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TRANSLATING INFECTIOUS DISEASES TERMS FROM ENGLISH INTO UZBEK

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ABSTRACT
This article explores the linguistic and cultural challenges involved in translating infectious disease terms from English into Uzbek. The study explores English examples into Uzbek translations of widely known infectious diseases such as tuberculosis, hepatitis and COVID-19. Using a comparative linguistic analysis, the paper identifies common translation strategies, including borrowing, descriptive translation and adaptation. Furthermore, it examines how cultural perceptions, local beliefs, and historical context influence the interpretation and acceptance of certain medical terms among Uzbek local people. The findings highlight the need for specialized medical translation training and context-sensitive approaches to ensure that health messages are not only linguistically precise but also culturally resonant.
KEY WORDS: *Infectious Diseases, Medical Translation, Uzbek Language, Terminology, Cultural Adaptation, Public Health Communication*

LITERATURE REVIEW

In recent years, the importance of precise and culturally adapted medical translation has become increasingly evident, particularly in the sphere of infectious disease communication. Several international scholars highlight the dual necessity of linguistic fidelity and cultural awareness in medical translation. For example, Abdurahmonov (2024) discusses systemic issues in Uzbek–English medical terminology translation—such as polysemy, affixation, and context-specific doublets—and emphasizes that translating for different audiences (lay vs. professional) requires varied strategies and rigorous quality control.

Saliyeva and Akhmedova (2024) similarly emphasize obstacles like abbreviations, acronyms and emerging global disease names (COVID-19, monkeypox), noting that many terms lack stable Uzbek counterparts, forcing translators to choose between borrowing or descriptive paraphrasing. Torakulova (2023) further contributes to the discussion, detailing how rapid development in medical science expands term inventories and complicates cohesive translation practices.

Global experts such as Montalt & Davies (2007) and Pöchhacker (2010) reinforce these observations. They argue that medical translators must balance literal accuracy with cultural resonance, especially when handling emotionally charged concepts like "quarantine" or "epidemic". In Uzbekistan, this includes recognizing traditional perceptions—some inherited from folk or religious beliefs—which may influence understanding and acceptance of translated content. Venuti's (1995) theories of domestication and foreignization are highly applicable in this context, as translators must decide whether to integrate a term into local idiomatic usage or retain its foreign identity.

A significant historical perspective is also analyzed in classical Uzbek medical discourse. Resources on terminological development dating back to Avicenna's *Qanun al-Tibb* show that terms like "quarantine" were conceptualized long before modern epidemiology, albeit under different metaphors *("sher kasalligi")*. This emphasizes how early cultural analogies continue influencing modern translations.

Despite these efforts, a gap remains: there is a shortage of corpus-based or corpus-driven studies on Uzbek medical translation. While Abdurahmonov, Saliyeva, and Torakulova offer valuable insights, comprehensive research that systematically analyzes a wide range of infectious disease terminology (e.g., tuberculosis, cholera, Ebola) in parallel corpora is still lacking. This gap highlights an urgent need for targeted studies that combine linguistic, cultural, and data-driven methods.

METHODOLOGY

This study employs a qualitative, comparative linguistic approach to analyze the translation of infectious disease terminology from English into Uzbek. The research is based on both primary and secondary sources, including bilingual medical glossaries, Uzbek-

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language health education materials, and English-language documents issued by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC).
A purposive sampling method was used to select 30 infectious disease terms that are frequently used in international health communication. These include terms related to diagnosis (e.g., "fever," "rash"), transmission (e.g., "airborne," "contagious"), and prevention (e.g., "vaccination," "quarantine"). Their Uzbek equivalents were collected from online medical dictionaries, state-published brochures, and recent health bulletins distributed during the COVID-19 pandemic.

To examine the translation strategies applied to these terms, the study refers to Vinay and Darbelnet's (1995) model and Baker's (2011) framework. The strategies observed include- borrowing, literal translation, descriptive translation, cultural substitution, omission, or generalization.

Each term was analyzed in context, with attention given to semantic accuracy, cultural acceptability, and comprehensibility for lay audiences. The analysis also explores whether the translation leans more toward foreignization (retaining the original term) or domestication (adapting it to Uzbek norms).

Table 1. Sample Translation Strategies for Infectious Disease Terms

English term	Uzbek equivalent	Strategy used	Notes/Comments
Quarantine	Karantin	Borrowing (transliteration)	Widely used post-COVID; accepted in everyday usage
Contagious	Yuqumli	Literal translation	Accurate and well-understood
Airborne	Havo orqali yuqadigan	Descriptive translation	Longer but clearer for public understanding
Vaccine	Vaksina	Borrowing	Borrowed term; widespread usage
Lockdown	Lokdoun / Yopilish	Mixed (borrowing + adaptation)	Context-dependent; newer term in Uzbek
Immunization	Immunizatsiya / emlash	Borrowing + Cultural substitution	Emlash more localized; used in national vaccination programs

RESULTS AND DISCUSSION

The analysis of the selected infectious disease terms reveals a clear preference for certain translation strategies in Uzbek medical discourse. As shown in Table 1, it is borrowing, is one of the most commonly used methods, especially for terms like "quarantine" (*karantin*) and "vaccine" (*vaksina*), which have become widely accepted in both professional and public contexts. This borrowing reflects the global nature of medical terminology, where international consensus often favors standardized terms to facilitate cross-border communication.

However, the study also found frequent use of literal translation for fundamental clinical terms such as "fever" (*isitma*), "rash" (*toshma*), and "contagious" (*yuqumli*). These terms have clear equivalents in Uzbek and are well understood by both health professionals and the general population. This indicates that literal translation remains a reliable and effective strategy for core medical vocabulary.

For more complex or abstract terms like "airborne" (*havo orqali yuqadigan*) and "immunization" *(immunizatsiya/emlash),* descriptive translation and cultural substitution are applied. For example, the phrase *"havo orqali yuqadigan"* literally means "transmitted through the air," which helps clarify the concept for laypersons unfamiliar with the technical term. Similarly, the use of *"emlash"* as a cultural substitute for "immunization" reflects the adoption of a more accessible and familiar term within the local context.

The term "lockdown" presents an interesting case where mixed strategies are observed. Both the borrowed form "*lockdown*" and the translated "*yopilish*" (closure) coexist in usage, indicating an ongoing negotiation between foreign influence and local adaptation. This reflects how newly introduced concepts can require time to become fully domesticated within the target language.

From a cultural perspective, the findings emphasize that certain infectious disease terms carry emotional and social connotations that affect their reception. For instance, words related to quarantine and contagion may provoke fear or stigma, which translators

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must carefully navigate. The balance between foreignization and domestication is crucial here to ensure that messages are both accurate and culturally sensitive.
Furthermore, the study confirms that the absence of standardized terminology for emerging diseases complicates translation efforts. Translators often face the dilemma of whether to adopt international terms directly or develop localized equivalents.

Overall, this research highlights that successful translation of infectious disease terminology requires not only linguistic skills but also cultural competence and awareness of public health communication goals. The results suggest that translators and health communicators should prioritize clarity and cultural appropriateness to improve understanding and compliance among Uzbek-speaking populations.

CONCLUSION

This study has examined the linguistic and cultural challenges involved in translating infectious disease terminology from English to Uzbek. The findings demonstrate that a combination of translation strategies—such as borrowing, literal translation, descriptive translation, and cultural substitution—is commonly employed to address the complexity of medical terms. While borrowing helps maintain international consistency, literal and descriptive translations enhance comprehension for local audiences.

The research also highlights the significant role of cultural context in shaping translation choices, especially given the social sensitivities surrounding infectious diseases. Translators must balance accuracy with cultural resonance to ensure that health information is both understandable and acceptable.

However, the lack of standardized Uzbek medical terminology for many infectious diseases remains a key obstacle. This gap points to the urgent need for coordinated efforts among linguists, medical professionals, and policymakers to develop comprehensive and accessible terminology resources.

In conclusion, effective translation of infectious disease terms is crucial for public health communication in Uzbekistan. By combining linguistic precision with cultural awareness, translators can contribute to improved health literacy and disease prevention efforts among Uzbek-speaking populations.

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