

Children's Interpreting at the German Gynecologist's: Difficulties and Challenges From the Children's Perspective

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Abstract—The current research project's goal is to look at the use of children as interpreters for their mothers at the gynecologist from the children's perspective. We are going to answer the following research question: What issues and problems are presented by children interpreting at the gynecologist's from their point of view? A literature review was conducted to find an answer, and an outline for the implementation of an empirical study in the form of a survey of children was developed. Guided interviews should and were implemented when dealing with youngsters. The advantages and disadvantages of the selected approach were described and evaluated. It is known that using children as translators is a common practice with a variety of challenges that mostly affect youngsters. These issues primarily revolve around emotional troubles. Due to their age-specific character, children are exposed to a number of undesirable outcomes that can take many different forms since they are ill-equipped to handle these challenges. According to the research viewpoint, the knowledge acquired needs to be empirically confirmed.

Index Terms—children as interpreters, psychology, medical communication, doctor-child-interaction

I. INTRODUCTION

German language learners who need to speak with medical professionals rely on the assistance of third parties. The protection of human rights depends on qualified communication; this holds true for both the rights of patients in the medical setting and the perception of participation rights in social security. Since there are still no laws in Germany requiring the participation of qualified interpreters, anyone present is employed haphazardly, or parents bring their kids along (Federal Association of Interpreters and Translators, 2021, p. 1). The current study focuses on the phenomenon of using children as interpreters.

This work fits into the participatory research framework, which addresses the techniques, methods, and research designs in the fields of conference, lay, and specialist interpreting. The focus is on children who accompany their mothers to the gynecologist as interpreters. Gynecologists treat conditions affecting the female reproductive system, and any communities view such subjects as taboo for both children and adults. In the majority of Arab and Turkish families, discussing sex or the menstrual cycle is discouraged. When a youngster is asked to interpret at the gynecologist, they must listen and discuss topics that they are ordinarily not permitted to discuss.

In the current work, the issue of using children as interpreters at gynecologists' offices is looked at from a psychological angle. When youngsters interpret at gynecologists, what problems and issues do they see from their point of view? This is the question that is being investigated. By integrating theoretical research on the subject with the planning of an actual study in which the children are questioned about their experiences with interpreting at the gynecologist's office, method triangulation is used to analyze this question. Thus, the current work is structured as a study outline, within which the design of an empirical inquiry is offered, together with the most recent scientific advancements and studies that serve as the investigation's base.

This paper is divided into four sections: Following the introduction's formulation of the problem and research topic, the fundamentals of using children as interpreters at gynecologists are described. The analysis of the scientific literature primarily focusing on the obstacles and limitations of using children as interpreters at gynecologists is then conducted. Following a description of the chosen research design, a summary of the learned information and an outlook on the study perspective are provided.

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II. CHILDREN AS INTERPRETERS IN THE FIELD OF HEALTH: THEORETICAL BASICS

A. *Children as Interpreters in Doctor-Patient Interaction*

It's a highly delicate subject when youngsters are used as interpreters in the medical industry or during doctor-patient interactions. The use of children and young people as interpreters is a part of Germany's unseen daily life and is a result of global trends like migration and refugee waves. Children and teenagers typically serve as interpreters for the authorities, particularly in the health and education sectors, and in commonplace situations (Federal Association of Interpreters and Translators, 2021, p. 1).

In interpreting research, the interpreting skills of bilingual children have been examined numerous times, particularly in relation to the phenomenon of natural translation. Given their degree of experience and education, it has been demonstrated that youngsters are capable of having good translating and interpreting skills. Children who take on the job of community interpreters are extremely helpful and also grow as individuals, which aids in their socializing and overall development. The medical industry's experience, however, portrays a different picture: it has repeatedly been noted that youngsters do not accurately comprehend the unique circumstances in the medical field, mostly due to psychological factors or because of the psychological stress this situation causes. However, young children are frequently used as interpreters, even in contexts that are outside their scope of knowledge and experience, such as doctor-patient relationship (Rajic, 2008, pp. 143–144).

There are some traits that define doctor-patient relationship. Instead of speaking at eye level, the interlocutors develop a hierarchical connection, the patient must agree to the framework that the doctor gives for the discussion as a representative of the healthcare facility. Since the patient seems to be a layperson and the doctor to be an expert, there are informational asymmetries between the interlocutors as well. This holds true for institutional knowledge, medical skill, and understanding of customary conversational techniques. In such a dialogue, lots of medical jargon and idioms are utilized, and intrusive questions are posed, especially when a patient is seeing a gynecologist. The intricacy of the doctor-patient relationship is reduced to the pure content level if children are also used as lay interpreters, which significantly limits the treatment options for the doctors (Schmidt-Glenewinkel, 2013, pp. 31–33).

The majority of children who work as translators in the medical industry are either refugees or members of immigrant households that are second or third generation. These translators are typically no older than fourteen years old (Kuljuh, 2003, p. 143). Children deal with problems that are very sophisticated for their age and come with a lot of responsibility. They emerge from a carefree childhood and perceive themselves as superior to their parents in such an interpretative position, which is not always beneficial for their continued growth (Pöllabauer, 2000, p. 196). More information on the psychological aspects of using children as translators is provided in section II B.

B. *Psychological Aspects of Using Children as Interpreters in Doctor-Patient Interaction*

Children may experience stress when used as translators during doctor-patient interactions. Children are put in an unusual scenario when interpreting at their parents' doctor's appointment; if there were no language hurdles, children would be excluded from such a setting. Since mothers rely on their children's ability to mediate language, when children are used as interpreters, the parent-child bond is altered. Children are given a lot of responsibility that is not suitable for their age, which can cause disputes. Additionally, children take on the role of the powerful actors in this scenario (Fheodoroff, 2021, p. 64).

Thus, there is a great deal of potential for conflict and tension when using children as interpreters during doctor-patient interactions (Fheodoroff, 2021, p. 64). First of all, utilizing children as interpreters might cause issues for the mother because they are insufficiently skilled and unfamiliar with medical jargon, which can make it difficult for the mother to comprehend her own condition. Second, since the concerns brought up in the gynecologist's office frequently entail cultural taboos, interpreting can become difficult for the child him/herself. In light of this, utilizing children as translators frequently leads to insufficient and inaccurate communication, which has an impact on the child, the mother, and the treating physician. When the child serves as an interpreter, for instance, particularly uncomfortable or shameful questions are not raised or addressed during the dialogue. The conversation is thus left unfinished. Due to the fact that the children are intimidated by the language, context, and topic, the error rate with children's interpreters is also substantially greater than with other lay interpreters. Children are exposed to concepts, subjects, and emotions that are outside the scope of their experience and are inappropriate for their age, which causes an overload (Federal Association of Interpreters and Translators, 2021, p. 1).

It is crucial to keep in mind that multilingual children are typically included in a category of particularly vulnerable individuals since they are both migrants and youngsters. Therefore, using children as interpreters might have major detrimental effects on their development and health. The severity of these adverse effects is influenced by the context in which children interpret events and the parental pressure they experience (Federal Association of Interpreters and Translators, 2021, p. 2).

In light of this, the empirical study looks at the issue of what effects using children as interpreters at the gynecologist's office has from the perspective of the impacted kids.

III. QUALITATIVE RESEARCH

A. Aim of the Investigation and Research Design

Since there is more research to be done in this area, as stated in section 2, the study's goal is to determine the difficulties, obstacles, and effects of using children as translators at gynecologists' offices from the child's perspective.

The following is the formulation of the main research question that is looked at:

What issues and problems are presented by children interpreting at the gynecologist's from their point of view?

The following sub-research topics can be derived to study this question:

1. What challenges do kids have at the gynecologist's when interpreting?
2. How do children deal with these difficulties?
3. What are the consequences of using children as interpreters at the gynecologist's from the point of view of the children concerned?

To obtain the answers to these questions, exploratory qualitative research would be the appropriate approach, because there are many gaps in the status of the field's knowledge. Exploratory research encompasses both fundamental and application-focused research. Here, the emphasis is on the formulation of theories and hypotheses on the one hand, and on the problem-solving process and planning for more research on the other (Kuß et al., 2018, p. 49).

The purpose of a qualitative technique is to produce concepts and hypotheses, which is also true of the developed research questions. Little structure in the research process, close connections between data collection, analysis, and hypothesis generation during the research process, small and mostly non-representative samples, interpretive and descriptive data analysis, and the use of free and unconventional data are all characteristics of qualitative research. Use of multiple sources of information in the context of an investigation, research into human behavior under circumstances that are as natural as possible, observation and survey forms, consideration of the context in which the behavior occurs, and consideration of the framework conditions (Kuß et al., 2018, p. 51). When performing the research, all of these considerations are made.

The qualitative investigation is to be conducted using a participatory approach. The phrase "*participatory research*" is a catch-all for research methodologies that seek to jointly explore and shape social reality. It is crucial to comprehend and alter this reality. The teaching sector uses and develops the participatory research methodology. Participatory research is centered on the co-creation of knowledge to uphold particular social values, this relates to, among other things, the advancement of democracy, social justice, and other value orientations (Unger, 2014, p. 1). The promotion of children's rights is the focus of the current study in light of the topic's definition.

High levels of flexibility and contextuality are characteristics of participatory research as a research method. The study participants' viewpoints and learning processes are the main emphasis of participatory methodologies. Participatory research aims to organize and carry out the research process in collaboration with the individuals whose life practices are being studied. The research procedure created in this way ought to be advantageous to both parties. This encourages collaboration across system boundaries, which is crucial for interdisciplinary initiatives in particular. Additionally, it is possible to take several viewpoints into consideration (Unger, 2014, p. 2). When planning the study, all of these elements should be taken into account.

Guided interviews with children who have served as interpreters for their mothers at gynecologists are how the participatory research for the current project is conducted. Guided interviews provide us the chance to learn more about a subject and conduct research on undiscovered information. These interviews are performed using guide that is provided below as a basis. The rules help to establish a semi-structured interview setting, which guarantees that responses may be compared and that the respondents are given some latitude. It is possible to inquire about specifics and get clarification. This allows for better management of the interview's flow, which enables the resolution of the research questions (Jeske & Schunck, 2016, p. 253). Given that interviewing children has unique requirements, it's also critical to pay attention to how the interview scenario is set up. When adults ask a child a question, the youngster assumes that they already know the answer and that they now anticipate receiving the right response from them. The fact that there are no right or wrong responses in an interview setting should be highlighted for this reason. The children should be made aware that they act as experts in the interviews themselves (Moschner, 2012, pp. 13–15).

B. Sample

Children from the same region or nation who have at least once interpreted for their mothers at a gynecologist's office, make up the target population for this study. The justification behind this sample restriction is that children from comparable regional or cultural backgrounds share many traits, taboo subjects, and attitudes. The study includes children between the ages of 10 and 14. This limitation is based on the developmental traits of children in one age group, therefore the age of the children that were questioned matters a lot. There are twenty interviews conducted in all.

Through schools or teachers who work in schools, I enlisted children to participate in the study. The administration of the chosen schools gets the request directly, given that these children are the participants. Children are voluntarily recruited to participate in the research with administration approval. Obtaining the parents' permission of the involved children is also crucial. Children may have concerns or apprehensions about taking part in the study, therefore it is important to provide them with a thorough and age-appropriate explanation of its objectives, the precise steps involved,

and how they should participate. The intended contribution should be explained to the children in accordance with their age, and it should be underlined that the interview results are kept private, assessed, and presented anonymously.

C. Data Collection Method

According to the children's ages, the intended contribution should be stated, and it should be emphasized that the interview results are kept confidential, evaluated, and presented anonymously. It is also essential to get the involved children's parents' consent.

1. Have you ever interpreted for your mother at the gynecologist's?
2. How was that? How did you feel about it?
3. What did you find most difficult about interpreting? Why?
4. If you experienced something difficult/embarrassing, how did you deal with it?
5. How did this experience affect you—in your relationships with your mother, or in your attitudes toward the issues discussed at the visit, or in other areas?

The guidelines must be modified to fit the unique interview situation. To be able to adjust to each child throughout the interview, it is crucial to use the guidelines flexibly. The guidelines merely serve as an interview orientation grid. They should be made with the intention of inspiring stories as a tool for designing narrative interviews (Nohl, 2009, pp. 20–22).

A suitable interview environment should be created in addition to the guidelines' design. The interviews with the children should take place in settings where they are at ease, like a classroom. The children should feel comfortable in their surroundings. In order to maintain a balance of power throughout the interview, it is crucial to maintain a physical distance from the youngsters being questioned. The youngster should feel respected and hear what they have to say. Additionally, it is crucial to create a welcoming environment (Kostenius, 2007, p. 29).

Individual interviews are advised so that the children do not feel embarrassed to bring up taboo subjects and may answer honestly. Although it is impossible to completely eliminate the drawbacks associated with interviewing children, it is possible to actively control the interview scenario and to exclude the impact of other children, which is much more difficult in group interviews. Every interview needs to be captured on tape and transcribed.

D. Data Evaluation Method

The approach of qualitative content analysis is used to evaluate the data, and Mayring's theory is used to the transcribed interview texts (1991). According to Mayring (1991, pp. 209–211), a qualitative content analysis refers to a rule-based processing of the interview texts and allows for the evaluation of large amounts of textual data. The smallest analysis unit (such as a sentence, paragraph, or text), according to Mayring (1991, pp. 209–211), is chosen in the initial step of the analysis. Then, the key passages that pertain to the subject are paraphrased.

In a subsequent phase, it is important to establish the degree of abstraction at which the paraphrases become generalized. The integration of the text units reduces the number of paraphrases and enables the organization of statements into a category system. The interview materials are used to check the created category system numerous times. The final phase involves categorizing and coding the interview data, which enables their interpretation in light of the developed study questions (Mayring, 1991, pp. 209–211). Such a strategy guarantees a thorough analysis of the interview data and makes it possible to respond to the stated research questions.

E. Limitations

Specific restrictions that stem from the chosen study design on the one hand, and the setting (interviews with children on the other), must be taken into consideration when conducting the interview. Since the scientific merit of the research project depends on the validity and reliability of the empirical investigation, it is crucial to pay attention to these factors (Kuß et al., 2018, p. 51). All of the procedures included in the study's planning, execution, and follow-up are recorded to guarantee its dependability. Interviews are done theoretically and with consideration for the situational setting of the interviews to ensure validity. Additionally, it is crucial to prepare the research's material, set up the right environment for the interviews, and show the interview participants that you care about them by being friendly, respectful, and appreciative (Saunders et al., 2009, pp. 327–336).

It's also crucial to keep in mind that throughout the interviews with the children, they frequently try to make a favorable impression on the interviewer and occasionally alter their responses, which can cause bias to appear. The results should be interpreted keeping in mind that the underage children's narrative ability is constrained by their age. Children frequently express doubt in their responses or construct them "creatively", which calls into the credibility of the children's claims. When assessing the interviews, this weakness should also be taken into consideration. All of these requirements call for the interviewee to be very patient and empathic, the use of narrative aids and incentives, and the phrasing of the interview instructions in a straightforward manner (Moschner, 2012, pp. 14–15).

F. Discussion of the Results

The theoretical research on the topic serves as the backdrop for the explanation of the study's findings. It can be assumed that using children as interpreters at the gynecologist's office can lead to a variety of issues, including: shame at having to discuss taboo subjects or shame for the parents who can't help themselves; subjectively experienced

excessive demands; the feeling of having to shoulder too much responsibility; irrational feelings of guilt; and taking on parental responsibilities (so-called parentification). Since their age-related level of reflection has not yet evolved, most of the time, the children do not even know how to handle these problems; instead, they only comprehend the mechanisms and results of utilizing them as interpreters in retrospect (if at all). This has detrimental effects on child interpreting, including the formation of family imbalance, anxiety, sleep difficulties, migraines, depressive and regressive reactions, and psychosomatic disorders (Federal Association of Interpreters and Translators, 2021, pp. 2–3).

According to the findings of empirical studies, children also report feeling proud, like they belong in the adult world, have higher self-esteem, etc. when they interpret for their parents (Federal Association of Interpreters and Translators, 2021, p. 2). Children develop their empathy, maturity, independence, and wisdom via interpreting. On the other hand, since the effort of interpreting goes beyond linguistic mediation and is typically also accompanied with emotional challenges, which various children experience as varying degrees of stress, many children may feel overburdened and exposed to adverse effects (Bach, 2019, p. 79). Here, the current parent-child relationship, which must be considered while talking about the issue of child interpretation, is crucial (Yüksek, 2020, pp. 77–78).

IV. CONCLUSION

The purpose of this study was to examine the phenomena of mothers utilizing their children as interpreters for them at gynecologists and to offer insights into this practice. The goal was to look at what obstacles and hurdles, from the children's point of view, come up when using children as interpreters at gynecologists' offices. A literature review was conducted to address this research topic, and a plan for the implementation of an empirical inquiry in the form of a survey of children was created. The children's survey is structured methodologically as a guideline-based interview. This method's benefits and drawbacks, as well as the potential for data collecting and analysis, were presented and critically analyzed.

Throughout the research, it was discovered that children face a variety of issues when interpreting at a gynecologist's office, which are less related to their ability to interpret per se and more related to emotional concerns. Children typically lack the knowledge necessary to deal with these challenges effectively, which makes the situation much more challenging. Numerous detrimental effects result from this, which vary depending on the specific circumstances of each case. Although some children equate interpreting with good sentiments, this does not indicate that interpreting labor can never have a bad outcome.

From a research standpoint, it is essential to conduct the described research and theoretically support the knowledge acquired. Additionally, it would be a good idea to create and evaluate certain approaches for overcoming the difficulties associated with using children as interpreters. To prevent the negative effects of utilizing their children as interpreters, parents who rely on their children's assistance should benefit from developing actionable advice.

REFERENCES

- [1] Bach, V. A. (2019). *Sprachmittlung durch Kinder und Jugendliche. Eine retrospektive Studie* [Language mediation by children and young people. A retrospective Study]. Master's thesis retrieved December 15, 2021 from <https://core.ac.uk/download/pdf/304114697.pdf>. Institute for Applied Linguistics and Translation Studies at the University of Leipzig.
- [2] Bundesverband der Dolmetscher und Übersetzer [Federal Association of Interpreters and Translators]. (2021). *Zum Kinderdolmetschen. Positionspapier* [For interpreting children. Position paper]. Retrieved December 12, 2021 from https://bdue.de/fileadmin/files/PDF/Positionspapiere/BDUe_PP_Kinderdolmetschen_2021.pdf
- [3] Fheodoroff, M. (2021). *Begegnung in Semriach* [Meeting in Semriach]. Nadja Grbic and Michaela Wolf (Ed.) (2021). Translation and Migration. LIT, 61-80.
- [4] Jeske, I., & Schunck, J. (2016). *Raumperspektiven und Methoden der Kindheitsforschung – Untersuchungen im ländlichen Raum* [Spatial perspectives and methods of childhood research - investigations in rural areas]. Joachim Ludwig, Malte Ebner von Eschenbach and Maria Kondratjuk (Ed). Sozialräumliche Forschungsperspektiven [Socia-spatial research perspectives]. Opladen: Barbara Budrich, 245-262.
- [5] Kostenius, C. (2007). Interviewing children: An ethical discussion about the imbalance of power and suggestions on how to handle it. *Luleå University of Technology*, 23-35. Retrieved December 12, 2021 from <https://www.diva-portal.org/smash/get/diva2:993384/FULLTEXT01.pdf>
- [6] Kuljuh, E. (2003). *Kinder als Dolmetscher* [Children as interpreter]. Sonja Pöllabauer and Erich Prunč (Ed). Brücken bauen statt Barrieren. Sprach- und Kulturmittlung im sozialen, medizinischen und therapeutischen Bereich [Build bridges instead of barriers. Language and culture mediation in the social, medical and therapeutic area]. Graz: GTS, 143-148.
- [7] Kuß, A., Wildner, R., & Kreis, H. (2018). *Marktforschung: Datenerhebung und –analyse* [Market research: data collection and analysis]. Springer.
- [8] Mayring, Philipp (1991). "Qualitative Inhaltsanalyse [Qualitative content analysis]." Uwe Flick, Ernst von Kardoff, Heiner Keupp, Lutz von Rosenstiel and Stephan Wolff (Ed.) (1991). *Handbuch qualitative Forschung: Grundlagen, Konzepte, Methoden und Anwendungen* [Handbook of qualitative research: principles, concepts, methods and applications]. Munich: Beltz, 209-213.
- [9] Moschner, B. (2012). *Forschen mit jungen Kindern – eine Herausforderung. Ringvorlesung "Frühkindliche Bildung – wissenschaftliche Einblicke für die Bildungsarbeit im Elementar- und Primarbereich"* [Doing research with young children –

challenge. Lecture series "Early childhood education - scientific insights for educational work in elementary and primary education". [Unpublished lecture series]. Oldenburg: Carl von Ossietzky University.

- [10] Nohl, A.-M. (2009). *Interview und dokumentarische Methode: Anleitung für die Forschungspraxis* [Interview and documentary method: Guidelines for practical research] (3rd ed.). Wiesbaden: VS publishing house for social sciences.
- [11] Pöllabauer, S. (2000). "Nema problema, alles paletti...? Community Interpreting aus der Sicht von NGOs [Nema problema, alles paletti ...? Community Interpreting from the point of view of NGO's]". *TextconText*, 14(2), 181-210.
- [12] Rajic, K. (2008). "Die Familienaußenminister". *Kinder als Sprach- und KulturmittlerInnen – eine empirische Erhebung* ["The Family Foreign Ministers". Children as mediators of language and culture – an empirical survey]. "Nadja Grbic and Sonja Pöllabauer (Ed.) (2008). *Kommunaldolmetschen/Community Interpreting*. Berlin: Frank & Timme, 131-172.
- [13] Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students* (5th ed.). Essex: Pearson.
- [14] Schmidt-Glenewinkel, A. (2013). *Kinder als Dolmetscher in der Arzt-Patienten-Interaktion* [Children as interpreters in doctor-patient interaction]. Berlin: Frank & Timme.
- [15] Unger, H. (2014). *Partizipative Forschung* [Participatory research]. Wiesbaden: Springer.
- [16] Yükses, A. (2020). *Auswirkungen des Language Brokings im Kindes- und Jugendalter auf die Bindung und Selbstwirksamkeit von Erwachsenen mit Migrationshintergrund* [Effects of language brokering in childhood and adolescence on the attachment and self-efficacy of adults with a migration background]. Leopold-Franzens-University Innsbruck.

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