must conduct a nutrition assessment to identify the patients' nutrition problems. Furthermore, dietitians need to conduct the nutrition care process (NCP) throughout nutrition consultations, which includes nutrition assessment, diagnosis, intervention, and monitoring.[25] The quality of nutrition interventions was significantly impacted by language barriers between dietitians and mothers who spoke Sesotho and other languages found in South Africa. Dietitians frequently struggled to apply the NCP in the face of language barriers, which had an impact on nutrition assessment, diagnosis, intervention, and monitoring at every stage. Similarly, attempts to decrease the prevalence of DBM within the first 1 000 days of life were negatively impacted by language barriers. Although Afrikaans is indigenous to South Africa, it was prioritised during the Apartheid regime compared with other African languages spoken in South Africa. Historically, indigenous South African languages were stunted while English and Afrikaans received priority, which relates to the role of power and privilege in language relations.[10,13,20]

Research conducted by medical students in South Africa was concerned with the evaluation of a language course in Xhosa and Afrikaans. This study confirmed that Xhosa did not receive equal exposure to Afrikaans.[14] Most of the students were able to greet patients comfortably in their respective languages and take a medical history. However, they experienced more difficulties conducting medical investigations, discussing treatment, and understanding the patients' responses in Xhosa compared with Afrikaans.[14] Similarly, a study was conducted at two community health centres and a district hospital in the Western Cape. The aim of the study was to determine whether teaching Xhosa language skills and cultural understanding to HCPs affects their ability to communicate effectively with Xhosa-speaking patients and their job satisfaction levels, as well as impacts on patient satisfaction. HCPs reported that their communication with patients improved and that they experienced decreased frustration levels.[12]

Some of the participants reported that Sesotho-speaking mothers displayed resistance to receiving healthcare services in English. It appears completely reasonable for mothers to expect to receive healthcare in Sesotho or the language of choice. Findings obtained by Jager et al. (2020) reported that dietitians stated that patients' feelings of insecurity stemming from their inability to communicate in the dietitian's language could potentially cause this perceived reluctance.[7]

A clear distinction was identified on this matter between dietitians who identified as Black and White Africans. Participants expressed the perception that Black African mothers were taken aback when Black African dietitians addressed them in the English language. The perception was further elaborated to communicate that Black African mothers did not express the same disdain when White dietitians were not proficient in Sesotho.

Many South African citizens migrate across provinces, which results in increased language diversity within an area. Therefore, it would make sense that participants experienced language barriers in other languages spoken in South Africa. Interestingly, some of the White Afrikaans-speaking participants believed that proficiency in Sesotho or Zulu meant one could communicate in all the South African indigenous languages. This belief is inaccurate considering multilingualism is common among Black South Africans. Sesotho, Sepedi, and Setswana are closely related to the Sotho languages and form part of the Sotho–Makua–Venda languages.[13] Although the Sotho languages are related, it does not imply that if a person speaks one, that they will easily understand all indigenous African languages.

The participants identified various strategies and recommendations that they used to overcome language barriers. These strategies included the use of informal interpreters, as the DoH does not have dedicated interpreters. There is a growing need for the appointment of trained formal medical interpreters, as interpreting in healthcare settings is a complex process.[7,11] It is unfortunate that the appointment of dedicated medical interpreters is rare within the South African healthcare system.[11] The appointment and provision of formal medical interpreters are not prioritised in an already financially burdened healthcare system. Informal interpreters were useful, but this practice also had significant potential to breach patient confidentiality. It was noteworthy that the need for interpreters proficient in languages other than Sesotho was also identified. The consensus is that there is a great need for trained interpreters who speak multiple languages across the healthcare system.

Codeswitching was perceived abridging the language barrier. This was due to the mothers' better comprehension of nutrition terms and concepts as a result of employing Sesotho vocabulary. The dietitian's attempt to communicate with the mothers in Sesotho was perceived to be positively received by mothers. This, in turn, improved the implementation of the NCP in terms of nutrition assessment and intervention. Through codeswitching, mothers are likely to feel that their language and culture were considered important to the HCP and, therefore, improved relations between the parties. Jager et al. (2020) support the above-mentioned finding,[7] as dietitians in their study identified codeswitching as an effective tool to bridge language barriers. The second theme explored the medical terminology or concepts associated within the first 1 000 days of life that participants found difficult to communicate in Sesotho, in comparison with English and Afrikaans. Twenty-eight phrases and concepts that the participants found difficult to describe in Sesotho were also identified.

Another argument is that the healthcare system continues to function despite the language barriers. Perhaps the longstanding problem of language barriers is not treated with the urgency it deserves because HCPs have developed strategies to work around them.[11] These strategies include codeswitching, language learning, Sesotho educational material, and visual aids. The practice of interpreting is complex. It does not simply involve translating words and phrases from one language to another.[11] Terminological problems and lack of interpreters still limit indigenous South African languages and dietitians often find it difficult to communicate scientific words/phrases in Sesotho, as demonstrated in theme two.

The study sample is relatively small and may not express the views of all dietitians working with Sesotho-speaking mothers within maternal and child health. As the researcher is a dietitian, bias may have been exhibited while interpreting information during the data analysis process. Therefore, the maintenance of research principles was considered crucial throughout the study.

Recommendations

The researcher recommends that dietitians advocate that the Department of Health (DoH) appoint interpreters to form part of the healthcare team. Furthermore, medical interpreters should also be trained in the various terms and concepts that are relevant to the dietetics profession. It is recommended that dietitians take special care when using untrained interpreters to avoid adverse health outcomes and compromising patient confidentiality. Language learning and the appropriate use of codeswitching could serve as positive reinforcement towards improving the interaction during nutrition consultations. It was also proposed that the DoH liaise to create digital platforms that aid language learning. These digital platforms can include mobile applications such as dictionaries and translation applications in Sesotho.

In order to gain a more concise understanding of the language barriers, it is recommended that this research study is repeated in each of the nine provinces across various medical and allied professions and official languages used in South Africa. Studies on language barriers in South African healthcare settings have mostly been carried out in the Western Cape and are mostly restricted to isiXhosa in the context of English and Afrikaans.[20] Future research studies should consider using official languages spoken in South Africa to better describe medical terms.[18] In addition, it is recommended that future studies should explore the mothers' viewpoint on language barriers.

Conclusions

Language barriers with Sesotho-speaking mothers were reported by the majority of the participants. The implementation of the nutrition care process was greatly impacted by language barriers. Poor implementation of the nutrition care process is likely to have a significant impact on maternal and child healthcare, particularly in the first 1 000 days of life. To better address the DBM, the researcher emphasises the need for more robust nutrition interventions. The true complexity of the impact of language barriers on the healthcare system is often overlooked by healthcare professionals and government officials. Fortunately, the participants found several strategies to navigate the language barriers, while it was reported that the DoH frequently provided little assistance. It was noteworthy that these identified strategies presented their own limitations and required special care from the dietitians when employing these methods.

In conclusion, in such a linguistically diverse country, many dietitians will probably not reach a point where they can speak all the indigenous South African languages. This research is not unique to dietitians – this research has significant relevance to all healthcare professionals in the South African public health care system, regardless of the health condition/life stage that is being managed and/or treated. Fortunately, the research study proves that there are solutions to this dilemma. Furthermore, progress can be made to lessen the adverse effects of language barriers on nutrition interventions during the first 1 000 days of life, which will help to alleviate the DBM.

Consent of publication

All the authors consent to the publication of the current study.

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Addendum 1. Interview schedule

Participant Information
Age:
Highest Qualification obtained:
Institution where qualification was obtained:
How many years of work experience as a dietitian do you have?
Interview Information
Date:
Purpose of interview: You have been asked to participate in a research study on the language barriers between dietitians and mothers of infant and young children during nutrition consultations related to the first 1000 days of life (i.e., from conception to two years of life). • The information obtained will only be used for research purposes. • The results of the study may be published. • The collected data, names of the participants and institutions will be kept confidential throughout the research process. • Participation is voluntary, and you are free to withdraw from the study at any point. • The aim of this interview is to obtain your experiences, opinions, and perspectives regarding your consultations with Sesotho speaking mothers. • Do you have any questions before we start the interview?
1. What is your first/ home language?
2. Please tell me about all the languages that you are fluent in.
3. Can you explain if you experience any language barriers or gaps when consulting with Sesotho speaking mothers of infants and young children? Please elaborate on this
4. Can you explain any medical terms or concepts related to the first 1000 days of life, that you have difficulty explaining to mothers?
5. What recommendations would you make to improve health communication between dietitians and mothers?